

RAWALPINDI MEDICAL UNIVERSITY MD GASTROENTEROLOGY RESDIDENCY PROGRAMME

PREFACE



Thehorizons 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 thefurther development of e-journals and other new online resources. There is therefore a need to provide active support in *Post Graduate MedicalEducation* for a larger, national group of colleagues in all specialties and at all stages of their personal professional development. If we were to formulatea statement of intent to explain the purpose of this Portfolio book, we might simply say that our aim is to help students to learn in a better and advancedway. This book is a state of the art book with representation of all activities of the MD Internal Medicine program at RMU. Reflection of the supervisor ineachandevery sectionofthelogbookhas beenmadesuretoensuretransparency 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 andhealth care.

Prof.MuhammadUmar
(Sitara-eImtiaz)(MBBS,MCPS,FCPS,FACG
,FRCP(Lon),FRCP(Glasg),AGAF)
Vice
ChancellorRawalpindiMedical
University
&AlliedHospitals

.

CONTRIBUTIONS

SR.NO	NAME & DESIGNATIO	N	4			
1.		Prof. Mohammad Umar, S.I, MBBS, MCPS, FCPS (PAK), FACG (USA), FRCP (L), FRCP (G), ASGE-M(USA), AGAF (USA)			Dr. AQSA NASEER, MBBS,FCPS, ESGE	
		Vice Chancellor & CEO Rawalpindi Medical University & Allied Hospitals RawalpindiGuidance regarding technical matters of Log Book of MD Gastroenterology & also Log Book for MD Gastroenterology rotations and portfolio			SR Gastroenterology Holy Family Hospital,RWP Over all synthesis, structuring & over all write up of portfolio, Curriculum of MD Gastroenterology, Log Book of MD Gastroenterology and also Log Book for MD Gastroenterology rotations	
2.		Dr. Bushra Kharr, MBBS.FCPS	5.			
		Ex-Professor of Medicine Head Department of Gastroenterology Holy Family Hospital Rawalpindi Guidance regarding technical matters of portfolio ,Log Book of MD Gastroenterology & also Log Book for MD Gastroenterology rotations. Provision of required number of clinical procedures and educational activities for each year separately and rotation of log books of MD gastroenterology and log book MD gastroenterology rotations.			Gastroenterologist Holy family Hospital,RWP Proof reading, organizing and re assembling of MD gastroenterology Log book and Rotation log book and portfolio	
3.		Dr. Tanveer Hussain, MBBS, FCPS(MED), FCPS(Gastroenterology)	6		MR. JAHANZEB KHAN	
		Assistant Professor of Gastroenterology Holy Family Hospital Rawalpindi Guidance regarding technical matters of portfolio Log Book of MD Gastroenterology & also Log Book for MD Gastroenterology rotations.			Computer Operator Holy Family Hospital,RWP Proof reading & synthesis of final print version of Log Books of MD Gastroenterology and Rotation Log Book.	

<u>Introductionofportfolio</u>

Whatisaportfolio?

A collection of a learner's various documents and assessments throughout residency that reflect their professionaldevelopmentovertime. Mayincluder eferral letters and procedure logs (Rideretal., 2007). Portfoliosals of requently in cludes elf-assessments, learning plans, and reflective essays (Epstein, 2007).

What should be included in a portfolio?

Resident may include the following components in his or her portfolio:

- CurriculumVitae(CV)
- PersonalPublications
- Researchabstractspresentedatprofessionalconferences
- Presentationsatteachingunits/departmentalmeetingsandteachingsessions
- Patient(case)presentations
- Logofclinicalprocedures
- Copiesofwrittenfeedbackreceived(directobservations, fieldnotes, dailyevaluations)
- Qualityimprovementprojectplanandreportofresults
- Summaries of ethical dilemmas (and how they were handled)
- Chartnotesofparticularinterest
- Photographs/videosandlogsofmedicalproceduresperformed
- Consultations/referrallettersofparticularinterest
- Monthlyevaluationbyfaculty
- 360-degreeevaluation
- Copiesofwritteninstructionsforpatientsandrelatives
- Casepresentations, lectures, logs of medical students mentored
- Learningplans
- Writingassignments, or case-based exercises assigned by program director

- Listofhospital/universitycommitteesservedon
- Documentationofmanagerialskills(e.g.,schedulesorminutescompletedbyresident)
- Copiesofbillingsheetswithexplanations
- Copiesofwritten examstakenwithanswersheets
- In-trainingEvaluationReport(ITER)results
- Format can be as simple as material collected in a three-ringed binder or as sophisticated as information stored inahandheld PocketPC(PPC)/soft,hardcopies.
- Ensuringpatientconfidentialityin allclinicalcases reportedupon.

Shouldberesident-drivenand includeaspaceforresidentstoreflecton theirlearningexperiences

Why port folio is required?

Can beused as a:

- Formativelearningtool:Tohelpdevelopself-assessmentandreflectionskills.
- Summativeevaluationtool:Todetermineifacompetencyhas beenachieved.
- Usefulforevaluatingcompetenciesthataredifficultto evaluatein moretraditionalways such as:
 - Practice-basedimprovement
 - Useofscientificevidenceinpatientcare
 - Professionalbehaviors(Rideretal., 2007)
- Purpose is to highlight for the resident the need for ongoing learning and reflection to achieve and maintaincompetencies.
- Enormous flexibility in using the portfolio as a learning tool: Portfolio may focus on one area (e.g., assessmentspertaining to professionalism in a learner with attitudinal issues) without losing its effectiveness for the broaderscopeof competencies.

• Number and frequency of entries may vary. Expectations, including minimum standards, should be defined withtheresident from the outset.

Portfolios can be powerful to ols for guided self-assessment and reflection (Holmboe & Carracio, 2008).

- Evidencesuggeststhatanassessmentofskillsismostvalidwhenthetoolusedplacesthelearner inan
 environment and/or situation that closely mimics that in which the learner will later practice the mastered
 skill(Wigginsetal.,1998).In thatway,portfolios havetheadvantageofreflectingnotjustwhatresidentscandoin
 acontrolledexaminationsituationbutwhattheyactuallydoatworkwithrealpatients(Jackson et al.,2007).
- As an evaluation tool, the reliability and validity of a portfolio are dependent on the psychometric characteristicsoftheassessmentandjudgingmethodsusedin theportfolioprocess(Holmboe&Carracio, 2008).
- Researchisstillneededtodeterminewhetherportfolioscanbeacatalystforself-directed, lifelonglearning

Evidence:

Practicality/Feasibility:

Portfolios can be time consuming for the resident to assemble and for the preceptor to assess.

References:

- 1. *Education*, 42,894-900.
- 2. Challis M. (1999). AMEE medical education guide no. 11 (revised): Portfolio-based learning and assessment inmedicaleducation. *Medical Teacher*, 21,370-86.
- 3. Colbert, C.Y., Ownby, A.R., & Butler, P.M. (2008). Areview of portfoliouse in residency programs and considerations before implementation. *Teaching and Learning in Medicine*, 20(4), 340-345.
- 4. Danner, E.F., & Henson, L.C. (2007). The portfolio approach to competency-based assessment at the ClevelandClinicLerner Collegeof Medicine. *AcademicMedicine*, 82(5), 493-502.
- 5. David,M.F.B.,Davis,M.H.,Harden,R.M.,Howie,P.W.,Ker,J.,&Pippard,M.J.(2001).AMEEMedicalEducationGuideNo. 24:Portfolios asamethodof studentassessment.*MedicalTeacher*, *23*(6)

ENROLMENTDETAILS

ProgramofAdmission	
Session	
Registration/TrainingNumber	
Nameof Candidate	
Father's Name	 L
DateofBirth//	
Present Address	
Permanent Address	
E-mailAddress	
CellPhone	
DateofStartofTraining	
DateofCompletionofTraining	
NameofSupervisor	
DesignationofSupervisor	
QualificationofSupervisor	
Titleofdepartment/ Unit	
NameofTrainingInstitute/Hospital	

INDEX:

- 1. CURRICULUMVITAE(CV)
- 2. CASEPRESENTATION
- 3. TOPICPRESENTATION
- 4. **JOURNALCLUB**
- 5. EMERGENCY
- 6. INDOOR
- 7. OPDANDCLINICS
- 8. PROCEDURALSKILLS/DIRECTLYOBSERVEDPROCEDURES
- 9. MULTIDISCIPLINARYMEETINGS
- **10. MORBIDITY/MORTALITYMEETINGS**
- 11. HANDSONTRAINING
- 12. RESEARCHPUBLICATIONS/MAJORRESEARCHPROJECT/ABSTRACT/SYNOPSIS/DISSERTATION/PAPERPRESENTATION
- 13. ASSESSMENTRECORDS&EVALUATIONPROFORMAS
- 14. AWARDS/TESTIMONIALS/APPRECIATIONLETTERS
- 15. ANYOTHERSPECIFICACHIEVEMENTS
- **16. FUTUREAIMS&OBJECTIVES**

CURRICULUM VITAE(CV)

Brief curriculum vitae encompassing all academic achievements & work experiences should be written or pasted here

SR. #	DATE /YEAR	ACHEIVEMENT

SR. #	DATE /YEAR	ACHEIVEMENT

CASEPRESENTATION

Interestinganduniquecasepresentationsshouldbewritteninthissectionwithyourownopinionandcomments of the supervisor

SR#	DATE	BRIEF DESCRIPTION OF THE CASE AND OUTCOME	SUPERVISOR REMARKS/SIGNATURES

SR#	DATE	BRIEF DESCRIPTION OF THE CASE AND OUTCOME	SUPERVISOR REMARKS/SIGNATURES

SR#	DATE	BRIEF DESCRIPTION OF THE CASE AND OUTCOME	SUPERVISOR REMARKS/SIGNATURES

SR#	DATE	BRIEF DESCRIPTION OF THE CASE AND OUTCOME	SUPERVISOR REMARKS/SIGNATURES

SR#	DATE	BRIEF DESCRIPTION OF THE CASE AND OUTCOME	SUPERVISOR REMARKS/SIGNATURES

SR#	DATE	BRIEF DESCRIPTION OF THE CASE AND OUTCOME	SUPERVISOR REMARKS/SIGNATURES

SR#	DATE	BRIEF DESCRIPTION OF THE CASE AND OUTCOME	SUPERVISOR REMARKS/SIGNATURES

SR#	DATE	BRIEF DESCRIPTION OF THE CASE AND OUTCOME	SUPERVISOR REMARKS/SIGNATURES

SR#	DATE	BRIEF DESCRIPTION OF THE CASE AND OUTCOME	SUPERVISOR REMARKS/SIGNATURES

SR#	DATE	BRIEF DESCRIPTION OF THE CASE AND OUTCOME	SUPERVISOR REMARKS/SIGNATURES

SR#	DATE	BRIEF DESCRIPTION OF THE CASE AND OUTCOME	SUPERVISOR REMARKS/SIGNATURES

SR#	DATE	BRIEF DESCRIPTION OF THE CASE AND OUTCOME	SUPERVISOR REMARKS/SIGNATURES

TOPICPRESENTATION

Details of the topic presentations with the comments of the supervisors hould be written here.

SR#	DATE	TOPIC PRESENTATION	SUPERVISOR REMARKS/SIGNATURES

SR#	DATE	TOPIC PRESENTATION	SUPERVISOR REMARKS/SIGNATURES

SR#	DATE	TOPIC PRESENTATION	SUPERVISOR REMARKS/SIGNATURES

SR#	DATE	TOPIC PRESENTATION	SUPERVISOR REMARKS/SIGNATURES

SR#	DATE	TOPIC PRESENTATION	SUPERVISOR REMARKS/SIGNATURES

JOURNALCLUB

Details of the selected critical appraisal so frese archarticles discussed in journal club meetings should be written here the selected critical appraisal soft and the selected critical appraisal soft appraisal soft and the selected critical appraisal soft apprais

JOURNAL CLUB	SUPERVISOR REMARKS/SIGNATURES

SR#	DATE	JOURNAL CLUB	SUPERVISOR REMARKS/SIGNATURES

SR#	DATE	JOURNAL CLUB	SUPERVISOR REMARKS/SIGNATURES

SR#	DATE	JOURNAL CLUB	SUPERVISOR REMARKS/SIGNATURES

SR#	DATE	JOURNAL CLUB	SUPERVISOR REMARKS/SIGNATURES

EMERGENCY

Details of complicated and interesting emergency cases along with comments of the supervisors hould written in this section

			T
SR.#	DATE	BRIEF DETAIL OF THE PATIEN AND OUTCOME	SUPERVISOR'S SIGNATURE
			(Name/Stamp)

SR.#	DATE	BRIEF DETAIL OF THE PATIEN AND OUTCOME	SUPERVISOR'S SIGNATURES

DATE	BRIEF DETAIL OF THE PATIEN AND OUTCOME	SUPERVISOR'S SIGNATURE (Name/Stamp)
	DATE	DATE BRIEF DETAIL OF THE PATIEN AND OUTCOME BRIEF DETAIL OF THE PATIEN AND OUTCOME

SR.#	DATE	BRIEF DETAIL OF THE PATIEN AND OUTCOME	SUPERVISOR'S REMARKS

SR.#	DATE	BRIEF DETAIL OF THE PATIEN AND OUTCOME	SUPERVISOR'S SIGNATURE (Name/Stamp)
İ			

SR.#	DATE	BRIEF DETAIL OF THE PATIEN AND OUTCOME	SUPERVISOR'S
			SIGNATURES

SECTION-6

INDOOR

Memorable cases seen and managed in the medical ward along with comments of the supervisor to be mentioned in this section.

SR.#	DATE	TOTAL NUMBER OF CASES ATTENDED WITH BRIEF DETAIL	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR.#	DATE	TOTAL NUMBER OF CASES ATTENDED WITH BRIEF DETAIL	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR.#	DATE	TOTAL NUMBER OF CASES ATTENDED WITH BRIEF DETAIL	SUPERVISOR'S SIGNATURE (Name/Stamp)
	-		

SR.#	DATE	TOTAL NUMBER OF CASES ATTENDED WITH BRIEF DETAIL	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR.#	DATE	TOTAL NUMBER OF CASES ATTENDED WITH BRIEF DETAIL	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR.# DA	ATE	TOTAL NUMBER OF CASES ATTENDED WITH BRIEF DETAIL	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR	DATE	BRIEF DETAIL AND OUTCOME	SUPERVISORS REMARKS

SR.#	DATE	TOTAL NUMBER OF CASES ATTENDED WITH BRIEF DETAIL	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-7

OPDAND CLINICS

Outpatient experiences along with supervisor's comments should be written here

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)

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)

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

SECTION-8

PROCEDURALSKILLS/DIRECTLYOBSERVEDPROCEDURES

Experiences during learning of procedures and details of directly observed procedures should be written here along with comments of the supervisor of the

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

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

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

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

SR.#	DATE	REG NO. OF	NAME OF PROCEDURE	(O)/(A)/(PUS)/ (PI)	DETAIL OF PROCEDURE	PLACE OF PROCEDURE	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE
		PATIENT	FROCEDORE	(F 1)		FROCEDORE	VEINWING	(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	NAME OF PROCEDURE	(O)/(A)/(PUS)/ (PI)	DETAIL OF PROCEDURE	PLACE OF PROCEDURE	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE
		PATIENT	FROCEDORE	(F 1)		FROCEDORE	VEINWING	(Name/Stamp)

SR.#	DATE	REG NO. OF	NAME OF PROCEDURE	(O)/(A)/(PUS)/ (PI)	DETAIL OF PROCEDURE	PLACE OF PROCEDURE	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE
		PATIENT	FROCEDORE	(F 1)		FROCEDORE	VEINWING	(Name/Stamp)

SR.#	DATE	REG NO. OF	NAME OF PROCEDURE	(O)/(A)/(PUS)/ (PI)	DETAIL OF PROCEDURE	PLACE OF PROCEDURE	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE
		PATIENT	FROCEDORE	(F 1)		FROCEDORE	VEINWING	(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)

MULTIDICIPLINARYMEETINGS

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

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

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

MORBIDITY/MORTALITYMEETINGS(MMM)

DetailsofMorbidity/MortalityMeetingsattended shouldbewrittenherewithcommentsofthesupervisor

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)

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)

HANDSONTRAINING

Brief description of learning outcomes achieved by workshops attended to be written here along with the reason to have a specific workshop. And alsogetendorsementcomments of the supervisor for eachworkshopseparately.

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)

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

RESEARCH PUBLICATIONS/MAJOR RESEARCH PROJECT/ ABSTRACT/SYNOPSIS/DISSERTATION/PAPER PRESENTATION IN ACONFERENCE

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)

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

ASSESSMENTRECORDS/EVALUATIONPROFORMAS

Evidence of all available result cards and end of block (four months) evaluation record should mentioned in this section so asto have a reflectionabout resident's Medical knowledge, patient care, Interpersonal and Communication Skills, system based learning, practice based learning and professionalism.

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)

CLINICAL RECORD

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)
	DATE	CLINICAL TEST/	CLINICAL TEST/ EXAMINATION STIMULATED RECALL, DOPS, SIMULATED PATIENT, SKILL LAB	CLINICAL TEST/ EXAMINATION STIMULATED RECALL, DOPS, SIMULATED PATIENT, SKILL LAB	CLINICAL TEST/ OSPE, MINICEX, CHART MARKS OBTAINED EXAMINATION STIMULATED RECALL, DOPS, SIMULATED PATIENT, SKILL LAB	CLINICAL TEST/ OSPE, MINICEX, CHART MARKS OBTAINED REMARKS EXAMINATION SIMULATED PATIENT, SKILL LAB

AWARDS/TESTIMONIALS/APPRECIATIONLETTERS

Evidence of awards, testimonials and letter of appreciation if any should be given in this section with comments of the SUPERVISOR

ANY OTHER SPECIFICACHIEVEMENT

Evidence of any other specific achievement done either under compulsion or voluntarily without any previous plan or done as a passion should bementionedinthis sectionalong withcomments of supervisor

FUTUREAIMS&OBJECTIVES

 $Briefover view\ of the future aims and objectives should be mentioned in this section$