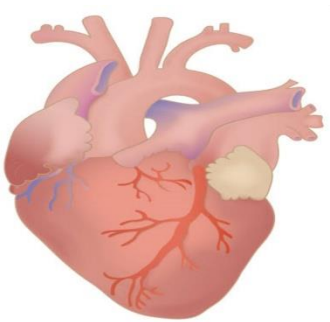
LOG BOOK



MD CARDIOLOGY

RAWALPINDI MEDICAL UNIVERSITY

RAWALPINDI

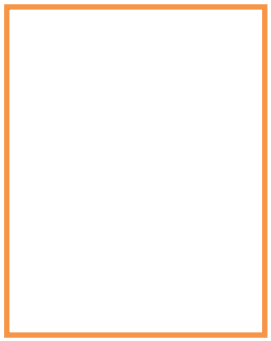
PREFACE

The horizons of *Medical Education* are widening & there has been a steady rise of global interest in *Post Graduate Medical Education*, an increased awareness of the necessity for experience in education skills for all healthcare professionals and the need for some formal recognition of postgraduate training in Internal Medicine.

We are seeing a rise in the uptake of places on postgraduate courses in medical education, more frequent issues of medical education journals and the further development of e-journals and other new online resources. There is therefore a need to provide active support in *Post Graduate Medical Education* for a larger, national group of colleagues in all specialties and at all stages of their personal professional development. If we were to formulate a statement of intent to explain the purpose of this log book, we might simply say that our aim is to help clinical colleagues to teach and to help students to learn in a better and advanced way. This book is a state of the art log book with representation of all activities of the MD Cardiology program at Rawalpindi Medical University.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 isavailable.

Prof. MuhammadUmar
(Sitara-e-Imtiaz)(MBBS, MCPS,FCPS,FACG, FRCP(Lon), FRCP(Glasg),AGAF)
ViceChancellor
Rawalpindi MedicalUniversity
& AlliedHospitals

ENROLMENT DETAILS



Program ofAdmission_____

Session_____

Registration / TrainingNumber_____

Name ofCandidate _____

Father'sName_____

DateofBirth_____/_____/_____ CNICNo._____

Present Address_____

PermanentAddress_____

E-mailAddress _____

CellPhone_____

Date of Start ofTraining_____

Date of Completion ofTraining_____

Name & Designation ofSupervisor _____

Qualification ofSupervisor_____

Title of department /Unit_____

INTRODUCTION

It is a structured log book in which various educational activities related to post graduate training in the field of Cardiology and patient related information is documented. Logbook maintenance is an important part of structural training in any educational field which helps to review and analyze the status of trainee.

This log book is designed to record all the learning objectives which a cardiology trainee must achieve during the course of training period in a structured sequence. These structured and well defined learning objective recorded in this log book also helps various trainers in involved in this process during rotation to different departments of cardiology, to monitor the requirements and the progress of training and the trainee so as to eradicate the deficiencies and t 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:

MINIMUM LOG BOOK ENTERIES PER MONTH IN GENERAL

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

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

MISSION STATEMENT

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

1. To provide exemplary medical care, treating all patients who come before us with uncompromising dedication andskill.
2. To set and pursue the highest goals for ourselves as we learn the science, craft, and art ofMedicine.
3. To passionately teach our junior colleagues and students as we have been taught by those who precededus.
4. To treat our colleagues and hospital staff with kindness, respect, generosity of spirit, andpatience.
5. To foster the excellence and well-being of our residency program by generously offering our time, talent, and energy on itsbehalf.
6. To support and contribute to the research mission of our medical center, nation, and the world by pursuing new knowledge, whether at the bench orbedside.
7. To promote the translation of the latest scientific knowledge to the bedside to improve our understanding of disease pathogenesis and ensure that all patients receive the most scientifically appropriate and up to datecare.
8. To promote responsible stewardship of medical resources by wisely selecting diagnostic tests and treatments, recognizing that our individual decisions impact not just our own patients, but patientseverywhere.
9. To promote social justice by advocating for equitable health care, without regard to race, gender, sexual orientation, social status, or ability to pay.
10. To extend our talents outside the walls of our hospitals and clinics, to promote the health and well-being of communities, locally, nationally, andinternationally.
11. To serve as proud ambassadors for the mission of the Rawalpindi Medical University MD Cardiology Residency Program for the remainder of professionallife.

CLINICAL COMPETENCIES FOR 5 YEAR MD TRAINEES IN CARDIOLOGY

COMPETENCIES\SKILL\PROCEDURE

The clinical competencies, a specialist must have, are varied and complex. A complete list of the skills necessary for trainees and trainers is given below. The level of competence to be achieved each year is specified according to the key, as follows:

1. Observerstatus
2. Assistantstatus
3. Performed undersupervision
4. Performed under indirectsupervision
5. Performedindependently

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

INTRODUCTION

Curriculum of MD Cardiology at Rawalpindi Medical University is an important document that defines the educational goals of Residency Training Program and is intended to clarify the learning objectives for all inpatient and outpatient rotations. Program requirements are based on the ACGME (Accreditation Council for Graduate Medical Education) standards for categorical training in cardiology. Curriculum is based on six core competencies. Detail of these competencies is as follows

CORE COMPETENCIES

Details of the Six Core Competencies of Curriculum of MD InternalMedicine

COMPETENCYNO.1

PATIENT CARE(PC)

- **Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s).(PC1)**
    - Collects accurate historicaldata
    - Uses physical exam to confirmhistory
    - Does not relies exclusively on documentation of others to generate own database or differentialdiagnosis
    - Consistently acquires accurate and relevant histories frompatients
    - Seeks and obtains data from secondary sources whenneeded
    - Consistently performs accurate and appropriately thorough physicalexams
    - Uses collected data to define a patient's central clinicalproblem(s)
    - Acquires accurate histories from patients in an efficient, prioritized, and hypothesis- drivenfashion
    - Performs accurate physical exams that are targeted to the patient'scomplaints
    - Synthesizes data to generate a prioritized differential diagnosis and problemlist
    - Effectively uses history and physical examination skills to minimize the need for further diagnostictesting
    - Obtains relevant historical subtleties, including sensitive information that informs the differentialdiagnosis
    - Identifies subtle or unusual physical examfindings
    - Efficiently utilizes all sources of secondary data to inform differentialdiagnosis
    - Role models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostictesting

- **Develops and achieves comprehensive management plan for each patient.(PC2)**
    - Care plans are consistently inappropriate orinaccurate
    - Does not react to situations that require urgent or emergentcare
    - Does not seek additional guidance when needed Inconsistently develops an appropriate careplan
    - Inconsistently seeks additional guidance whenneeded

- Consistently develops appropriate careplan
- Recognizes situations requiring urgent or emergentcare
- Seeks additional guidance and/or consultation asappropriate
- Appropriatelymodifiescareplansbasedonpatient'sclinicalcourse,additionaldata,andpatientpreferences
- Recognizes disease presentations that deviate from common patterns and require complex decision-making
- Manages complex acute and chronicdiseases
- Role models and teaches complex and patient-centeredcare
- Develops customized, prioritized care plans for the most complex patients, incorporating diagnostic uncertainty and cost effectiveness principles

- **Manages patients with progressive responsibility and independence(PC3)**
  - Assume responsibility for patient managementdecisions
  - Consistently manages simple ambulatory complaints or common chronicdiseases
  - Consistently manages patients with straightforward diagnoses in the inpatientsetting
  - Unable to manage complex inpatients or patients requiring intensivecare
  - Requires indirect supervision to ensure patient safety and qualitycare
  - Provides appropriate preventive care and chronic disease management in the ambulatorysetting
  - Provides comprehensive care for single or multiple diagnoses in the inpatientsetting
  - Under supervision, provides appropriate care in the intensive care unit Initiates management plan for urgent or emergentcare
  - Independently supervise care provided by junior members of the physician-ledteam
  - Independently manages patients across inpatient and ambulatory clinical settings who have a broad spectrum of clinical disorders including undifferentiatedsyndromes
  - Seeks additional guidance and/or consultation asappropriate
  - Appropriately manages situations requiring urgent or emergentcare
  - Effectively supervises the management decisions of theteam
  - Manages unusual, rare, or complexdisorders

- **Skill in performing procedures(PC4)**
  - Does not attempts to perform procedures without sufficient technical skill orsupervision
  - Willing to perform procedures when qualified and necessary for patientcare
  - Possesses basic technical skill for the completion of some commonprocedures
  - Possesses technical skill and has successfully performed all procedures required forcertification
  - Maximizes patient comfort and safety when performingprocedures
  - Seeks to independently perform additional procedures (beyond those required for certification) that are anticipated for future practice

- Teaches and supervises the performance of procedures by junior members of theteam

- **Requests and provides consultative care(PC5)**
  - Is responsive to questions or concerns of others when acting as a consultant or utilizing consultantservices
  - Willing to utilize consultant services when appropriate for patientcare
  - Consistently manages patients as a consultant to other physicians/health careteams
  - Consistently applies risk assessment principles to patients while acting as aconsultant
  - Consistently formulates a clinical question for a consultant toaddress
  - Provides consultation services for patients with clinical problems requiring basic riskassessment
  - Asks meaningful clinical questions that guide the input ofconsultants
  - Provides consultation services for patients with basic and complex clinical problems requiring detailed riskassessment
  - Appropriately weighs recommendations from consultants in order to effectively manage patientcare
  - Switches between the role of consultant and primary physician withease
  - Provides consultation services for patients with very complex clinical problems requiring extensive riskassessment
  - Manages discordant recommendations from multipleconsultants

PatientCare PC-1

- **How ToTeach**
  - Discussions in ward rounds to teach historytaking.
  - Discussions in ward rounds to teach physicalexamination.
  - Demonstration in ward rounds to teach historytaking.
  - Demonstration in ward rounds to teach physicalexamination.
  - Discussions in wards of shortcases
  - Discussions in wards of longcases
  - Simulated patient (in order to simulate a set of symptoms orproblems.)
  - Should write a summary (synthesize a differentialdiagnosis).

- **How ToAssess**
  - Discussions in ward rounds to assess historytaking
  - Discussions in ward rounds to assess physicalexamination
  - Short cases assessment through longcases
  - Confirmation of physical findings bysupervisor
  - Confirmation of history bysupervisor.
  - OSPE

PatientCare PC-2

- **How ToTeach**
  - Resident should write management plan on history sheet and supervisor should discuss managementplan.
  - Resident should write investigational plans, should be able to interpret withhelp
  - ofsupervisor
  - Should be taught prioritization of care plans in complex patient bydiscussion.

- **How ToAssess**
  - Long cases and short cases to assess the clear concepts of management by thetrainee.

PatientCare PC-3

- **How ToTeach**
  - Discuss thoroughly the management side effects /interactions/dosage/therapeutic procedures andintervention

- **How ToAssess**
  - Longcase
  - Short case
  - OSPE
  - Simulatedpatient
  - Stimulated chartrecall
  - Logbook
  - Portfolio
  - Internal assessmentrecord

PatientCarePC-4

- **How ToTeach**
  - Supervisor should ensure that the resident has complete knowledge about theprocedures.
  - Trainee should observeprocedures
  - Should perform procedures undersupervision
  - Should be able to perform proceduresindependently

- Videos regarding differentprocedures.

- **How ToAssess**
  - OSPE
  - Logbook/portfolio
  - Directobservation

PatientCare PC-5

- **How to Teach**

  All consultations by the trainees should be discussed by thesupervisor.

- **How to Assess**

- Consultation record of the logbook
- Feedback by other department regardingconsultation

COMPETENCYNO. 2

MEDICAL KNOWLEDGE (MK)

- **Clinical knowledge(MK1)**
  - Possesses sufficient scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventivecare.
  - Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventivecare
  - Possesses the scientific, socioeconomic and behavioral knowledge required to successfully diagnose and treat medically uncommon, ambiguous and complexconditions.
  - Knowledge of diagnostic testing and procedures.(MK2)
  - Consistently interprets basic diagnostic testsaccurately
  - Does not need assistance to understand the concepts of pre-test probability and test performanceCharacteristics
  - Fully understands the rationale and risks associated with commonprocedures
  - Interprets complex diagnostic testsaccurately
  - Understands the concepts of pre-test probability and test performancecharacteristics
  - Teaches the rationale and risks associated with common procedures and anticipates potential complications when performing

procedures
  - Anticipates and accounts for pitfalls and biases when interpreting diagnostic tests andprocedures
  - Pursues knowledge of new and emerging diagnostic tests andprocedures

- **Medical Knowledge (MK-1,MK-2)**
- **How toTeach**
  - Booksetc
  - Articles
  - CPC(Clinic PathologicalConference)
  - Lecture
  - Videos
  - SDL(Self DirectedLearning)
  - PBL(Problem BasedLearning)
  - Teaching experience with medicalstudent
  - Read proceduralknowledge.

- **How ToAssess**
  - MCQs
  - SEQs
  - Viva
  - Videos
  - Internalassessment

COMPETENCYNO. 3

SYSTEM BASED PRACTICE(SBP)

- **Workseffectivelywithinaninterprofessionalteam(e.g.peers,consultants,nursing,Ancillaryprofessionalsand other support personnel).(SBP1).**
  - Recognizes the contributions of other inter professional teammembers
  - Does not frustrates team members with inefficiency anderrors
  - Identifies roles of other team members and recognize how/when to utilize them asresources.

- Does not requires frequent reminders from team to complete physician responsibilities (e.g. talk to family, enterorders)
- Understands the roles and responsibilities of all team members and uses themeffectively
- Participates in team discussions when required and actively seek input from other teammembers
- Understands the roles and responsibilities of and effectively partners with, all members of theteam
- Actively engages in team meetings and collaborativedecision-making
- Integrates all members of the team into the care of patients, such that each is able to maximize their skills in the care of the patient
- Efficiently coordinates activities of other team members to optimizecare
- Viewed by other team members as a leader in the delivery of high qualitycare

- **Recognizes system error and advocates for system improvement.(SBP2)**
  - Does not ignore a risk for error within the system that may impact the care of apatient.
  - Does not make decisions that could lead to error which are otherwise corrected by the system orsupervision.
  - Does not resistant to feedback about decisions that may lead to error or otherwise causeharm.
  - Recognizes the potential for error within thesystem.
  - Identifies obvious or critical causes of error and notifies supervisoraccordingly.
  - Recognizes the potential risk for error in the immediate system and takes necessary steps to mitigate thatrisk.
  - Willing to receive feedback about decisions that may lead to error or otherwise causeharm.
  - Identifies systemic causes of medical error and navigates them to provide safe patientcare.
  - Advocates for safe patient care and optimal patient caresystems
  - Activates formal system resources to investigate and mitigate real or potential medicalerror.
  - Reflects upon and learns from own critical incidents that may lead to medicalerror.
  - Advocates for system leadership to formally engage in quality assurance and quality improvementactivities.
  - Viewed as a leader in identifying and advocating for the prevention of medicalerror.
  - Teaches others regarding the importance of recognizing and mitigating systemerror.
- **Identifies forces that impact the cost of health care, and advocates for, and practices cost-effective care.(SBP3).**
  - Does not ignores cost issues in the provision ofcare
  - Demonstrates effort to overcome barriers to cost- effectivecare
  - Has full awareness of external factors (e.g. socio- economic, cultural, literacy, insurance status) that impact the cost of health care and the role that external stakeholders (e.g. providers, suppliers, financers, purchasers) have on the cost ofcare
  - Consider limited health care resources when ordering diagnostic or therapeuticinterventions
  - Recognizes that external factors influence a patient's utilization of health care and Does not act as barriers to cost- effectivecare
  - Minimizes unnecessary diagnostic and therapeutictests

- Possesses an incomplete understanding of cost- awareness principles for a population of patients (e.g. screeningtests)
- Consistently works to address patient specific barriers to cost-effectivecare
- Advocates for cost-conscious utilization of resources (i.e. emergency department visits, hospitalreadmissions)
- Incorporates cost-awareness principles into standard clinical judgments and decision-making, including screening tests
- Teaches patients and healthcare team members to recognize and address common barriers to cost- effective care and appropriate utilization ofresources
- Actively participates in initiatives and care delivery models designed to overcome or mitigate barriers to cost-effective high quality care

- **Transitions patients effectively within and across health delivery systems.(SBP4)**
  - Regards need for communication at time oftransition
  - Responds to requests of caregivers in other deliverysystems
  - Inconsistently utilizes available resources to coordinate and ensure safe and effective patient care within and across delivery systems
  - Written and verbal care plans during times of transition arecomplete
  - Efficient transitions of care lead to only necessary expense or less risk to a patient (e.g. avoids duplication of testsreadmission)
  - Recognizes the importance of communication during times oftransition
  - Communication with future caregivers is present but with lapses in pertinent or timelyinformation
  - Appropriatelyutilizes availableresourcestocoordinate careandensuressafeandeffectivepatientcarewithinandacross deliverysystems
  - Proactively communicates with past and future care givers to ensure continuity ofcare
  - Coordinates care within and across health delivery systems to optimize patient safety, increase efficiency and ensure high quality patientoutcomes
  - Anticipates needs of patient, caregivers and future care providers and takes appropriate steps to address thoseneeds
  - Role models and teaches effective transitions ofcare

- **How ToTeach**
  - Lecture/ orientationsession
  - Various system/policies should be identified and discussed with theresidents.
  - Examples:
  - Zakaat
  - Admissionprocedure

- Bait-ul-Mall
- Dischargeprocedure
- Consultationprocedure
- Shifting of patients according toSOPS
- Preferably a manual should be designed regarding various systems existing inthe
- Hospital for the resident.
- Cost effectiveness/availability ofmedicine
- Avoidance of unnecessary tests because of limited healthresources.
- Direct observation by the supervisor during ward rounds
- Feedback
- Assessment during casediscussion

COMPETENCY NO. 4

PRACTICE BASED LEARNING (PBL)

- **Monitors practice with a goal for improvement.(PBLI1)**
  - Willing to self-reflect upon one's practice orperformance
  - Concerned with opportunities for learning andself-improvement
  - Unable to self-reflect upon one's practice orperformance
  - Avails opportunities for learning andself-improvement
  - Consistently acts upon opportunities for learning andself-improvement
  - Regularly self-reflects upon one's practice or performance and consistently acts upon those reflections to improvepractice
  - Recognizes sub-optimal practice or performance as an opportunity for learning andself-improvement
  - Regularly self-reflects and seeks external validation regarding this reflection to maximize practiceimprovement
  - Actively engages in self- improvement efforts and reflects upon theexperience
- **Learns and improves via performance audit.(PBLI2)**
  - Regards own clinical performancedata
  - Demonstrates inclination to participate in or even consider the results of quality improvementefforts
  - Adequate awareness of or desire to analyze own clinical performancedata
  - Participates in a quality improvementprojects
  - Familiar with the principles, techniques or importance of qualityimprovement

- Analyzes own clinical performance data and identifies opportunities forimprovement
- Effectively participates in a quality improvementproject
- Understands common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients Analyzes own clinical performance data and actively works to improveperformance
- Actively engages in quality improvementinitiatives
- Demonstrates the ability to apply common principles and techniques of quality improvement to improve care for a panel of patients
- Actively monitors clinical performance through various datasources
- Is able to lead a quality improvementproject
- Utilizes common principles and techniques of quality improvement to continuously improve care for a panel ofpatients

- **Learns and improves via feedback.(PBLI3)**
  - Does not resists feedback fromothers
  - Often seeksfeedback
  - Never responds to unsolicited feedback in a defensivefashion
  - Temporarily or superficially adjusts performance based onfeedback
  - Does not solicits feedback only fromsupervisors
  - Is open to unsolicitedfeedback
  - Solicits feedback from all members of the inter professional team andpatients
  - Consistently incorporates feedback
  - Performance continuously reflects incorporation of solicited and unsolicitedfeedback
  - Able to reconcile disparate or conflictingfeedback

- **Learns and improves at the point of care.(PBLI4)**
  - Acknowledges uncertainly and does not revert to reflexive patterned response wheninaccurate
  - Seeks or applies evidence whennecessary
  - Familiar with strengths and weaknesses of the medicalliterature
  - Has adequate awareness of or ability to use informationtechnology
  - Does not accepts the findings of clinical research studies without critical appraisal Can translate medical information needs into well- formed clinical questionsindependently
  - Aware of the strengths and weaknesses of medical information resources and utilizes information technology with sophistication
  - Appraises clinical research reports, based on acceptedcriteria
  - Does not “slows down” to reconsider an approach to a problem, ask for help, or seek newinformation

- Routinely translates new medical information needs into well-formed clinicalquestions
- Utilizes information technology withsophistication
- Independently appraises clinical research reports based on acceptedcriteria
- Searches medical information resources efficiently, guided by the characteristics of clinicalquestions
- Role models how to appraise clinical research reports based on acceptedcriteria
- Has a systematic approach to track and pursue emerging clinicalquestion

- **Practice Based Learning (PBL1, PBL2, PBL3,PBL4)**

  - **How toTeach**
    - Discussions about problemcases
    - Should discuss errors andomissions
  - **How toAssess**
    - Feedback
    - 360evaluation
    - Research article presentation
    - Journal clubpresentation
    - CPCpresentation
    - Wardpresentation
    - Quality improvement ofprojects

COMPETENCY NO. 5

PROFESSIONALISM(PROF)

- Has professional and respectful interactions with patients, caregivers and members of the inter-professional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel).(PROF1)
- Consistently respectful in interactions with patients, caregivers and members of the inter professional team, even in challenging situations
- Is available and responsive to needs and concerns of patients, caregivers and members of the inter-professional team to ensure safe and effective care Emphasizes patient privacy and autonomy in allinteractions
- Demonstrates empathy, compassion and respect to patients and caregivers in allsituations
- Anticipates, advocates for, and proactively works to meet the needs of patients andcaregivers
- Demonstrates a responsiveness to patient needs that supersedesself-interest
- Positively acknowledges input of members of the inter-professional team and incorporates that input into plan of care as appropriate
- Role models compassion, empathy and respect for patients andcaregivers
- Role models appropriate anticipation and advocacy for patient and caregiverneeds

- Fosters collegiality that promotes a high-functioning inter-professionalteam

- **Teaches others regarding maintaining patient privacy and respecting patient autonomy, Accepts responsibility and follows through on tasks. (PROF2)**
  - Demonstrates responsibilities expected of a physicianprofessional
  - Accepts professional responsibility even when not assigned or notmandatory
  - Completes administrative and patient care tasks in a timely manner in accordance with local practice and/orpolicy
  - Completes assigned professional responsibilities without questioning or the need forreminders
  - Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effectivemanner
  - Willingness to assume professional responsibility regardless of thesituation
  - Role models prioritizing multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner
  - Assists others to improve their ability to prioritize multiple, competingtasks

- **Responds to each patient's unique characteristics and needs.(PROF3)**
  - Willing to modify care plan to account for a patient's unique characteristics andneeds
  - Is sensitive to and has basic awareness of differences related to culture, ethnicity, gender, race, age and religion in the patient/caregiverencounter
  - Seeks to fully understand each patient's unique characteristics and needs based upon culture, ethnicity, gender, religion, and personalpreference
  - Modifies care plan to account for a patient's unique characteristics and needs with completesuccess
  - Recognizes and accounts for the unique characteristics and needs of the patient/caregiver
  - Appropriately modifies care plan to account for a patient's unique characteristics andneeds
  - Role models professional interactions to negotiate differences related to a patient's unique characteristics orneeds
  - Role models consistent respect for patient's unique characteristics andneeds

- **Exhibits integrity and ethical behavior in professional conduct.(PROF4)**
  - Has a basic understanding of ethical principles, formal policies and procedures, and does not intentionally disregardthem
  - Honest and forthright in clinical interactions, documentation, research, and scholarlyactivity
  - Demonstrates accountability for the care ofpatients
  - Adheres to ethical principles for documentation, follows formal policies and procedures, acknowledges and limits conflict of interest, and upholds ethical expectations of research and scholarlyactivity
  - Demonstrates integrity, honesty, and accountability to patients, society and theprofession
  - Actively manages challenging ethical dilemmas and conflicts ofinterest
  - Identifies and responds appropriately to lapses of professional conduct among peergroup
  - Assists others in adhering to ethical principles and behaviors including integrity, honesty, and professionalresponsibility
  - Role models integrity, honesty, accountability and professional conduct in all aspects of professionallife

- Regularly reflects on personal professionalconduct

Professionalism (PROF1, PROF2, PROF3 ANDPROF4

- **How ToTeach**
    1. Should be taught during wardrounds.
    2. By supervisor
    3. Throughworkshop

- **How ToAssess**
    1. Punctuality
    2. Behavior
    3. Direct observation during wardrounds
    4. Feedback
    5. 360 degree evaluation

CompetencyNo.6

INTERPERSONAL AND COMMUNICATION SKILL (ICS)

- Communicates effectively with patients and caregivers.(ICS1)
- Does not ignores patient preferences for plan ofcare
- Makes attempt to engage patient in shareddecision-making
- Does not engages in antagonistic or counter-therapeutic relationships with patients andcaregivers
- Engages patients in discussions of care plans and respects patient preferences when offered by the patient, and also actively solicitpreferences.
- Attempts to develop therapeutic relationships with patients and caregivers which is oftensuccessful
- Defers difficult or ambiguous conversations toothers
- Engages patients in shared decision making in uncomplicatedconversations
- Requires assistance facilitating discussions in difficult or ambiguousconversations
- Requires guidance or assistance to engage in communication with persons of different socioeconomic and culturalbackgrounds
- Identifies and incorporates patient preference in shared decision making across a wide variety of patient careconversations
- Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and culturalbackgrounds
- Incorporates patient-specific preferences into plan ofcare
- Role models effective communication and development of therapeutic relationships in both routine and challengingsituations
- Models cross-cultural communication and establishes therapeutic relationships with persons of diverse socioeconomic backgrounds

- **Communicates effectively in inter professional teams (e.g. peers, consultants, nursing, ancillary professionals and other support personnel).(ICS2**)
    - Does not uses unidirectional communication that fails to utilize the wisdom of theteam
    - Does not resists offers of collaborativeinput
    - Consistently and actively engages in collaborative communication with all members of theteam
    - Verbal, non-verbal and written communication consistently acts to facilitate collaboration with the team to enhance patientcare
- Role models and teaches collaborative communication with the team to enhance patient care, even in challenging settings and with conflicting team memberopinions.
- Appropriate utilization and completion of health records.(ICS3)
    - Health records are organized and accurate and are not superficial and does not miss key data or fails to communicate clinical reasoning
    - Health records are organized, accurate, comprehensive, and effectively communicate clinicalreasoning
    - Health records are succinct, relevant, and patientspecific
    - Role models and teaches importance of organized, accurate and comprehensive health records that are succinct and patient specific

Interpersonal and Communication Skill (ISC1, ICS2 AND ICS3)

- **How toTeach**
    - Teaching through communication skills bysupervisor
    - Throughworkshop
- **How toAssess**
    1. Directobservation
    2. Feedback
    3. 360 degreeevaluation
    4. Historytaking
    5. CPCpresentation
    6. Journal clubpresentation
    7. Articlepresentation
    8. Consultation
    9. OPDworking
    10. Counselingsessions
    11. OSPE
    12. VIVA

FOR EXAMPLE: In cardiology the competencies other than Medical knowledge should be monitored/supervised /evaluated as follows

Practice and Procedural Skills	**Attitudes, Values and Habits**	**Professionalism**	**Interpersonal and Communication Skills**	**Practice Based Learning Improvement**	**Evaluation of Medical Knowledge**
• Development of proficiency in examination of the cardiovascular system, in general and cardiac auscultation, inparticular • Preoperative evaluation of cardiac risk in-patients undergoing non-cardiac surgery • Preoperative evaluation of cardiac risk in-patients undergoing non-cardiac surgery • The appropriate way to answer cardiacconsultations • The appropriate follow-up, including use of substantive progress notes, of patients who have been seen in consultation. • Out-patient cardiaccare. • Differential diagnosis of chest pain	• Keeping the patient and family informed on the clinical status of the patient, results of tests, etc. • Frequent, direct communication with the physician who requested theconsultation. • Review of previous medical records and extraction of information relevant to the patient's cardiovascular status. Other sources of information may be used, when pertinent • Understanding that patients have the right to either accepts or decline recommendations made by thephysician • Education of thepatient	• The PGT should continue to develop his/her ethical behavior and the humanistic qualities of respect, compassion, integrity, and honesty. • The PGT must be willing to acknowledge errors and determine how to avoid future similarmistakes. • The PGT must be responsible and reliable at alltimes. • The PGT must always consider the needs of patients, families, colleagues, and supportstaff. • The PGT must maintain a professional appearance at all times	• The PGT should learn when to call a subspecialist for evaluation and management of a patient with a cardiovasculardisease. • The PGT should be able to clearly present the consultation cases to the staff in an organized and thoroughmanner • The PGT must be able to establish a rapport with the patients and listens to thepatient's Complaints to promote the patient's welfare. • The PGT should provide effective education and counseling forpatients. • The PGT must write organized and legible notes • The PGT must communicate any patient problems to the staff in atimely fashion	• The PGT should use feedback and self-evaluation in order to improve performance • The PGT should read the required material and articles provided to enhance learning • The PGT should use the medical literature search tools in the library to find appropriate articles related to interestingcases.	• The PGT's ability to answer directed questions and to participate in the didacticsessions. • The PGT's presentation of assigned short topics. These will be examined for their completeness, accuracy, organization, and the PGTs' understanding of thetopic. • The PGT's ability to apply the information learned in the didactic sessions to the patient care setting. • The PGT's interest level inlearning.

METHODS OF TEACHING & LEARNING DURING COURSE CONDUCTION

*Inpatient Services:*During training in cardiology department, the trainee in MD Cardiology will have rotations in different subunits of cardiology. The required knowledge and skills pertaining to the ambulatory based training in following areas shall bedemonstrated:

- Clinical Cardiology
- Noninvasive Diagnostic Cardiology
- Echocardiography
- Nuclear Cardiology and Stress Testing
- ECG and Holter Monitoring
- Exercise Tolerance Test (ETT)
- Electrophysiology Laboratory
- Cardiac Catheterization
- Preventative Cardiology
- Cardiovascular Research

1. ***Outpatient Experiences:***Residents should demonstrate expertise in diagnosis and management of patients in acute care clinics and longitudinal clinics and gain experience and develop the required skills..
2. ***Emergency services:***The resident will be trained take an early and active role in patient care and obtain decision-making roles quickly. Within the Emergency Department, resident directs the initial stabilization of all critical patients, manage airway interventions, and oversee all criticalcare.
3. ***Mandatory workshops:*** Resident achieves hands on training while participating in mandatory workshops of Research Methodology, Advanced Life Support, Communication Skills, Computer & Internet and Clinical Audit. Specific objectives are given in detail in the relevant section of MandatoryWorkshops.
4. ***Core Faculty Lectures (CFL):***The core faculty lecture's focus on monthly themes of the various specialty medicine topics for eleven months of the year, i.e., Cardiology, Gastroenterology, Hematology, etc. Lectures are still an efficient way of delivering information. Good lectures can introduce new material or synthesize concepts students have through text-, web-, or field-based activities. *Buzz groups* can be incorporated into the lectures in order to promote more activelearning.
5. ***Introductory Lecture Series (ILS):***Various introductory topics are presented by subspecialty and general medicine faculty to introduce interns to basic and essential topics in internalmedicine.

Long and short case presentations:Giving an oral presentation on ward rounds is an important skill for medical student to learn. It is medical

reporting which is terse and rapidly moving. After collecting the data, you must then be able both to document it in a written format and transmit it clearly to other health care providers. In order to do this successfully, you need to understand the patient's medical illnesses, the psychosocial contributions to their History of Presenting Illness and their physical diagnosis findings. You then need to compress them into a concise, organized recitation of the most essential facts. The listener needs to be given all of the relevant information without the extraneous details and should be able to construct his/her own differential diagnosis as the story unfolds. Consider yourself an advocate who is attempting to persuade an informed, interested judge the merits of your argument, without distorting any of the facts. An oral case presentation is NOT a simple recitation of your write-up. It is a concise, edited presentation of the most essential information. Basic structure for oral case presentations includes Identifying information/chief complaint (ID/CC) , History of present illness (HPI) including relevant Reviewofsystems (ROS) questionsonly,Otheractivemedicalproblems,Medications/allergies/substanceuse(note:e.ThecompleteROSshould not be presented in oral presentations , Brief social history (current situation and major issues only) . Physical examination (pertinent findings only) , One line summary & Assessment and plan

6. ***Seminar Presentation:***Seminar is held in a noon conference format. Upper level residents present an in-depth review of a medical topic as well as their own research. Residents are formally critiqued by both the associate program director and their residentcolleagues.
7. ***Journal Club Meeting (JC):***A resident will be assigned to present, in depth, a research article or topic of his/her choice of actual or potential broad interest and/or application. Two hours per month should be allocated to discussion of any current articles or topics introduced by any participant. Faculty or outside researchers will be invited to present outlines or results of current research activities. The article should be critically evaluated and its applicable results should be highlighted, which can be incorporated in clinical practice. Record of all such articles should be maintained in the relevantdepartment.
8. ***Small Group Discussions/ Problem based learning/ Case based learning:***Traditionally small groups consist of 8-12 participants. Small groups can take on a variety of different tasks, including problem solving, role play, discussion, brainstorming, debate, workshops and presentations. Generally students prefer small group learning to other instructional methods. From the study of a problem students develop principles and rules and generalize their applicability to a variety of situations PBL is said to develop problem solving skills and an integrated body of knowledge. It is a student-centered approach to learning, in which students determine what and how they learn. Case studies help learners identify problems and solutions, compare options and decide how to handle a realsituation.
9. ***Discussion/Debate:***There are several types of discussion tasks which would be used as learning method for residents including: *guided discussion*, in which the facilitator poses a discussion question to the group and learners offer responses or questions to each other's

contributions as a means of broadening the discussion's scope; *inquiry-based discussion*, in which learners are guided through a series of questions to discover some relationship or principle; *exploratory discussion*, in which learners examine their personal opinions, suppositions or assumptions and then visualize alternatives to these assumptions; and *debate*in which students argue opposing sides of a controversial topic. With thoughtful and well-designed discussion tasks, learners can practice critical inquiry and reflection, developing their individual thinking, considering alternatives and negotiating meaning with other discussants to arrive at a shared understanding of the issues athand.

10. ***Case Conference (CC):***These sessions are held three days each week; the focus of the discussion is selected by the presenting resident. For example,somecasesmaybe presentedto discussadifferentialdiagnosis,whileothersare presentedtodiscussspecificmanagementissues.
11. ***Noon Conference (NC):***The noon conferences focus on monthly themes of the various specialty medicine topics for eleven months of the year, i.e., Cardiology, Gastroenterology, Hematology,etc.
12. ***Grand Rounds (GR):***The Department of Medicine hosts Grand Rounds on weekly basis. Speakers from local, regional and national medicine training programs are invited to present topics from the broad spectrum of internal medicine. All residents on inpatient floor teams, as well as those on ambulatory block rotations and electives are expected toattend.
13. ***Professionalism Curriculum (PC)*:** This is an organized series of recurring large and small group discussions focusing upon current issues and dilemmas in medical professionalism and ethics presented primarily by an associate program director. Lectures are usually presented in a noon conferenceformat.
14. ***Evening Teaching Rounds:***During these sign-out rounds, the inpatient Chief Resident makes a brief educational presentation on a topic related to a patient currently on service, often related to the discussion from morning report. Serious cases are mainly focused during evening rounds.
15. ***Clinico-pathological Conferences:***The clinic0-pathological conference, popularly known as CPC primarily relies on case method of teaching medicine. It is a teaching tool that illustrates the logical, measured consideration of a differential diagnosis used to evaluate patients. The process involves case presentation, diagnostic data, discussion of differential diagnosis, logically narrowing the list to few selected probable diagnoses and eventually reaching a final diagnosis and its brief discussion. The idea was first practiced in Boston, back in 1900 by a Harvard internist, Dr. Richard C. Cabot who practiced this as an informal discussion session in his private office. Dr. Cabot incepted this from a resident, who in turn had received the idea from a roommate, primarily a lawstudent.
16. ***Evidence Based Medicine (EBM)*:** Residents are presented a series of noon monthly lectures presented to allow residents to learn how to critically appraise journal articles, stay current on statistics, etc. The lectures are presented by the programdirector.
17. ***Clinical Audit based learning:***"Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through

systematic review of care against explicit criteria…Where indicated, changes are implemented…and further monitoring is used to confirm improvement in healthcare delivery." *Principles for Best Practice in Clinical Audit (2002,NICE/CHI)*

18. ***Pee Assisted Learning:***Any situation where people learn from, or with, others of a similar level of training, background or other shared characteristic. Provides opportunities to reinforce and revise their learning. Encourages responsibility and increasedself-confidence. Develops teaching and verbalization skills. Enhances communication skills, and empathy. Develops appraisal skills (of self and others) including the ability to give and receive appropriate feedback. Enhance organizational and team-workingskills.
19. ***Morbidity and Mortality Conference (MM):***The M&M Conference is held occasionally at noon throughout the year. A case, with an adverse outcome, though not necessarily resulting in death, is discussed and thoroughly reviewed. Faculty members from various disciplines are invited to attend, especially if they were involved in the care of the patient. The discussion focuses on how care could have beenimproved.
20. ***Clinical Case Conference:***Each resident, except when on vacation, will be responsible for at least one clinical case conference each month. The cases discussed may be those seen on either the consultation or clinic service or during rotations in specialty areas. The resident, with the advice of the Attending Physician on the Consultation Service, will prepare and present the case(s) and review the relevantliterature
21. ***SEQ as assignments on the content areas:***SEQs assignments are given to the residents on regular basis to enhance their performance during writtenexaminations.
22. ***Skill teaching in ICU, emergency, ward settings& skill laboratory:***Two hours twice a month should be assigned for learning and practicing clinical skills. List of skills to be learnt during these sessions is asfollows:

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

- This training should emphasize effective communication techniques for diverse populations, as well as organizational resources useful for patient and communityeducation
- Residents may attend the series of lectures on Nuclear Medicine procedures (radionuclide scanning and localization tests and therapy) presented to the Radiologyresidents.
- Residents should have experience in the performance of clinical laboratory and radionuclide studies and basic laboratory techniques including quality control, quality assurance and proficiencystandards.

23. ***Bedside teaching rounds in ward:*** ***"To STUDy the phenomenon of disease withoUT a book is to sail an UNCHarted sea whilst to STUDy books withoUT patients is not to go to sea at all" Sir William Osler 1849-1919.***
Bedside teaching is regularly included in the ward rounds. Learning activities include the physical exam, a discussion of particular medical diseases, psychosocial and ethical themes, and managementissues

- ***Directly Supervised Procedures - (DSP)*****:** Residents learn procedures under the direct supervision of an attending or fellow during some rotations. For example, in the Medical Intensive Care Unit the Pulmonary /Critical Care attending or fellow, or the MICU attending, observe the placement of central venous and arterial lines. Specific procedures used in patient care vary byrotation.
- ***Self-directed learning:***self-directed learning residents have primary responsibility for planning, implementing, and evaluating their effort. It is an adult learning technique that assumes that the learner knows best what their educational needs are. The facilitator's role in self-directed learning is to support learners in identifying their needs and goals for the program, to contribute to clarifying the learners' directions and objectives and to provide timely feedback. Self-directed learning can be highly motivating, especially if the learner is focusing on problems of the immediate present, a potential positive outcome is anticipated and obtained and they are not threatened by taking responsibility for their ownlearning.
- ***Follow up clinics:***The main aims of our clinic for patients and relatives include
  - (a) Explanation of patient's stay in ICU or Ward settings: Many patients do not remember their ICU stay, and this lack of recall can lead to misconceptions, frustration and having unrealistic expectations of themselves during their recovery. It is therefore preferable for patients to be aware of how ill they have been and then they can understand why it is taking some time to recover.
  - (b)Rehabilitation information and support: We discuss with patients and relatives their individualized recovery from critical illness. This includes expectations, realistic goals, change in family dynamics and coming to terms with life style changes.
  - (c)**Identifying physical, psychological or social problems:** Some of our patients have problems either as a result of their critical illness or because of other underlying conditions. The follow-up team will refer patients to various specialties, if appropriate.
  - (d)**Promoting a quality service**: By highlighting areas which require changeinnursingandmedicalpractice,wecanimprovethequalityofpatientandrelativescare.Feedbackfrompatientsandrelatives about their ICU & ward experience is invaluable. It has initiated various audits and changes in clinical practice, for the benefit of patients and relatives in the future.

24. ***Core curriculum meeting:***All the core topics of Medicine should be thoroughly discussed during these sessions. The duration of each session should be at least two hours once a month. It should be chaired by the chief resident (elected by the residents of the relevant discipline). Each resident should be given an opportunity to brainstorm all topics included in the course and to generate new ideas regarding the improvement of the coursestructure

25. ***Annual Grand Meeting***Once a year all residents enrolled for MD Internal Medicine should be invited to the annual meeting at RMU. One full day will be allocated to this event. All the chief residents from affiliated institutes will present their annual reports. Issues and concerns related to their relevant courses will be discussed. Feedback should be collected and suggestions should be sought in order to involve residents in decision making. The research work done by residents and their literary work may be displayed. In the evening an informal gathering and dinner can be arranged. This will help in creating a sense of belonging and ownership among students and the faculty.
26. ***Learning through maintaining log book:*** *it is* used to list the core clinical problems to be seen during the attachment and to document the student activity and learning achieved with each patientcontact.
27. ***Learning through maintaining portfolio:***Personal Reflection is one of the most important adult educational tools available. Many theorists have argued that without reflection, knowledge translation and thus genuine "deep" learning cannot occur. One of the Individual reflection tools maintaining portfolios, Personal Reflection allows students to take inventory of their current knowledge skills and attitudes, to integrate concepts from various experiences, to transform current ideas and experiences into new knowledge and actions and to complete the experiential learningcycle.
28. ***Task-based-learning:***A list of tasks is given to the students: participate in consultation with the attending staff, interview and examine patients, review a number of new radiographs with theradiologist.
29. ***Teaching in the ambulatory care setting:***A wide range of clinical conditions may be seen. There are large numbers of new and return patients. Students have the opportunity to experience a multi-professional approach to patient care. Unlike ward teaching, increased numbers of students can be accommodated without exhausting the limited No. of suitablepatients.
30. ***Community Based Medical Education:***CBME refers to medical education that is based outside a tertiary or large secondary level hospital. Learning in the fields of epidemiology, preventive health, public health principles, community development, and the social impact of illness and understanding how patients interact with the health care system. Also used for learning basic clinical skills, especially communicationskills.
31. ***Audio visual laboratory:***audio visual material for teaching skills to the residents is used specifically in teaching gastroenterology proceduredetails.
32. ***E-learning/web-based medical education/computer-assisted instruction:***Computer technologies, including the Internet, can support a wide range of learning activities from dissemination of lectures and materials, access to live or recorded presentations, real-time discussions, self-instruction modules and virtual patient simulations. distance-independence, flexible scheduling, the creation of reusable learning materials that are easily shared and updated, the ability to individualize instruction through adaptive instruction technologies and automated record keeping for assessmentpurposes.
33. ***Research based learning:***All residents in the categorical program are required to complete an academic outcomes-based research project during their training. This project can consist of original bench top laboratory research, clinical research or a combination of both. The research work shall be compiled in the form of a thesis which is to be submitted for evaluation by each resident before end of the training. The designated Faculty will organize and mentor the residents through the process, as well as journal clubs to teach critical appraisal of theliterature.

SECTION-1

MORNING REPORT PRESENTATION/ CASE PRESENTATION SEEN IN LAST EMERGENCY OR INDOOR

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

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

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

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

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

SECTION-2

TOPIC PRESENTATION/SEMINAR

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

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

SECTION-3

JOURNAL CLUB

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

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

SECTION-4

PROBLEM CASE DISCUSSION

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

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

SECTION-5

DIDACTIC LECTURES/INTERACTIVE LECTURES

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

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

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

SECTION-6

EMERGENCY CASES (Repetition of Cases Should Be Avoided)

(Estimated 50 cases to be documented/Year) (8 cases/month)

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

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

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

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

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

SECTION-7

INDOOR PATIENTS (repetition of cases should be avoided)

(Estimated cases to be attended are 50 patients per year)

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

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

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

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

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

SECTION-8

OPD AND CLINICS (repetition of cases should be avoided)

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

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

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

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

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

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

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

SECTION-9

MEDICAL PROCEDURES

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

SR.#	DATE	REGNO. OF PATIENT	NAME OF PROCEDURE	(O)/(A)/(PUS)/ (PI)	DETAIL OF PROCEDURE	PLACE OF PROCEDURE	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

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

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

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

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

SECTION-10

MULTI DICIPLINARY MEETINGS

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

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

SECTION-11

CLINICOPATHOLOGICAL CONFERENCE (CPC)

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

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

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

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

SECTION-12

MORBIDITY/MORTALITY MEETINGS

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

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

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

SECTION-13

HANDS ON TRAINING/WORKSHOPS

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

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

SECTION-14

PUBLICATIONS

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

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

SECTION-15

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

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

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

SECTION-16

WRITTEN ASSESSMENT RECORD

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

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

SECTION-17

CLINICAL ASSESSMENT RECORD

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

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

SECTION-18-

CARE UNIT

SNo	Date	Name/ Reg. No	Age/ Gender	Diagnosis	Result	Supervisor Initials

CARE UNIT

Complications

SNo	Date	Name/ Reg. No	Age/ Gender	Diagnosis & Complications	Result	Supervisor Initials

CARE UNIT

Bedside Procedures

SNo	Date	Name/ Reg. No	Age/ Gender	Diagnosis	Result	Supervisor Initials

CARE UNIT

Bedside Procedures - Complications

SNo	Date	Name/ Reg. No	Age/	Procedure	Indication	Status	Result	Supervisor Initials

			Gender					

ECHOCARDIOGRAPHY

ECHOCARDIOGRAPHY

Transthoracic Echocardiography

SNo	Date	Name/ Reg. No	Age/ Gender	Indications	Status	Result	Supervisor Initials

ECHOCARDIOGRAPHY

Transthoracic Echocardiography

SNo	Date	Name/ Reg. No	Age/ Gender	Indications	Status	Result	Supervisor Initials

ECHOCARDIOGRAPHY

Transthoracic Echocardiography

SNo	Date	Name/ Reg. No	Age/ Gender	Indications	Status	Result	Supervisor Initials

ECHOCARDIOGRAPHY

Trans Esophageal Echocardiography

SNo	Date	Name/ Reg. No	Age/ Gender	Indications	Status	Result	Supervisor Initials

ECHOCARDIOGRAPHY

Exercise Stress Echocardiography

SNo	Date	Name/ Reg. No	Age/ Gender	Indications	Status	Result	Supervisor Initials

ECHOCARDIOGRAPHY

Pharmacological Stress Echocardiography

SNo	Date	Name/ Reg. No	Age/ Gender	Indications	Status	Result	Supervisor Initials

EXERCISE TOLERANCE TEST

EXERCISE TOLERANCE TEST

SNo	Date	Name/ Reg. No	Age/ Gender	Indication	Complication	Status	Result	Supervisor Initials

NUCLEAR CARDIOLOGY

NUCLEAR CARDIOLOGY

Pharmacological Stress Protocol

SNo	Date	Name/ Reg. No	Age/ Gender	Indications & Study Conducted	Nuclear Agent Used	Result	Supervisor Initials

NUCLEAR CARDIOLOGY

Exercise Stress Protocol

SNo	Date	Name/ Reg. No	Age/ Gender	Indications & Study Conducted	Nuclear Agent Used	Result	Supervisor Initials

CARDIAC COMPUTED TOMOGRAPHY

CARDIAC COMPUTED TOMOGRAPHY

SNo	Date	Name/ Reg. No	Age/ Gender	Indications	Result	Supervisor Initials

CATHETERIZATION LABORATORY

CATHETERIZATION LABORATORY

Angiography

SNo	Date	Name/ Reg. No	Age/ Gender	Procedure	Indication	Status	Result	Supervisor Initials

CATHETERIZATION LABORATORY

Angiography-Complications

SNo	Date	Name/ Reg. No	Age/ Gender	Indications	Complication	Status	Result	Supervisor Initials

CATHETERIZATION LABORATORY

Percutaneous Intervention

SNo	Date	Name/ Reg. No	Age/ Gender	Diagnosis	Procedure	Status	Result	Supervisor Initials

CATHETERIZATION LABORATORY

Percutaneous Intervention - Complications

SNo	Date	Name/ Reg. No	Age/ Gender	Procedure	Complication	Status	Result	Supervisor Initials

CATHETERIZATION LABORATORY

Right Heart Cath Procedures

SNo	Date	Name/ Reg. No	Age/ Gender	Procedure	Indication	Status	Result	Supervisor Initials

CATHETERIZATION LABORATORY

Right Heart Cath Procedures - Complications

SNo	Date	Name/ Reg. No	Age/ Gender	Procedure	Complication	Status	Result	Supervisor Initials

CATHETERIZATION LABORATORY

Ballooning Procedures like PTMC, TAVI etc

SNo	Date	Name/ Reg. No	Age/ Gender	Procedure	Indication	Status	Result	Supervisor Initials

CATHETERIZATION LABORATORY

Ballooning Procedures - Complications

SNo	Date	Name/ Reg. No	Age/ Gender	Procedure	Complications	Status	Result	Supervisor Initials

CATHETERIZATION LABORATORY

Device Shunt Closure

SNo	Date	Name/ Reg. No	Age/ Gender	Procedure	Indication	Status	Result	Supervisor Initials

CATHETERIZATION LABORATORY

Device Shunt Closure - Complications

SNo	Date	Name/ Reg. No	Age/ Gender	Procedure	Complication	Status	Result	Supervisor Initials

ELECTRO PHYSIOLOGY LABORATORY

ELECTRO PHYSIOLOGY LABORATORY

Holter Monitoring

SNo	Date	Name/ Reg. No	Age/ Gender	Indications	Status	Result	Supervisor Initials

ELECTRO PHYSIOLOGY LABORATOR

Electro Physiology Study

SNo	Date	Name/ Reg. No	Age/ Gender	Procedure	Indication	Status	Result	Supervisor Initials

ELECTRO PHYSIOLOGY LABORATORY

Electro Physiology Study - Complications

SNo	Date	Name/ Reg. No	Age/ Gender	Procedure	Complication	Status	Result	Supervisor Initials

ELECTRO PHYSIOLOGY LABORATORY

Pacemaker & Device Implantation

SNo	Date	Name/ Reg. No	Age/ Gender	Type of Device	Indication	Status	Result	Supervisor Initials

ELECTRO PHYSIOLOGY LABORATORY

Pacemakers & Device Implantation - Complications

SNo	Date	Name/ Reg. No	Age/ Gender	Procedure	Complication	Status	Result	Supervisor Initials

PAEDIATRIC CARDIOLOGY

PAEDIATRIC CARDIOLOGY

SNo	Date	Name/ Reg. No	Age/ Gender	Diagnosis	Result	Supervisor Initials

PAEDIATRIC CARDIOLOGY

Emergencies

SNo	Date	Name/ Reg. No	Age/ Gender	Diagnosis	Result	Supervisor Initials

PAEDIATRIC CARDIOLOGY

Emergencies Complications

SNo	Date	Name/ Reg. No	Age/ Gender	Diagnosis & Complications	Result	Supervisor Initials

PAEDIATRIC INTENSIVE CARE UNIT

PAEDIATRIC INTENSIVE CARE UNIT

SNo	Date	Name/ Reg. No	Age/ Gender	Diagnosis	Result	Supervisor Initials

PAEDIATRIC INTENSIVE CARE UNIT

Complications

SNo	Date	Name/ Reg. No	Age/ Gender	Diagnosis & Complications	Result	Supervisor Initials

PAEDIATRIC CARDIOLOGY

Bedside Procedures

SNo	Date	Name/ Reg. No	Age/ Gender	Diagnosis & Procedure	Result	Supervisor Initials

PAEDIATRIC CARDIOLOGY

Bedside Procedures - Complications

SNo	Date	Name/ Reg. No	Age/ Gender	Procedure	Indication& Complication	Status	Result	Supervisor Initials

PAEDIATRIC CARDIOLOGY

Transthoracic Echocardiography

SNo	Date	Name/ Reg. No	Age/ Gender	Indications	Status	Result	Supervisor Initials

PAEDIATRIC CARDIOLOGY

Trans Esophageal Echocardiography

SNo	Date	Name/ Reg. No	Age/ Gender	Indications	Status	Result	Supervisor Initials

PAEDIATRIC CATHETERIZATION LABORATORY

PAEDIATRIC CATHETERIZATION LABORATORY

Catheterization Procedures

SNo	Date	Name/ Reg. No	Age/ Gender	Procedure	Indication	Status	Result	Supervisor Initials

PAEDIATRIC CATHETERIZATION LABORATORY

Catheterization Procedures- Complications

SNo	Date	Name/ Reg. No	Age/ Gender	Procedure	Complication	Status	Result	Supervisor Initials

PAEDIATRIC CATHETERIZATION LABORATORY

Ballooning Procedures like PTMC, Pulmonary Valve Ballooning etc

SNo	Date	Name/ Reg. No	Age/ Gender	Procedure	Indication	Status	Result	Supervisor Initials

PAEDIATRIC CATHETERIZATION LABORATORY

Ballooning Procedures - Complications

SNo	Date	Name/ Reg. No	Age/ Gender	Procedure	Complications	Status	Result	Supervisor Initials

PAEDIATRIC CATHETERIZATION LABORATORY

Device Shunt Closure

SNo	Date	Name/ Reg. No	Age/ Gender	Procedure	Indication	Status	Result	Supervisor Initials

PAEDIATRIC CATHETERIZATION LABORATORY

Device Shunt Closure - Complications

SNo	Date	Name/ Reg. No	Age/ Gender	Procedure	Complication	Status	Result	Supervisor Initials

CARDIAC SURGERY

CARDIAC SURGERY

Surgical Procedures Observed

SNo	Date	Name/ Reg. No	Age/ Gender	Diagnosis & Procedure	Result	Supervisor Initials

CARDIAC SURGERY

Surgical Procedures Observed- Complications

SNo	Date	Name/ Reg. No	Age/ Gender	Procedure & Complication	Result	Supervisor Initials

CARDIAC SURGERY

Emergency Surgical Procedures Observed

SNo	Date	Name/ Reg. No	Age/ Gender	Diagnosis & Procedure	Result	Supervisor Initials

CARDIAC SURGERY

Emergency Surgical Procedures Observed- Complications

SNo	Date	Name/ Reg. No	Age/ Gender	Procedure & Complication	Result	Supervisor Initials

CARDIAC SURGERY INTENSIVE CARE UNIT

CARDIAC SURGERY INTENSIVE CARE UNIT

SNo	Date	Name/ Reg. No	Age/ Gender	Diagnosis	Result	Supervisor Initials

CARDIAC SURGERY INTENSIVE CARE UNIT

Complications

SNo	Date	Name/ Reg. No	Age/ Gender	Diagnosis & Complications	Result	Supervisor Initials

CARDIAC SURGERY

Bedside Procedures

SNo	Date	Name/ Reg. No	Age/ Gender	Diagnosis & Procedure	Result	Supervisor Initials

CARDIAC SURGERY

Bedside Procedures - Complications

SNo	Date	Name/ Reg. No	Age/ Gender	Procedure	Indication& Complication	Status	Result	Supervisor Initials

CARDIAC SURGERY

Transthoracic Echocardiography

SNo	Date	Name/ Reg. No	Age/ Gender	Indications	Status	Result	Supervisor Initials

CARDIAC SURGERY

Trans Esophageal Echocardiography

SNo	Date	Name/ Reg. No	Age/ Gender	Indications	Status	Result	Supervisor Initials

PAEDIATRIC CARDIAC SURGERY

PAEDIATRIC CARDIAC SURGERY

Surgical Procedures Observed

SNo	Date	Name/ Reg. No	Age/ Gender	Diagnosis & Procedure	Result	Supervisor Initials

PAEDIATRIC CARDIAC SURGERY

Surgical Procedures Observed- Complications

SNo	Date	Name/ Reg. No	Age/ Gender	Procedure & Complication	Result	Supervisor Initials

2PAEDIATRIC CARDIAC SURGERY

Emergency Surgical Procedures Observed

SNo	Date	Name/ Reg. No	Age/ Gender	Diagnosis & Procedure	Result	Supervisor Initials

PAEDIATRIC CARDIAC SURGERY

Emergency Surgical Procedures Observed- Complications

SNo	Date	Name/ Reg. No	Age/ Gender	Procedure & Complication	Result	Supervisor Initials

PAEDIATRIC CARDIAC SURGERY INTENSIVE CARE UNIT

PAEDIATRIC CARDIAC SURGERY INTENSIVE CARE UNIT

SNo	Date	Name/ Reg. No	Age/ Gender	Diagnosis	Result	Supervisor Initials

PAEDIATRIC CARDIAC SURGERY INTENSIVE CARE UNIT

Complications

SNo	Date	Name/ Reg. No	Age/ Gender	Diagnosis & Complications	Result	Supervisor Initials

PAEDIATRIC CARDIAC SURGERY

Bedside Procedures

SNo	Date	Name/ Reg. No	Age/ Gender	Diagnosis & Procedure	Result	Supervisor Initials

PAEDIATRIC CARDIAC SURGERY

Bedside Procedures - Complications

SNo	Date	Name/ Reg. No	Age/ Gender	Procedure	Indication& Complication	Status	Result	Supervisor Initials

PAEDIATRIC CARDIAC SURGERY

Transthoracic Echocardiography

SNo	Date	Name/ Reg. No	Age/ Gender	Indications	Status	Result	Supervisor Initials

SECTION-19-

Evaluation records

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

RAWALPINDI MEDICAL UNIVERSITY

SUPERVISOR APPRAISAL FORM

Resident'sName:_____ **HospitalName:**_____

Evaluator'sName(s): _____ **Department:**_____ **Unit:**_____

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

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

I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS	5	4	3	2	1
a) Clinical Knowledge is up to the mark					
b) Follows procedures and clinical methods according to SOPs					
c) Uses techniques, materials, tools & equipment skillfully					
d) Stays current with technology and job-related expertise					
e) Works efficiently in various workshops					
f) Has interest in learning new skills and procedures					
g) Understands & performs assigned duties and job requirements					
II. QUALITY / QUANTITY OF WORK	5	4	3	2	1
a) Sets and adheres to protocols and improving the skills					
b) Exihibts system based learning methods smartly					
c) Exihibts practice based learning methods efficaciously					
d) Actively participates in large group interactive sessions for postgraduate trainees					
e) Actively takes part in morning& evening teaching and learning sessions & noon conferences					
f) Actively takes part in Multidisciplinary Clinic O Pathological Conferences (CPC)					
g)Actively participates in Journal clubs					
h) Uses resources sensibly and economically					

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

Total Score_____/155

Date Resident'sName&Signatures Date Evaluator's Signature &Stamp

RAWALPINDI MEDICAL UNIVERSITY
SUPERVISOR APPRAISAL FORM

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

Resident'sName: _____ **HospitalName:** _____
Evaluator'sName(s): _____ **Department:** _____ **Unit:** _____

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

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

I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS	5	4	3	2	1
a) Clinical Knowledge is up to the mark					
b) Follows procedures and clinical methods according to SOPs					
c) Uses techniques, materials, tools & equipment skillfully					
d) Stays current with technology and job-related expertise					
e) Works efficiently in various workshops					
f) Has interest in learning new skills and procedures					
g) Understands & performs assigned duties and job requirements					
II. QUALITY / QUANTITY OF WORK	5	4	3	2	1
a) Sets and adheres to protocols and improving the skills					
b) Exihibts system based learning methods smartly					
c) Exihibts practice based learning methods efficaciously					
d) Actively participates in large group interactive sessions for postgraduate trainees					
e) Actively takes part in morning& evening teaching and learning sessions & noon conferences					
f) Actively takes part in Multidisciplinary Clinic O Pathological Conferences (CPC)					
g)Actively participates in Journal clubs					
h) Uses resources sensibly and economically					
i) Accomplishes accurate management of different medical cases with minimal assistance or					

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

TotalScore_____/155

Date Resident'sName&Signatures Date Evaluator's Signature &Stamp

RAWALPINDI MEDICAL UNIVERSITY SUPERVISOR APPRAISAL FORM

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

Resident'sName: _____ **HospitalName:**_____

Evaluator'sName(s): _____ **Department:**_____**Unit:**_____

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

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

I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS	5	4	3	2	1
a) Clinical Knowledge is up to the mark					
b) Follows procedures and clinical methods according to SOPs					
c) Uses techniques, materials, tools & equipment skillfully					
d) Stays current with technology and job-related expertise					
e) Works efficiently in various workshops					
f) Has interest in learning new skills and procedures					
g) Understands & performs assigned duties and job requirements					
II. QUALITY / QUANTITY OF WORK	5	4	3	2	1
a) Sets and adheres to protocols and improving the skills					
b) Exihibts system based learning methods smartly					
c) Exihibts practice based learning methods efficaciously					
d) Actively participates in large group interactive sessions for postgraduate trainees					
e) Actively takes part in morning& evening teaching and learning sessions & noon conferences					
f) Actively takes part in Multidisciplinary Clinic O Pathological Conferences (CPC)					
g)Actively participates in Journal clubs					
h) Uses resources sensibly and economically					
i) Accomplishes accurate management of different medical cases with minimal assistance or supervision					

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

TotalScore_____/155

Date_____ Resident'sName&Signatures Date Evaluator's Signature &Stamp

RAWALPINDI MEDICAL UNIVERSITY SUPERVISOR APPRAISAL FORM

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

Resident'sName: _____ **HospitalName:**_____

Evaluator'sName(s): _____ **Department:**_____**Unit:**_____

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

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

I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS	5	4	3	2	1
a) Clinical Knowledge is up to the mark					
b) Follows procedures and clinical methods according to SOPs					
c) Uses techniques, materials, tools & equipment skillfully					
d) Stays current with technology and job-related expertise					
e) Works efficiently in various workshops					
f) Has interest in learning new skills and procedures					
g) Understands & performs assigned duties and job requirements					
II. QUALITY / QUANTITY OF WORK	5	4	3	2	1
a) Sets and adheres to protocols and improving the skills					
b) Exihibts system based learning methods smartly					
c) Exihibts practice based learning methods efficaciously					
d) Actively participates in large group interactive sessions for postgraduate trainees					
e) Actively takes part in morning& evening teaching and learning sessions & noon conferences					
f) Actively takes part in Multidisciplinary Clinic O Pathological Conferences (CPC)					
g)Actively participates in Journal clubs					
h) Uses resources sensibly and economically					
i) Accomplishes accurate management of different medical cases with minimal assistance or					

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

TotalScore_____/155

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

SECTION-19

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

(AT THE END OF 1ST YEAR OF TRAINING)

SECTION-19

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

(AT THE END OF 2ND YEAR OF TRAINING)

SECTION-19

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

(AT THE END OF 3RD YEAR OF TRAINING)

SECTION-19

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

(AT THE END OF 4th YEAR OF TRAINING)

SECTION=19

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

SECTION=19

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

SECTION-19

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

SECTION-19

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

SECTION-20

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			

SECTION-21

Year - I

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

TO BE FILLED AT THE END OF FIRST YEAR OF TRAINING

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

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

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

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

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

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

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

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

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

Year - I

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

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

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

Year - II

TO BE FILLED AT THE END OF SECOND YEAR OF TRAINING

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

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

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

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

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

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

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

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

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

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

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

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

Year - III

TO BE FILLED AT THE END OF THIRD YEAR OF TRAINING

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

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

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

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

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

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

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

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

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

Year - III

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

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

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

Year - IV

TO BE FILLED AT THE END OF FOURTH YEAR OF TRAINING

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

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

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

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

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

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

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

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

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

Year - IV

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

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

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

SECTION-22

ANY OTHER IMPORTANT AND RELEVANT INFORMATION/DETAILS

SECTION-22

ANY OTHER IMPORTANT AND RELEVANT INFORMATION/DETAILS