





M.D. Program INFECTIOUS DISEASES

Department of Infectious Diseases Rawalpindi Medical University Rawalpindi



ENROLMENT DETAILS

Program of Admission
Session
Registration / Training Number
Name of Candidate
Father's Name
Date of Birth / / CNIC No
Present Address
Permanent Address
E-mail Address
Cell Phone
Date of Start of Training
Date of Completion of Training
Name of Supervisor
Designation of Supervisor
Qualification of Supervisor
Title of department / Unit
Name of Training Institute / Hospital



INDEX: LOG OF

- **1. CASE PRESENTATION**
- 2. TOPIC PRESENTATION
- 3. JOURNAL CLUB
- 4. SMALL GROUP TEACHING SESSIONS/CASE BASED LEARNING/PROBLEM BASED LEARNING
- 5. BEDSIDE TEACHING/ GRAND TEACHING ROUNDS
- 6. LARGE GROUP TEACHING SESSIONS/DIDACTIC LECTURE/INTERACTIVE LECTURES
- 7. EMERGENCY
- 8. INDOOR PATIENTS
- 9. OPD AND CLINICS
- 10. DIRECTLY OBSERVED PROCEDURES
- 11. MULTIDISCIPLINARY MEETINGS
- 12. CONFERENCES/ CLINICOPATHOLOGICAL CONFERENCE
- 13. CORE CURRICULUM MEETING
- 14. MORBIDITY/MORTALITY MEETINGS
- 15. HANDS ON TRAINING
- 16. PUBLICATIONS
- 17. MAJOR RESEARCH PROJECT/ ABSTRACT/SYNOPSIS/DISSERTATION
- 18. WRITTEN ASSESMENT/ TEST RECORD
- **19. CLINICAL EXAMINATION RECORD**



CASE PRESENTATION

SR#	DATE	REG # OF PATIENT	BRIEF DESCRIPTION	COMMENTS	SIGNATURES OF THE SUPERVISOR



TOPIC PRESENTATION

SR#	DATE	TOPIC	SIGNATURES OF THE SUPERVISOR



JOURNAL CLUB

SR#	DATE	TITLE OF THE ARTICLE	NAME OF JOURNAL	DATE OF PUBLICATION	SIGNATURES OF THE SUPERVISOR



SMALL GROUP TEACHING SESSIONS/CASE BASED LEARNING/PROBLEM BASED LEARNING

SR #	DATE	DESCRIPTION	FACILITATOR	SIGNATURES OF THE SUPERVISOR



BEDSIDE TEACHING/GRAND TEACHING ROUNDS

SR #	DATE	REGISTRATION # OF THE PATIENT	BRIEF DESCRIPTION OF THE CASE DISCUSSED	NAME OF THE CLINICAL FACULTY MAKING THE TEACHING ROUND	SIGNATURES OF THE SUPERVISOR



LARGE GROUP TEACHING SESSIONS/DIDACTIC LECTURE/INTERACTIVE LECTURES

SR #	DATE	DESCRIPTION	FACILITATOR	SIGNATURES OF THE SUPERVISOR



EMERGENCY

SR#	DATE	REGISTRATION # OF THE PATIENT	DIAGNOSIS	MANAGEMENT	COMMENTS	SIGNATURES OF THE SUPERVISOR



INDOOR

SR#	DATE	REGISTRATION # OF THE PATIENT	DIAGNOSIS	MANAGEMENT	COMMENTS	SIGNATURES OF THE SUPERVISOR



OPD AND CLINICS

SR#	DATE	REGISTRATION # OF THE PATIENT	DIAGNOSIS	MANAGEMENT	COMMENTS	SIGNATURES OF THE SUPERVISOR



DIRECTLY OBSERVED PROCEDURES

SR#	DATE	REGISTRATION # OF THE PATIENT	NAME OF PROCEDURE	PLACE OF PROCEDURE	NAME & DESIGNATION OF SUPERVISOR



MULTI DICIPLINARY MEETINGS

SR#	DATE	BRIEF DESCRIPTION	SUGGESTIONS	SIGNATURES OF SUPERVISOR



CONFERENCES/CLINICO PATHOLOGICAL CONFERENCE

SR#	DATE	BRIEF DESCRIPTION OF THE TOPIC/CASE DISCUSSED	SUGGESTIONS	SIGNATURES OF SUPERVISOR



CORE CURRICULUM MEETINGS

SR#	DATE	BRIEF DESCRIPTION	SUGGESTIONS	SIGNATURES OF SUPERVISOR



MORBIDITY/MORTALITY MEETINGS

SR#	DATE	BRIEF DESCRIPTION	SUGGESTIONS	SIGNATURES OF SUPERVISOR



HANDS ON TRAINING/WORKSHOPS

SR#	DATE	TITLE	VENUE	FACILITATOR	SIGNATURES OF THE SUPERVISOR



PUBLICATIONS

SR#	NAME OF PUBLICATION	TYPE OF PUBLICATION ARTICLE/EDITORIAL/ CASE REPORT ETC	NAME OF JOURNAL	DATE OF PUBLICATION	PAGE NO.	SIGNATURES OF THE SUPERVISOR



MAJOR RESEARCH PROJECT/ ABSTRACT/SYNOPSIS/DISSERTATION

SR#	RESEARCH TOPIC	PLACE OF RESEARCH	SUPERVISOR NAME & DESIGNATION	BRIEF DETAILS	SIGNATURES OF THE SUPERVISOR



WRITTEN ASSESSMENT/ TEST RECORD

SR#	TOPIC OF WRITTEN TEST/EXAMINATION	TYPE OF THE TEST MCQs OR SEQs OR BOTH	TOTAL MARKS	MARKS OBTAINED	SIGNATURES OF THE SUPERVISOR



CLINICAL ASSESSMENT RECORD

SR#	TOPIC OF CLINICAL TEST/EXAMINATION	TYPE OF THE TEST OSPE, MINICEX, CHART STIMULATED RECALL, DOPS, SIMULATED PATIENT, SKILL LAB e.t.c.	TOTAL MARKS	MARKS OBTAINED	SIGNATURES OF THE SUPERVISOR