



# 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 23<sup>rd</sup> 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><b>Prof. Dr. Wafa Omer</b><br/>MBBS, MPhil, PhD, Post-Doc (UK), CHPE, ICMT(UK)<br/>Associated Professor / HOD Chemical Pathology,<br/>Rawalpindi Medical University<br/>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:**

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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)*

| <b>SR.N<br/>O</b> | <b>ENTRY</b>  | <b>Minimum cases /Time duration</b> |
|-------------------|---|-------------------------------------|
| 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<br>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                      |



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| 12. | Rotational entries | 30 per week |
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### **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 1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup> AND 4<sup>TH</sup> 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**

| <b>SR#</b> | <b>DATE</b> | <b>NAME OF PATIENT, AGE, SEX &amp; ADMISSION NO.</b> | <b>BRIEF DESCRIPTION/HISTORY, CLINICAL CORRELATION/INVESTIGATIONS &amp; OUTCOME IF ANY</b> | <b>SUPERVISOR'S SIGNATURE (Name/Stamp)</b> |
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**MORNING REPORT PRESENTATION/ CASE PRESENTATION**

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**MORNING REPORT PRESENTATION/ CASE PRESENTATION**

| <b>SR#</b> | <b>DATE</b> | <b>NAME OF PATIENT, AGE, SEX &amp; ADMISSION NO.</b> | <b>BRIEF DESCRIPTION/HISTORY, CLINICAL CORRELATION/INVESTIGATIONS &amp; OUTCOME IF ANY</b> | <b>SUPERVISOR'S SIGNATURE (Name/Stamp)</b> |
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**SECTION 2**

**TOPIC PRESENTATION/SEMINAR**

| <b>SR#</b> | <b>DATE</b> | <b>NAME OF THE TOPIC &amp; BRIEF DETAILS OF THE ASPECTS COVERED</b> | <b>SUPERVISOR'S SIGNATURE<br/>(Name/Stamp)</b> |
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**SECTION 3**

**JOURNAL CLUB**

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| SR# | DATE | TITLE OF THE ARTICLE | NAME OF JOURNAL | DATE OF PUBLICATION | SUPERVISOR'S REMARKS | SUPERVISOR'S SIGNATURE (Name/Stamp) |
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**SECTION 4**

**PROBLEM CASE DISCUSSION**

| <b>SR#</b> | <b>DATE</b> | <b>REG # OF PATIENT DISCUSSED</b> | <b>BRIEF DESCRIPTION/HISTORY, CLINICAL CORRELATION,TREATMENT &amp; OUTCOME IF ANY</b> | <b>SUPERVISOR'S SIGNATURE (Name/Stamp)</b> |
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**SECTION 5**

**DIDACTIC LECTURE/INTERACTIVE LECTURES ATTENDED**

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**SECTION 6**

**EMERGENCY CASES** (Repetition of cases to be avoided)

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**SECTION 7**

**ROTATIONS IN OTHER DEPARTMENTS**

| <b>S.No.</b> | <b>Dept./Institute</b> | <b>Head Of Dept.</b> | <b>Duration</b> | <b>Specific Task/Feedback of rotational supervisor</b> |
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(Repetition of cases to be avoided)

**SECTION 8**

**PATHOLOGY PRACTICALS/DIAGNOSTIC WORK**

| Sr. No. | Date | Practical /Case entry/Brief Review | Attended/<br>Conducted/Feed back | Signature/Remarks of supervisor |
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Signature of the Supervisor \_\_\_\_\_

**PRACTICALS/DIAGNOSTIC WORK**

| <b>Sr. No.</b> | <b>Date</b> | <b>Practical / Case entry</b> | <b>Attended/<br/>conducted</b> | <b>Signature/Feedback<br/>of supervisor</b> |
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**Signature of the Supervisor**\_\_\_\_\_

## TUTORIALS

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Signature of the Supervisor \_\_\_\_\_

## TUTORIALS



| Sr. No. | Date | Tutorial | Attended/<br>Conducted/Brief<br>review | Feedback/Signature<br>of supervisor |
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Signature of the Supervisor\_\_\_\_\_

**PROBLEM BASED LEARNING (PBL)**

| Sr. No. | Date | Topic | Attended/<br>Conducted/Brief | Signature of<br>supervisor |
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Signature of the Supervisor\_\_\_\_\_

**PROBLEM BASED LEARNING (PBL)**

| <b>Sr. No.</b> | <b>Date</b> | <b>Topic</b> | <b>Attended/<br/>Conducted/Brief<br/>Review</b> | <b>Signature of<br/>supervisor/Feed<br/>back</b> |
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**Signature of the Supervisor**\_\_\_\_\_

**SMALL GROUP DISCUSSION (SGD)**

| <b>Sr. No.</b> | <b>Date</b> | <b>Topic</b> | <b>Attended/<br/>Conducted/Brief<br/>review</b> | <b>Signature of<br/>supervisor/Feed back</b> |
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Signature of supervisor: \_\_\_\_\_ **SECTION 10**

**INVESTIGATIONS**

| <b>SR#</b> | <b>DATE</b> | <b>REG # OF THE PATIENT</b> | <b>CLINICAL CORRELATION</b> | <b>INVESTIGATIONS PERFORMED</b> | <b>SUPERVISOR'S SIGNATURE (Name/Stamp)</b> |
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| SR# | DATE | REG # OF THE PATIENT | CLINICAL CORRELATION | INVESTIGATIONS/PROCEDURE PERFORMED | SUPERVISOR'S SIGNATURE (Name/Stamp) |
|-----|------|----------------------|----------------------|------------------------------------|-------------------------------------|
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| <b>SR#</b> | <b>DATE</b> | <b>REG # OF THE PATIENT</b> | <b>CLINICAL CORRELATION</b> | <b>INVESTIGATIONS/PROCEDURE PERFORMED</b> | <b>SUPERVISOR'S SIGNATURE (Name/Stamp)</b> |
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| <b>SR#</b> | <b>DATE</b> | <b>REG # OF THE PATIENT</b> | <b>CLINICAL CORRELATION</b> | <b>INVESTIGATIONS/PROCEDURE PERFORMED</b> | <b>SUPERVISOR'S SIGNATURE (Name/Stamp)</b> |
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**SECTION 11**

**MULTI DICIPINARY MEETINGS (MDM)**

(Estimated minimum Multi-Disciplinary Meetings 1per month)

| <b>SR#</b> | <b>DATE</b> | <b>BRIEF DESRIPTION , CLINICAL CORRELATION, DD AND OUTCOME IF ANY</b> | <b>SUPERVISOR'S REMARKS</b> | <b>SUPERVISOR'S SIGNATURE (Name/Stamp)</b> |
|------------|-------------|---|-----------------------------|--|
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| <b>SR#</b> | <b>DATE</b> | <b>BRIEF DESCRIPTION , CLINICAL CORRELATION, DD AND OUTCOME IF ANY</b> | <b>SUPERVISOR'S REMARKS</b> | <b>SUPERVISOR'S SIGNATURE (Name/Stamp)</b> |
|------------|-------------|--|-----------------------------|--|
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**SECTION 12**

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

| <b>SR#</b> | <b>DATE</b> | <b>BRIEF DESCRIPTION , CLINICAL CORRELATION,<br/>DD AND OUTCOME IF ANY</b> | <b>SUPERVISOR'S<br/>SIGNATURE<br/>(Name/Stamp)</b> |
|------------|-------------|--|--|
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| <b>SR#</b> | <b>DATE</b> | <b>BRIEF DESCRIPTION , CLINICAL CORRELATION,<br/>DD AND OUTCOME IF ANY</b> | <b>SUPERVISOR'S<br/>SIGNATURE<br/>(Name/Stamp)</b> |
|------------|-------------|--|--|
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| <b>SR#</b> | <b>DATE</b> | <b>BRIEF DESCRIPTION , CLINICAL CORRELATION,<br/>DD AND OUTCOME IF ANY</b> | <b>SUPERVISOR'S<br/>SIGNATURE<br/>(Name/Stamp)</b> |
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| <b>SR#</b> | <b>DATE</b> | <b>BRIEF DESCRIPTION , CLINICAL CORRELATION,<br/>DD AND OUTCOME IF ANY</b> | <b>SUPERVISOR'S<br/>SIGNATURE<br/>(Name/Stamp)</b> |
|------------|-------------|--|--|
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| SR# | DATE | BRIEF DESCRIPTION , CLINICAL CORRELATION,<br>DD AND OUTCOME IF ANY | SUPERVISOR'S<br>SIGNATURE<br>(Name/Stamp) |
|-----|------|--|---|
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**SECTION 13**

**MORBIDITY/MORTALITY MEETINGS (MMM)**

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

| <b>SR#</b> | <b>DATE</b> | <b>REG # OF PATIENT DISCUSSED</b> | <b>BRIEF DESCRIPTION OF CASE</b> | <b>SUPERVISOR'S SIGNATURE (Name/Stamp)</b> |
|------------|-------------|-----------------------------------|----------------------------------|--|
|            |             |                                   |                                  |  |
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**SECTION 14**

**HANDS ON TRAINING/WORKSHOPS**



| SR# | DATE | TITLE | VENUE | FACILITATOR | SUPERVISOR'S<br>REMARKS | SUPERVISOR'S<br>SIGNATURE<br>(Name/Stamp) |
|-----|------|-------|-------|-------------|-------------------------|---|
|     |      |       |       |             |                         |   |
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**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) |
|------|---------------------|--|-----------------|---------------------|-------|----------------------|-------------------------------------|
|      |                     |  |                 |                     |       |                      |                                     |
|      |                     |  |                 |                     |       |                      |                                     |
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|      |                     |  |                 |                     |       |                      |                                     |

**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) |
|------|----------------|-------------------|------------------------------------|----------------------|-------------------------------------|
|      |                |                   |                                    |                      |                                     |
|      |                |                   |                                    |                      |                                     |
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**SECTION 17**

**WRITTEN ASSESSMENT RECORD**

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

| 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) |
|-----|-------------------------------------|---------------------------------------|-------------|----------------|----------------------|-------------------------------------|
|     |                                     |                                       |             |                |                      |                                     |
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| 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) |
|-----|-------------------------------------|---------------------------------------|-------------|----------------|----------------------|-------------------------------------|
|     |                                     |                                       |             |                |                      |                                     |
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| 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) |
|-----|-------------------------------------|---------------------------------------|-------------|----------------|----------------------|-------------------------------------|
|     |                                     |                                       |             |                |                      |                                     |
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**SECTION 18**

**CLINICAL ASSESSMENT RECORD**

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

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



|  |  | <b>PATIENT, SKILL LAB<br/>etc</b> |  |  |  |  |
|--|--|-----------------------------------|--|--|--|--|
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**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.

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

**I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS**

|  | <b>5</b> | <b>4</b> | <b>3</b> | <b>2</b> | <b>1</b> |
|--|----------|----------|----------|----------|----------|
| 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**

|   | <b>5</b> | <b>4</b> | <b>3</b> | <b>2</b> | <b>1</b> |
|---|----------|----------|----------|----------|----------|
| 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)           |          |          |          |          |          |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>f) Actively participates in Journal clubs</b>   |  |  |  |  |  |
| <b>g) Uses resources sensibly and economically</b> |  |  |  |  |  |

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

**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.

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

**I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS**

|  | 5 | 4 | 3 | 2 | 1 |
|--|---|---|---|---|---|
| a) Clinical Knowledge is up to the mark  |   |   |   |   |   |
| b) Follows 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   |   |   |   |   |   |

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

**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.

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

**I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS**

|  | 5 | 4 | 3 | 2 | 1 |
|--|---|---|---|---|---|
| a) Clinical Knowledge is up to the mark  |   |   |   |   |   |
| b) Follows 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  |   |   |   |   |   |
| <b>III. INITIATIVE / JUDGMENT</b>   | 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                                     |   |   |   |   |   |
| <b>IV. DEPENDABILITY / SELF-MANAGEMENT</b>  | 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   |   |   |   |   |   |
| <b>OVERALL RATINGS/SUGGESTIONS/REMARKS REGARDING PERFORMANCE OF THE TRAINEE</b>           |   |   |   |   |   |
|   |   |   |   |   |   |

**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.

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

**I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS**

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

**Total Score/155**

Date

Resident's Name & Signatures

Date

Evaluator's Signature & Stamp

**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**

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**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<br>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<br>REMARKS<br>SIGNATURE<br>(Name/Stamp) |  |
|-------|-------------------|--------------|---|-----------------------|---------|------|------------|-----------|---------------------|----|--|--|--|
|       | TOTAL             | ATTENDE<br>D | % | Poor                  | Average | Good | V.<br>Good | Excellent | YE<br>S             | NO | IF YES<br>THEN<br>NUMBER<br>OF<br>SESSIONS |  |  |
|       | WARD              |              |   |                       |         |      |            |           |                     |    |  |  |  |
|       | CPC               |              |   |                       |         |      |            |           |                     |    |  |  |  |
|       | LECTURE           |              |   |                       |         |      |            |           |                     |    |  |  |  |
|       | WORKSH<br>OP      |              |   |                       |         |      |            |           |                     |    |  |  |  |

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

| MONTH | ATTENDANCE RECORD | DOCUMENTATION QUALITY | COUNCELLING |  |
|-------|-------------------|-----------------------|-------------|--|
|-------|-------------------|-----------------------|-------------|--|



|          |       |          |   |      |         |      |            |           |     | SESSION |  |  | SUPERVISOR'S<br>REMARKS<br>SIGNATURE<br>(Name/Stamp) |
|----------|-------|----------|---|------|---------|------|------------|-----------|-----|---------|--|--|--|
|          | TOTAL | ATTENDED | % | Poor | Average | Good | V.<br>Good | Excellent | YES | NO      | IF YES<br>THEN<br>NUMBER<br>OF<br>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<br>REMARKS<br>SIGNATURE<br>(Name/Stamp) |
|----------|-------------------|----------|---|------|-----------------------|------|------------|-----------|-----|---------------------|--|--|--|
|          | TOTAL             | ATTENDED | % | Poor | Average               | Good | V.<br>Good | Excellent | YES | NO                  | IF YES<br>THEN<br>NUMBER<br>OF<br>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 |   |
|       |                   |       |          |   |                       |         |      |         |           |                     |    |                                |   |

|  |                      |  |  |  |  |  |  |  |  |  |  |  |  |
|--|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|
|  | <b>WARD</b>          |  |  |  |  |  |  |  |  |  |  |  |  |
|  | <b>CPC</b>           |  |  |  |  |  |  |  |  |  |  |  |  |
|  | <b>LECTURE</b>       |  |  |  |  |  |  |  |  |  |  |  |  |
|  | <b>WORKSH<br/>OP</b> |  |  |  |  |  |  |  |  |  |  |  |  |

| <b>MONTH</b> | <b>ATTENDANCE RECORD</b> |              |                 | <b>DOCUMENTATION QUALITY</b> |             |                |             |                | <b>COUNCELLING SESSION</b> |            |           | <b>SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)</b> |                                       |
|--------------|--------------------------|--------------|-----------------|------------------------------|-------------|----------------|-------------|----------------|----------------------------|------------|-----------|--|---------------------------------------|
|              |                          | <b>TOTAL</b> | <b>ATTENDED</b> | <b>%</b>                     | <b>Poor</b> | <b>Average</b> | <b>Good</b> | <b>V. Good</b> | <b>Excellent</b>           | <b>YES</b> | <b>NO</b> |  | <b>IF YES THEN NUMBER OF SESSIONS</b> |
|              | <b>WARD</b>              |              |                 |                              |             |                |             |                |                            |            |           |  |                                       |
|              | <b>CPC</b>               |              |                 |                              |             |                |             |                |                            |            |           |  |                                       |
|              | <b>LECTURE</b>           |              |                 |                              |             |                |             |                |                            |            |           |  |                                       |
|              | <b>WORKSH<br/>OP</b>     |              |                 |                              |             |                |             |                |                            |            |           |  |                                       |

| <b>MONTH</b> | <b>ATTENDANCE RECORD</b> |              |                 | <b>DOCUMENTATION QUALITY</b> |             |                |             |                | <b>COUNCELLING SESSION</b> |            |           | <b>SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)</b> |                                       |
|--------------|--------------------------|--------------|-----------------|------------------------------|-------------|----------------|-------------|----------------|----------------------------|------------|-----------|--|---------------------------------------|
|              |                          | <b>TOTAL</b> | <b>ATTENDED</b> | <b>%</b>                     | <b>Poor</b> | <b>Average</b> | <b>Good</b> | <b>V. Good</b> | <b>Excellent</b>           | <b>YES</b> | <b>NO</b> |  | <b>IF YES THEN NUMBER OF SESSIONS</b> |
|              | <b>WARD</b>              |              |                 |                              |             |                |             |                |                            |            |           |  |                                       |
|              | <b>CPC</b>               |              |                 |                              |             |                |             |                |                            |            |           |  |                                       |
|              | <b>LECTURE</b>           |              |                 |                              |             |                |             |                |                            |            |           |  |                                       |
|              | <b>WORKSH<br/>OP</b>     |              |                 |                              |             |                |             |                |                            |            |           |  |                                       |

**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<br>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<br>REMARKS<br>SIGNATURE<br>(Name/Stamp) |
|-------|-------------------|--------------|---|------|-----------------------|------|------------|-----------|---------|---------------------|--|--|--|
|       | TOTAL             | ATTENDE<br>D | % | Poor | Average               | Good | V.<br>Good | Excellent | YE<br>S | NO                  | IF YES<br>THEN<br>NUMBER<br>OF<br>SESSIONS |  |  |
|       | WARD              |              |   |      |                       |      |            |           |         |                     |  |  |  |
|       | CPC               |              |   |      |                       |      |            |           |         |                     |  |  |  |
|       | LECTURE           |              |   |      |                       |      |            |           |         |                     |  |  |  |
|       | WORKSH<br>OP      |              |   |      |                       |      |            |           |         |                     |  |  |  |

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

|                      |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>WORKSH<br/>OP</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|

| <b>MONTH</b> | <b>ATTENDANCE RECORD</b> |                 |          | <b>DOCUMENTATION QUALITY</b> |                |             |                |                  | <b>COUNCELLING SESSION</b> |           |                                       | <b>SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)</b> |  |
|--------------|--------------------------|-----------------|----------|------------------------------|----------------|-------------|----------------|------------------|----------------------------|-----------|---------------------------------------|--|--|
|              | <b>TOTAL</b>             | <b>ATTENDED</b> | <b>%</b> | <b>Poor</b>                  | <b>Average</b> | <b>Good</b> | <b>V. Good</b> | <b>Excellent</b> | <b>YES</b>                 | <b>NO</b> | <b>IF YES THEN NUMBER OF SESSIONS</b> |  |  |
|              | <b>WARD</b>              |                 |          |                              |                |             |                |                  |                            |           |                                       |  |  |
|              | <b>CPC</b>               |                 |          |                              |                |             |                |                  |                            |           |                                       |  |  |
|              | <b>LECTURE</b>           |                 |          |                              |                |             |                |                  |                            |           |                                       |  |  |
|              | <b>WORKSH<br/>OP</b>     |                 |          |                              |                |             |                |                  |                            |           |                                       |  |  |

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

**TO BE FILLED AT THE END OF THE ROTATION**

| <b>MONTH</b> | <b>ATTENDANCE RECORD</b> |                 |          | <b>DOCUMENTATION QUALITY</b> |                |             |                |                  | <b>COUNCELLING SESSION</b> |           |                                       | <b>SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)</b> |  |
|--------------|--------------------------|-----------------|----------|------------------------------|----------------|-------------|----------------|------------------|----------------------------|-----------|---------------------------------------|--|--|
|              | <b>TOTAL</b>             | <b>ATTENDED</b> | <b>%</b> | <b>Poor</b>                  | <b>Average</b> | <b>Good</b> | <b>V. Good</b> | <b>Excellent</b> | <b>YES</b>                 | <b>NO</b> | <b>IF YES THEN NUMBER OF SESSIONS</b> |  |  |
|              | <b>WARD</b>              |                 |          |                              |                |             |                |                  |                            |           |                                       |  |  |
|              | <b>CPC</b>               |                 |          |                              |                |             |                |                  |                            |           |                                       |  |  |
|              | <b>LECTURE</b>           |                 |          |                              |                |             |                |                  |                            |           |                                       |  |  |
|              | <b>WORKSH<br/>OP</b>     |                 |          |                              |                |             |                |                  |                            |           |                                       |  |  |

| 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 |   |
|       |                   |          |   |                       |         |      |         |           |                     |    |                    |   |

|  |                      |  |  |  |  |  |  |  |  |  |  |                        |  |
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|  |                      |  |  |  |  |  |  |  |  |  |  | <b>OF<br/>SESSIONS</b> |  |
|  | <b>WARD</b>          |  |  |  |  |  |  |  |  |  |  |                        |  |
|  | <b>CPC</b>           |  |  |  |  |  |  |  |  |  |  |                        |  |
|  | <b>LECTURE</b>       |  |  |  |  |  |  |  |  |  |  |                        |  |
|  | <b>WORKSH<br/>OP</b> |  |  |  |  |  |  |  |  |  |  |                        |  |

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

**TO BE FILLED AT THE END OF THE ROTATION**

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

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

|  |              |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | CPC          |  |  |  |  |  |  |  |  |  |  |  |  |
|  | LECTURE      |  |  |  |  |  |  |  |  |  |  |  |  |
|  | WORKSH<br>OP |  |  |  |  |  |  |  |  |  |  |  |  |

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

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| 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 |                   |          |   |                       |         |      |         |           |                     |    |                                |   |

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**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 |        |                      |                                     |
|      |  |      |      |    |        |                      |                                     |
|      |  |      |      |    |        |                      |                                     |
|      |  |      |      |    |        |                      |                                     |
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| 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 |        |                      |                                     |
|      |  |      |      |    |        |                      |                                     |
|      |  |      |      |    |        |                      |                                     |
|      |  |      |      |    |        |                      |                                     |
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**SECTION 23**

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