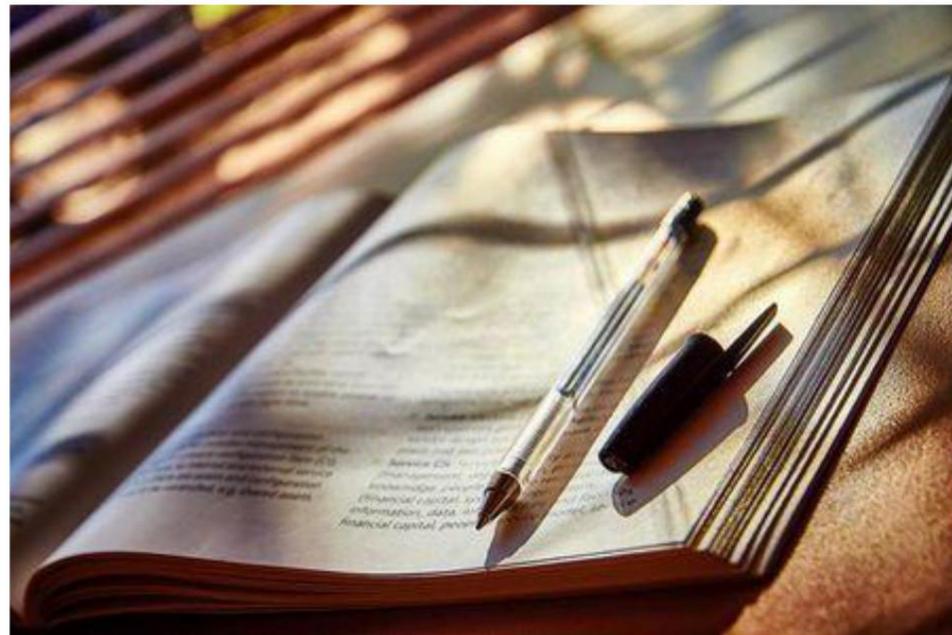




***UNIVERSITY RESIDENCY PROGRAM- 2019***  
***LOG BOOK FOR ROTATIONS ELECTIVE OF MS PROGRAM***  
***OF PEDIATRIC SURGERY***  
***RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI***



## **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 Pediatric Surgery.

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

**Prof. Muhammad Umar**  
**(Sitara-e-Imtiaz)**  
(MBBS, MCPS, FCPS, FACG,  
FRCP (Lon), FRCP (Glasg), AGAF)  
**Vice Chancellor**  
**Rawalpindi Medical University**  
**& Allied Hospitals**

## CONTRIBUTIONS

SR.NO	NAME & DESIGNATION	CONTRIBUTIONS IN FORMULATION OF LOG BOOK OF PEDIATRIC SURGERY & ALLIED
1.	<b>Dr. Mudassar Gondal</b> Head of Department of Pediatric Surgery, Rawalpindi Medical University,	Over all synthesis, structuring & over all write up of MS Pediatric Surgery Curriculum, Log Book of MS Pediatric Surgery and also Log Book for MS Pediatric Surgery rotations under guidance of Prof. Muhammad Umar Vice Chancellor, Rawalpindi Medical University, Rawalpindi. Also Proof reading & synthesis of final print version of Log Books of MS Pediatric Surgery and Rotations Log Book.
2.	<b>Dr. Navira javed</b> AP, Pediatric Surgery Holy Family Hospital Rawalpindi	Guidance regarding technical matters of Log Book of MS Pediatric Surgery & Log Book for MS Pediatric Surgery Rotations.
3.	<b>Dr. Mahwish khan</b> AP, Pediatric Surgery Holy Family Hospital Rawalpindi	Provision of required number of clinical procedures & educational activities for each year separately and rotation of Log Books of MS Pediatric Surgery rotation.
4.	<b>Dr. Laraib rasul</b> <b>Dr. Ameena Shahwar</b> PGT, Pediatric Surgery Holy Family Hospital Rawalpindi	Formulating the log books & Computer work under direct guidance & supervision.

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 \_\_\_\_\_

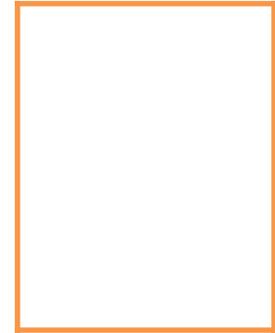
Date of Completion of Training \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Designation of Supervisor \_\_\_\_\_

Qualification of Supervisor \_\_\_\_\_

Title of department / Unit \_\_\_\_\_



# 18 months curriculum of General Surgery

COMPETENCIES	First Year								
	3Months		6Months		9Months		12Months		Total Cases 1st Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
<b>Patient Management</b>									
Elicit a pertinent history	5	15	5	15	5	15	5	15	60
Communicate effectively with patients, families and the health team (observed)	3	15	3	15	4	15	4	15	60
Perform a physical examination	5	15	5	15	5	15	5	15	60
Order appropriate investigations	4	15	4	15	4	15	4	15	60
Interpret the results of investigations	3	15	3	15	3	15	3	15	60
Assess fitness to undergo surgery	3	15	3	15	3	15	3	15	60
Decide and implement appropriate treatment	3	15	3	15	3	15	3	15	60
Postoperative management and monitoring	3	15	3	15	3	15	3	15	60
Maintain accurate and appropriate records	3	15	3	15	3	15	3	15	60
<b>Preoperative preparation for various surgical procedures</b>									
Use of aseptic techniques	2	5	2	5	3	5	3	5	20
Positioning of patient for diagnostics and operative procedures (variety)	2	5	2	5	3	5	3	5	20
Identification and appropriate use of common surgical instruments, suture materials and appliances	3	8	3	8	4	8	4	8	32

COMPETENCIES	First Year								
	3Months		6Months		9Months		12Months		Total Cases 1st Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
<b>General Surgical Procedures</b>									
Controlling hemorrhage	3	3	3	3	4	3	4	3	12
Debridement, wound excision, closure/suture of wound (excluding repair of special tissues like nerves and tendons)	3	3	3	3	4	3	4	3	12
Urethral catheterization	3	3	3	3	4	3	4	3	12
Suprapubic puncture	2	1	2	1	3	1	3	1	4
Meatotomy	2	1	2	1	3	1	3	1	4
Circumcision	2	2	2	2	3	2	3	2	8
Nasogastric intubation	4	4	4	4	4	4	4	4	16
Venesection	2	2	2	2	3	3	3	3	10
Tube throacostomy	2	3	2	3	3	3	4	3	12
Management of empyema	2	1	2	1	3	1	3	1	4
Biopsy of lymph nodes	2	2	2	2	3	2	3	4	10
Biopsy of skin lesions, subcutaneous lumps or swellings	2	2	2	2	3	2	3	2	8
Excision of soft tissue tumors and cysts (surface surgery)	2	2	2	2	3	2	3	2	8
Cricothyroidotomy	2	2	2	1	2	1	3	1	5
Opening and closing of abdomen	1	1	1	1	2	1	2	2	5
Proctoscopy and interpretation of findings	2	3	2	3	3	3	3	3	12
Proctosigmoidoscopy	2	-	2	-	3	1	3	1	2
Percutaneous needle aspiration under ultrasound guidance/CT scan	1	1	1	1	2	1	2	1	4

COMPETENCIES	First Year								
	3Months		6Months		9Months		12Months		Total Cases 1st Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
<b>Abdominal Operations</b>									
Inguinal hernia repair	1	1	1	1	2	1	3	2	5
Rectal polyp	1	1	1	1	2	1	3	1	4
Suprapubic cystostomy	1	1	1	2	2	2	3	2	7
Vesicolithotomy	1	1	1	1	2	1	3	1	4
Hemorrhoids, fissures, fistulae in ano	1	1	2	2	2	2	3	3	8
Exploratory Laparotomy	1	1	1	1	2	1	2	1	4
Appendectomy	1	1	1	2	2	3	3	3	9
Cholecystectomy	1	1	1	1	2	1	3	1	4
Oncological Surgery	1	1	1	1	2	1	3	1	4
Laparoscopic / Endoscopic surgery (Principles and instrument handling)	1	1	1	1	2	1	3	1	4
Breast operations and benign lesions	1	1	1	1	2	1	3	1	4

COMPETENCIES	First Year								
	3Months		6Months		9Months		12Months		Total Cases 1st Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
<b>Perioperative Care</b>									
Use of ventilators	1	1	1	1	2	1	2	1	4
Wound healing and Peri-operative Complication	1	2	2	2	3	2	3	2	8
CPR	1	1	2	1	2	2	3	2	6
CV lines	1	1	1	1	2	1	2	1	4
Fluid and electrolyte balance	2	2	3	2	4	3	4	3	10
Monitoring devices	1	2	2	2	2	3	2	3	10
Inotropic agents	1	2	2	2	2	3	2	3	10
Care of unconscious patient	1	1	2	1	2	1	3	1	4
Replacement of nutrition	2	1	3	1	4	1	5	1	4
<b>Anaesthesia</b>									
Airway maintenance and passing of endotracheal tube	1	1	2	1	2	1	3	2	5
IPIP and other methods of ventilation	1	1	2	1	2	1	3	1	4
Local anaesthesia	1	1	2	1	2	1	3	2	5
Regional anaesthesia	1	1	1	1	1	1	2	1	4
Lumber puncture and spinal anaesthesia	1	1	1	1	1	1	2	1	4
Principles of general anaesthesia	1	1	1	1	2	1	3	1	4

COMPETENCIES	Second Year				
	15Months		18Months		Total Cases 2nd Year
	Level	Cases	Level	Cases	
<b>Patient Management</b>					
Elicit a pertinent history	5	20	5	20	40
Communicate effectively with patients, families & the health team (observed)	5	20	5	20	40
Perform a physical examination	5	20	5	20	40
Order appropriate investigations	5	20	5	20	40
Interpret the results of investigations	4	20	5	20	40
Assess fitness to undergo surgery	4	20	5	20	40
Decide and implement appropriate treatment	4	20	5	20	40
Postoperative management and monitoring	4	20	5	20	40
Maintain accurate and appropriate records	4	20	4	20	40
<b>Preoperative preparation for various surgical procedures</b>					
Use of aseptic techniques	4	10	5	10	20
Positioning of patient for diagnostics and operative procedures (variety)	4	10	5	10	20
Identification and appropriate use of common surgical instruments, suture materials and appliances	4	15	5	15	30

COMPETENCIES	Second Year				
	15Months		18Months		Total Cases 2nd Year
	Level	Cases	Level	Cases	
<b>General Surgical Procedures</b>					
Controlling hemorrhage	4	5	5	5	10
Debridement, wound excision, closure/suture of wound (excluding repair of special tissues)	5	5	5	5	10
Urethral catheterization	5	5	5	5	10
Suprapubic puncture	4	2	5	2	4
Meatotomy	4	2	5	2	4
Circumcision	4	5	5	5	10
Nasogastric intubation	4	5	5	5	10
Venesection	4	6	5	6	12
Tube throacostomy	4	6	5	6	12
Management of empyema	3	2	4	2	4
Biopsy of lymph nodes	3	5	4	5	10
Biopsy of skin lesions, subcutaneous lumps or swellings	3	5	4	5	10
Excision of soft tissue tumors and cysts (surface surgery)	4	5	5	5	10
Cricothyroidotomy	4	2	5	2	4
Opening and closing of abdomen	3	5	4	5	10
Proctoscopy and interpretation of findings	4	8	4	8	16
Proctosigmoidoscopy	4	5	4	5	10
Percutaneous needle aspiration under ultrasound guidance/CT scan	3	4	4	4	8

COMPETENCIES	Second Year				
	15Months		18Months		Total Cases 2nd Year
	Level	Cases	Level	Cases	
<b>Abdominal Operations</b>					
Inguinal hernia repair	4	4	5	4	8
Rectal polyp	4	3	5	3	6
Suprapubic cystostomy	4	4	5	4	8
Vesicolithotomy	4	2	5	2	4
Hemorrhoids, fissures, fistulae in ano	4	8	5	8	16
Exploratory Laparotomy	3	3	4	5	8
Appendectomy	4	7	5	8	15
Cholecystectomy	4	2	5	2	4
Oncological Surgery	4	2	5	4	6
Laparoscopic / Endoscopic surgery (Principles and instrument handling)	4	3	5	3	6
Breast operations and benign lesions	4	4	5	4	8

COMPETENCIES	Second Year				
	15Months		18Months		Total Cases 2nd Year
	Level	Cases	Level	Cases	
<b>Perioperative Care</b>					
Use of ventilators	2	2	3	2	4
Wound healing and Peri-operative Complication	4	2	5	2	4
CPR	4	3	5	5	8
CV lines	3	4	4	4	8
Fluid and electrolyte balance	5	5	5	5	10
Monitoring devices	3	5	4	5	10
Inotropic agents	3	5	4	5	10
Care of unconscious patient	4	4	5	4	8
Replacement of nutrition	5	4	5	4	8
<b>Anaesthesia</b>					
Airway maintenance and passing of endotracheal tube	4	6	5	6	12
IPPR and other methods of ventilation	4	2	5	2	4
Local anesthesia	4	6	5	6	12
Regional anesthesia	2	2	3	2	4
Lumber puncture and spinal anesthesia	2	2	3	2	4
Principles of general anesthesia	3	1	4	1	4

ROTATIONS		Level	Cases
Pathology (Two Months Rotation)			
Specimen collection and processing		1,2,3	3,3,3
FNAC		1,2,3,4	2,2,2
Histopathology		1,2	1,1
Microbiology		1,2	1,1
Hematology		1,2,3	2,2,2
Pediatric Medicine (two Months Rotation)			
Detect birth anomalies		1,2,3	5,5
Respiratory distress		1,2	2,2
Pediatric emergency and critical care condition		1,2	2,2
Infectious diseases		1,2	1,1
Skills and procedures		1,2	1,1
Resuscitation and procedures		1,2	1,1
Investigative skill		1,2	1,1
Gastrointestinal procedures		1,2	1,1

### 03 MONTHS ROTATION IN PEDIATRIC ORTHOPAEDIC SURGERY CURRICULUM



	LEVEL	CASES
History Taking	04	10
Physical Examination	04	10
Ordering Investigations	04	10
Interpreting results	03	10
Deciding and implementing appropriate treatment	03	10
Post operative management & monitoring	04	10
Presentation: skills long cases	04	04
Presentation: skills short cases	04	20
Use of Orthopaedic Instruments	03	10
Skeletal Traction	03	06
Application of Plaster of Paris Cast	03	20
Closed treatment (Manipulations)	03	20
Closed treatment of dislocations	03	10
Skin Grafting	03	02
Biopsy	03	02

External fixation of fractures of lowe limb / ilizarov	03	04
External fixation of fractures of upper limb	03	02
Bone grafting	03	02
Fixation of bones with plates	03	04
Intramedullary nailing of long bones	03	06
Fixation of trochanteric and neck of femur fractures	03	05
Fixation of fracture around knee joint	03	02
Complex trauma	02	02
Osteotomies	02	01
Arthrodesis	02	01
Amputation	03	02
Fracture fixation of hand and wrist	03	02
Total joint replacement (THR & TKR)	02	01
Arthroscopy of knee joint	02	01
Bone tumor surgery	02	01

## **03 MONTHS ROTATAION IN PEDIATRIC THORACIC CURRICULUM**

<b>COMPETENCES</b>	<b>LEVEL</b>	<b>CASES</b>
Needle thoracostomy	03	04
Tube thoracostomy	03	02
Thoracotomy	03	02
Bronchoscopy	02	04
VATS	03	06

## **03 MONTHS ROTATAION IN PEDIATRIC NEUROSURGERY CURRICULUM**

<b>COMPETENCES</b>	<b>LEVEL</b>	<b>CASES</b>
Initial management of head trauma	03	04
Complete Neurological examination in trauma	03	04
Endotracheal intubation	03	04
Emergency tracheostomy	03	04
Medical management of acutely raised intracranial pressure	03	04
Principles , diagnosis and confirmation of brain death	02	04
Spine stabilization and radiological assessment in head injury patients	03	04
Interpretation of CT scans and plain radiology	03	05
Diagnostic and therapeutic Lumbar puncture	02	04
Burr hole craniotomy for post traumatic extradural and subdural hematomas	02	04
Shunt procedures for Hydrocephalus	02	04
Management of cerebral tumors	02	04

## 03 MONTHS ROTATAION IN UROLOGY CURRICULUM

COMPETENCES	LEVEL	CASES
Management of patient with acute ureteric colic	03	04
Management of patient with acute urinary infection including a patient with urosepsis	03	04
Catheterization including urinary catheter care	03	
Suprapubic catheterization	03	04
Urethral manipulation and dilatations	03	
Management of acute urinary retention	03	04
Management of acute scrotum	02	04
Management of renal , vesical and ureteral trauma	02	04
Management of pyelonephritis and other renal infections	03	04
Testis biopsy	03	05
Radiological studies –X ray KUB, IVU	03	
Scrotal surgery –hydrocele , epididymal cyst , orchidectomy	02	04
Inguinal surgery-varicocele, herniotomy ,orchidopexy	02	04
Transurethral resection of prostate	02	04
Lithotripsy	02	04

## **INTRODUCTION**

It is a structured book in which certain types of educational activities and patient related information is recorded, usually by hand. Logbooks are used all over the world from undergraduate to postgraduate training, in human, veterinary and dental Surgery, nursing schools and pharmacy, either in paper or electronic format .Logbooks provide a clear setting of learning objectives and give trainees and clinical teachers a quick overview of the requirements of training and an idea of the learning progress. Logbooks are especially useful if different sites are involved in the training to set a (minimum) standard of training. Logbooks assist supervisors and trainees to see at one glance which learning objectives have not yet been accomplished and to set a learning plan. The analysis of logbooks can reveal weak points of training and can evaluate whether trainees have fulfilled the minimum requirements of training.

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

#### **Reference**

*BraunskS, Narciss E, Schneyinck C, Böhme K, Brüstle P, Holzmann UM, etal. Twelve tips for successfully implementing logbooks in clinical training. Med Teach. 2016 Jun 2; 38(6): 564–569.*

**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 Pediatric Surgery Residency Program of Rawalpindi Medical University is:

1. To provide exemplary medical care, treating all patients who come before us with uncompromising dedication and skill.
2. To set and pursue the highest goals for ourselves as we learn the science, craft, and art of Surgery.
3. To passionately teach our junior colleagues and students as we have been taught by those who preceded us.
4. To treat our colleagues and hospital staff with kindness, respect, generosity of spirit, and patience.
5. To foster the excellence and well-being of our residency program by generously offering our time, talent, and energy on its behalf.
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 or bedside.
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 date care.
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 patients everywhere.
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, and internationally.
11. To serve as proud ambassadors for the mission of the Rawalpindi Medical University MS Pediatric Surgery Residency Program for the remainder of our professional lives.

## **CLINICAL COMPETENCIES FOR 1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup>, 4<sup>TH</sup> & 5<sup>th</sup> YEAR MS TRAINEES**

### **CLINICAL 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 are given below. The level of competence to be achieved each year is specified according to the key, as follows:

1. Observer status
2. Assistant status
3. Performed under supervision
4. Performed under indirect supervision
5. Performed independently

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

*Name of Rotations/Training Institute / Hospital* \_\_\_\_\_

<b>Sr. No</b>	<b>Discipline</b>
<b>1.</b>	<i>General Surgery</i>
<b>2.</b>	<i>Pediatric medicine</i>
<b>3.</b>	<i>Pathology</i>
<b>4.</b>	<i>Orthopaedic surgery</i>
<b>5.</b>	<i>Neuro Surgery</i>
<b>6.</b>	<i>Pediatric urology</i>
<b>7.</b>	<i>Thoracic Surgery</i>

## INTRODUCTION

The Curriculum of each Rotation of MS Pediatric Surgery at Rawalpindi Medical University is mentioned separately in the start of section of each rotation. The Core competencies and Milestones of the Curriculum are provided here to have clear concepts about the competencies and to provide knowledge for all inpatient and outpatient rotations. Program requirements are based on the ACGME(Accreditation Council for Graduate Medical Education) standards for categorical training in Pediatric Surgery. Curriculum is based on 6 core competencies. Detail of these competencies is as follows **Details of The Six Core Competencies of Curriculum of MS Pediatric Surgery**

### **COMPETENCY NO. 1**

### **PATIENT CARE (PC)**

- **Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s). (PC1)**

- Collects accurate historical data
- Uses physical exam to confirm history
- Does not relies exclusively on documentation of others to generate own database or differential diagnosis
- Consistently acquires accurate and relevant histories from patients
- Seeks and obtains data from secondary sources when needed
- Consistently performs accurate and appropriately thorough physical exams
- Uses collected data to define a patient's central clinical problem(s)
- Acquires accurate histories from patients in an efficient, prioritized, and hypothesis- driven fashion
- Performs accurate physical exams that are targeted to the patient's complaints
- Synthesizes data to generate a prioritized differential diagnosis and problem list
- Effectively uses history and physical examination skills to minimize the need for further diagnostic testing
- Obtains relevant historical subtleties, including sensitive information that informs the differential diagnosis
- Identifies subtle or unusual physical exam findings
- Efficiently utilizes all sources of secondary data to inform differential diagnosis
- Role models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing

- **Develops and achieves comprehensive management plan for each patient. (PC2)**

- Care plans are consistently inappropriate or inaccurate
- Does not react to situations that require urgent or emergent care
- Does not seek additional guidance when needed Inconsistently develops an appropriate care plan
- Inconsistently seeks additional guidance when needed
- Consistently develops appropriate care plan
- Recognizes situations requiring urgent or emergent care
- Seeks additional guidance and/or consultation as appropriate
- Appropriately modifies care plans based on patient's clinical course, additional data, and patient preferences
- Recognizes disease presentations that deviate from common patterns and require complex decision- making
- Manages complex acute and chronic diseases
- Role models and teaches complex and patient-centered care
- 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 management decisions
  - Consistently manages simple ambulatory complaints or common chronic diseases
  - Consistently manages patients with straightforward diagnoses in the inpatient setting
  - Unable to manage complex inpatients or patients requiring intensive care
  - Requires indirect supervision to ensure patient safety and quality care
  - Provides appropriate preventive care and chronic disease management in the ambulatory setting
  - Provides comprehensive care for single or multiple diagnoses in the inpatient setting
  - Under supervision, provides appropriate care in the intensive care unit Initiates management plan for urgent or emergent care
  - Independently supervise care provided by junior members of the physician-led team
  - Independently manages patients across inpatient and ambulatory clinical settings who have a broad spectrum of clinical disorders including undifferentiated syndromes
  - Seeks additional guidance and/or consultation as appropriate
  - Appropriately manages situations requiring urgent or emergent care
  - Effectively supervises the management decisions of the team
  - Manages unusual, rare, or complex disorders
- **Skill in performing procedures. (PC4)**
  - Does not attempts to perform procedures without sufficient technical skill or supervision
  - Willing to perform procedures when qualified and necessary for patient care
  - Possesses basic technical skill for the completion of some common procedures
  - Possesses technical skill and has successfully performed all procedures required for certification
  - Maximizes patient comfort and safety when performing procedures
  - 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 the team
- **Requests and provides consultative care. (PC5)**
  - Is responsive to questions or concerns of others when acting as a consultant or utilizing consultant services
  - Willing to utilize consultant services when appropriate for patient care
  - Consistently manages patients as a consultant to other physicians/health care teams
  - Consistently applies risk assessment principles to patients while acting as a consultant
  - Consistently formulates a clinical question for a consultant to address
  - Provides consultation services for patients with clinical problems requiring basic risk assessment
  - Asks meaningful clinical questions that guide the input of consultants
  - Provides consultation services for patients with basic and complex clinical problems requiring detailed risk assessment
  - Appropriately weighs recommendations from consultants in order to effectively manage patient care
  - Switches between the role of consultant and primary physician with ease
  - Provides consultation services for patients with very complex clinical problems requiring extensive risk assessment
  - Manages discordant recommendations from multiple consultants

- **Patient Care PC-1**
- **How To Teach**
  - Discussions in ward rounds to teach history taking.
  - Discussions in ward rounds to teach physical examination.
  - Demonstration in ward rounds to teach history taking.
  - Demonstration in ward rounds to teach physical examination.
  - Discussions in wards of short cases
  - Discussions in wards of long cases
  - Simulated patient (in order to simulate a set of symptoms or problems.)
  - Should write a summary (synthesize a differential diagnosis).
- **How To Assess**
  - Discussions in ward rounds to assess history taking
  - Discussions in ward rounds to assess physical examination
  - Short cases assessment through long cases
  - Confirmation of physical findings by supervisor
  - Confirmation of history by supervisor.
  - OSPE
- **Patient Care PC-2**
- **How To Teach**
  - Resident should write management plan on history sheet and supervisor should discuss management plan.
  - Resident should write investigational plans, should be able to interpret with help of supervisor
  - Should be taught prioritization of care plans in complex patient by discussion.
- **How To Assess**
  - Long cases and short cases to assess the clear concepts of management by the trainee.
- **Patient Care PC-3**
- **How To Teach**
  - Discuss thoroughly the management side effects /interactions/dosage/therapeutic procedures and intervention
- **How To Assess**

<ul style="list-style-type: none"> <li>○ Long case</li> <li>○ Short case</li> <li>○ OSPE</li> <li>○ Simulated patient</li> </ul>	<ul style="list-style-type: none"> <li>○ Stimulated chart recall</li> <li>○ Log book</li> <li>○ Portfolio</li> <li>○ Internal assessment record</li> </ul>
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- **Patient Care PC-4**

- **How To Teach**

- Supervisor should ensure that the resident has complete knowledge about the procedures.
- Trainee should observe procedures
- Should perform procedures under supervision
- Should be able to perform procedures independently
- Videos regarding different procedures.

- **How To Assess**

- OSPE
- Logbook/ portfolio
- Direct observation

**Patient Care PC-5**

**How to Teach**

- All consultations by the trainees should be discussed by the supervisor.

**How to Assess**

- Consultation record of the log book
- Feedback by other department regarding consultation

**COMPETENCY NO. 2**

**MEDICAL KNOWLEDGE(MK)**

- **Clinical knowledge (MK1)**

- Possesses sufficient scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care.
- Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care
- Possesses the scientific, socioeconomic and behavioral knowledge required to successfully diagnose and treat medically uncommon, ambiguous and complex conditions.
- Knowledge of diagnostic testing and procedures. (MK2)
- Consistently interprets basic diagnostic tests accurately
- Does not need assistance to understand the concepts of pre-test probability and test performance Characteristics
- Fully understands the rationale and risks associated with common procedures
- Interprets complex diagnostic tests accurately
- Understands the concepts of pre-test probability and test performance characteristics

- 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 and procedures
- Pursues knowledge of new and emerging diagnostic tests and procedures
- **Medical Knowledge (MK-1, MK-2)**
  - Teaching experience with medical student
  - Read procedural knowledge.
- **How to Teach**
  - Books etc
  - Articles
  - CPC(Clinic Pathological Conference)
  - Lecture
  - Videos
  - SDL(Self Directed Learning) ○
  - PBL(Problem Based Learning)
- **How To Assess**
  - MCQs
  - SEQs
  - Viva ○
  - Videos
  - Internal assessment

**COMPETENCY NO. 3      SYSTEM BASED PRACTICE(SBP)**

- **Works effectively within an interprofessional team (e.g. peers, consultants, nursing, Ancillary professionals and other support personnel). (SBP1).**
  - Recognizes the contributions of other inter professional team members
  - Does not frustrates team members with inefficiency and errors
  - Identifies roles of other team members and recognize how/when to utilize them as resources.
  - Does not requires frequent reminders from team to complete physician responsibilities (e.g. talk to family, enter orders)
  - Understands the roles and responsibilities of all team members and uses them effectively
  - Participates in team discussions when required and actively seek input from other team members ○
  - Understands the roles and responsibilities of and effectively partners with, all members of the team ○
  - Actively engages in team meetings and collaborative decision-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 optimize care
  - Viewed by other team members as a leader in the delivery of high quality care
- **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 a patient.
  - Does not make decisions that could lead to error which are otherwise corrected by the system or supervision.
  - Does not resistant to feedback about decisions that may lead to error or otherwise cause harm.
  - Recognizes the potential for error within the system.

- Identifies obvious or critical causes of error and notifies supervisor accordingly.
- Recognizes the potential risk for error in the immediate system and takes necessary steps to mitigate that risk.
- Willing to receive feedback about decisions that may lead to error or otherwise cause harm.
- Identifies systemic causes of medical error and navigates them to provide safe patient care.
- Advocates for safe patient care and optimal patient care systems
- Activates formal system resources to investigate and mitigate real or potential medical error.
- Reflects upon and learns from own critical incidents that may lead to medical error.
- Advocates for system leadership to formally engage in quality assurance and quality improvement activities.
- Viewed as a leader in identifying and advocating for the prevention of medical error.
- Teaches others regarding the importance of recognizing and mitigating system error.
- **Identifies forces that impact the cost of health care, and advocates for, and practices cost-effective care. (SBP3).**
  - Does not ignore cost issues in the provision of care
  - Demonstrates effort to overcome barriers to cost-effective care
  - 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, financiers, purchasers) have on the cost of care
  - Consider limited health care resources when ordering diagnostic or therapeutic interventions
  - Recognizes that external factors influence a patient's utilization of health care and Does not act as barriers to cost-effective care
  - Minimizes unnecessary diagnostic and therapeutic tests
  - Possesses an incomplete understanding of cost-awareness principles for a population of patients (e.g. screening tests)
  - Consistently works to address patient specific barriers to cost-effective care
  - Advocates for cost-conscious utilization of resources (i.e. emergency department visits, hospital readmissions)
  - 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 of resources
  - 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 of transition
  - Responds to requests of caregivers in other delivery systems
  - 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 are complete
  - Efficient transitions of care lead to only necessary expense or less risk to a patient (e.g. avoids duplication of tests readmission)
  - Recognizes the importance of communication during times of transition

- Communication with future caregivers is present but with lapses in pertinent or timely information
- Appropriately utilizes available resources to coordinate care and ensures safe and effective patient care within and across delivery systems
- Proactively communicates with past and future care givers to ensure continuity of care
- Coordinates care within and across health delivery systems to optimize patient safety, increase efficiency and ensure high quality patient outcomes
- Anticipates needs of patient, caregivers and future care providers and takes appropriate steps to address those needs
- Role models and teaches effective transitions of care

- **How To Teach**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>○ Lecture/ orientation session</li> <li>○ Various system/policies should be identified and discussed with the residents.</li> <li>○ Examples:</li> <li>○ Zakaat</li> <li>○ Admission procedure</li> <li>○ Bait-ul-Mall</li> <li>○ Discharge procedure</li> <li>○ Consultation procedure</li> <li>○ Shifting of patients according to SOPS</li> </ul> | <ul style="list-style-type: none"> <li>○ Preferably a manual should be designed regarding various systems existing in the Hospital for the resident.</li> <li>○ Cost effectiveness/availability of Surgery</li> <li>○ Avoidance of unnecessary tests because of limited health resources.</li> <li>○ Direct observation by the supervisor during ward rounds</li> <li>○ Feed back</li> <li>○ Assessment during case discussion</li> </ul> |
|---|---|

#### **COMPETENCY NO. 4 PRACTICE BASED LEARNING (PBL)**

- **Monitors practice with a goal for improvement. (PBL1)**

- Willing to self-reflect upon one's practice or performance
- Concerned with opportunities for learning and self-improvement
- Unable to self-reflect upon one's practice or performance
- Avails opportunities for learning and self-improvement
- Consistently acts upon opportunities for learning and self-improvement
- Regularly self-reflects upon one's practice or performance and consistently acts upon those reflections to improve practice
- Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement
- Regularly self-reflects and seeks external validation regarding this reflection to maximize practice improvement
- Actively engages in self- improvement efforts and reflects upon the experience

- **Learns and improves via performance audit. (PBL2)**

- Regards own clinical performance data
- Demonstrates inclination to participate in or even consider the results of quality improvement efforts

- Adequate awareness of or desire to analyze own clinical performance data
- Participates in a quality improvement projects
- Familiar with the principles, techniques or importance of quality improvement
- Analyzes own clinical performance data and identifies opportunities for improvement
- Effectively participates in a quality improvement project
- 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 improve performance
- Actively engages in quality improvement initiatives
- 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 data sources
- Is able to lead a quality improvement project
- Utilizes common principles and techniques of quality improvement to continuously improve care for a panel of patients
- **Learns and improves via feedback. (PBLI3)**
  - Does not resist feedback from others
  - Often seeks feedback
  - Never responds to unsolicited feedback in a defensive fashion
  - Temporarily or superficially adjusts performance based on feedback
  - Does not solicit feedback only from supervisors
  - Is open to unsolicited feedback
  - Solicits feedback from all members of the inter professional team and patients
  - Consistently incorporates feedback
  - Performance continuously reflects incorporation of solicited and unsolicited feedback
  - Able to reconcile disparate or conflicting feedback
- **Learns and improves at the point of care. (PBLI4)**
  - Acknowledges uncertainty and does not revert to reflexive patterned response when inaccurate
  - Seeks or applies evidence when necessary
  - Familiar with strengths and weaknesses of the medical literature
  - Has adequate awareness of or ability to use information technology
  - Does not accept the findings of clinical research studies without critical appraisal Can translate medical information needs into well- formed clinical questions independently
  - Aware of the strengths and weaknesses of medical information resources and utilizes information technology with sophistication
  - Appraises clinical research reports, based on accepted criteria
  - Does not “slow down” to reconsider an approach to a problem, ask for help, or seek new information

- Routinely translates new medical information needs into well-formed clinical questions
- Utilizes information technology with sophistication
- Independently appraises clinical research reports based on accepted criteria
- Searches medical information resources efficiently, guided by the characteristics of clinical questions
- Role models how to appraise clinical research reports based on accepted criteria
- Has a systematic approach to track and pursue emerging clinical question
- **Practice Based Learning (PBL1, PBL2, PBL3, PBL4)**
  - **How to Teach**
    - Discussions about problem cases
    - Should discuss errors and omissions
  - **How to Assess**
    - Feed back
    - 360 evaluation
    - Research article presentation
    - Journal club presentation
    - CPC presentation
    - Ward presentation
    - Quality improvement of projects

### **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 all interactions
- Demonstrates empathy, compassion and respect to patients and caregivers in all situations
- Anticipates, advocates for, and proactively works to meet the needs of patients and caregivers
- Demonstrates a responsiveness to patient needs that supersedes self-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 and caregivers
- Role models appropriate anticipation and advocacy for patient and caregiver needs
- Fosters collegiality that promotes a high-functioning inter professional team
- **Teaches others regarding maintaining patient privacy and respecting patient autonomy Accepts responsibility and follows through on tasks. (PROF2)**
  - Demonstrates responsibilities expected of a physician professional
  - Accepts professional responsibility even when not assigned or not mandatory
  - Completes administrative and patient care tasks in a timely manner in accordance with local practice and/or policy

- Completes assigned professional responsibilities without questioning or the need for reminders
- Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner
- Willingness to assume professional responsibility regardless of the situation
- 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, competing tasks
- **Responds to each patient's unique characteristics and needs. (PROF3)**
  - Willing to modify care plan to account for a patient's unique characteristics and needs
  - Is sensitive to and has basic awareness of differences related to culture, ethnicity, gender, race, age and religion in the patient/caregiver encounter
  - Seeks to fully understand each patient's unique characteristics and needs based upon culture, ethnicity, gender, religion, and personal preference
  - Modifies care plan to account for a patient's unique characteristics and needs with complete success
  - 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 and needs
  - Role models professional interactions to negotiate differences related to a patient's unique characteristics or needs
  - Role models consistent respect for patient's unique characteristics and needs
- **Exhibits integrity and ethical behavior in professional conduct. (PROF4)**
  - Has a basic understanding of ethical principles, formal policies and procedures, and does not intentionally disregard them
  - Honest and forthright in clinical interactions, documentation, research, and scholarly activity
  - Demonstrates accountability for the care of patients
  - Adheres to ethical principles for documentation, follows formal policies and procedures, acknowledges and limits conflict of interest, and upholds ethical expectations of research and scholarly activity
  - Demonstrates integrity, honesty, and accountability to patients, society and the profession
  - Actively manages challenging ethical dilemmas and conflicts of interest
  - Identifies and responds appropriately to lapses of professional conduct among peer group
  - Assists others in adhering to ethical principles and behaviors including integrity, honesty, and professional responsibility
  - Role models integrity, honesty, accountability and professional conduct in all aspects of professional life
  - Regularly reflects on personal professional conduct
- **Professionalism (PROF1, PROF2, PROF3 AND PROF4)**
- **How To Teach**
  1. Should be taught during ward rounds.
  2. By supervisor
  3. Through workshop
- **How To Assess**
  1. Punctuality
  2. Behavior
  3. Direct observation during ward rounds
  4. Feed back
  5. 360 degree evaluation

**Competency No. 6 INTERPERSONAL AND COMMUNICATION SKILL (ICS)**

- Communicates effectively with patients and caregivers. (ICS1)
- Does not ignores patient preferences for plan of care
- Makes attempt to engage patient in shared decision-making

- Does not engages in antagonistic or counter-therapeutic relationships with patients and caregivers
- Engages patients in discussions of care plans and respects patient preferences when offered by the patient, and also actively solicit preferences.
- Attempts to develop therapeutic relationships with patients and caregivers which is often successful
- Defers difficult or ambiguous conversations to others
- Engages patients in shared decision making in uncomplicated conversations
- Requires assistance facilitating discussions in difficult or ambiguous conversations
- Requires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds
- Identifies and incorporates patient preference in shared decision making across a wide variety of patient care conversations
- Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds
- Incorporates patient-specific preferences into plan of care
- Role models effective communication and development of therapeutic relationships in both routine and challenging situations
- Models cross-cultural communication and establishes therapeutic relationships with persons of divers socioeconomic backgrounds
- **Communicates effectively in interprofessional 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 the team
  - Does not resists offers of collaborative input
  - Consistently and actively engages in collaborative communication with all members of the team
  - Verbal, non-verbal and written communication consistently acts to facilitate collaboration with the team to enhance patient care
  - Role models and teaches collaborative communication with the team to enhance patient care, even in challenging settings and with conflicting team member opinions
- **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 clinical reasoning ○ Health records are succinct, relevant, and patient specific
  - 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 to Teach**

- Teaching through communication skills by supervisor
- Through workshop

- **How to Assess**

- |                          |                              |
|--------------------------|------------------------------|
| 1. Direct observation    | 5. CPC presentation          |
| 2. Feed back             | 6. Journal club presentation |
| 3. 360 degree evaluation | 7. Article presentation      |
| 4. History taking        |                              |

- 8. Consultation
- 9. OPD working
- 10. Counseling sessions

- 11. OSPE
- 12. VIVA

**FOR EXAMPLE: In Pediatric Surgery 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
<ul style="list-style-type: none"> <li><input type="checkbox"/> Development of basic human Anatomy related to pediatric Surgery.</li> <li><input type="checkbox"/> History taking &amp; complete Physical examination for Pediatric surgery cases.</li> <li><input type="checkbox"/> Specialized pre-post opp Care of pediatric surgery Patients.</li> <li><input type="checkbox"/> Blood supply of graft And different flaps</li> <li><input type="checkbox"/> The appropriate way to Manage pediatric surgery</li> <li><input type="checkbox"/> Emergency in ER Department.</li> <li><input type="checkbox"/> Out-patient care of pediatric Surgery patients especially Follow up patients.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Keeping the patient and family informed on the clinical status of the patient, results of tests, etc.</li> <li><input type="checkbox"/> Frequent, direct communication with the physician who requested the consultation.</li> <li><input type="checkbox"/> Review of previous medical records and extraction of information relevant to the patient's problem. Other sources of information may be used, when pertinent</li> <li><input type="checkbox"/> Understanding that patients have the right to either accepts or decline recommendations made by the physician</li> <li><input type="checkbox"/> Education of the patient</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The PGT should continue to develop his/her ethical behavior and the humanistic qualities of respect, compassion, integrity, and honesty.</li> <li><input type="checkbox"/> The PGT must be willing to acknowledge errors and determine how to avoid future similar mistakes.</li> <li><input type="checkbox"/> The PGT must be responsible and reliable at all times.</li> <li><input type="checkbox"/> The PGT must always consider the needs of patients, families, colleagues, and support staff.</li> <li><input type="checkbox"/> The PGT must maintain a professional appearance at all times</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The PGT should learn when to call a subspecialist for evaluation and management of a patient with a cardiovascular disease.</li> <li><input type="checkbox"/> The PGT should be able to clearly present the consultation cases to the staff in an organized and thorough manner</li> <li><input type="checkbox"/> The PGT must be able to establish a rapport with the patients and listens to the patient's complaints to promote the patient's welfare.</li> <li><input type="checkbox"/> The PGT should provide effective education and counseling for patients.</li> <li><input type="checkbox"/> The PGT must write organized and legible notes</li> <li><input type="checkbox"/> The PGT must communicate any patient problems to the staff in a timely</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The PGT should use feedback and self-evaluation in order to improve performance</li> <li><input type="checkbox"/> The PGT should read the required material and articles provided to enhance learning</li> <li><input type="checkbox"/> The PGT should use the medical literature search tools in the library to find appropriate articles related to Interesting cases.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The PGT's ability to answer directed questions and to participate in the didactic sessions.</li> <li><input type="checkbox"/> The PGT's presentation of assigned short topics. These will be examined for their completeness, accuracy, organization, and the PGTs' understanding of the topic.</li> <li><input type="checkbox"/> The PGT's ability to apply the information learned in the didactic sessions to the patient care setting.</li> <li><input type="checkbox"/> The PGT's interest level in learning.</li> </ul>

Practice and Procedural Skills	Attitudes, Values and Habits	Professionalism	Interpersonal and Communication Skills fashion	Practice Based Learning Improvement	Evaluation of Medical Knowledge
<ul style="list-style-type: none"> <li>• Development of proficiency in examination of the cardiovascular system, in general and cardiac auscultation, in particular</li> <li>• Preoperative evaluation of cardiac risk in-patients undergoing non-cardiac Surgery</li> <li>• Preoperative evaluation of cardiac risk in-patients undergoing non-cardiac Surgery</li> <li>• The appropriate way to answer cardiac consultations</li> <li>• The appropriate follow-up, including use of substantive progress notes, of patients who have been seen in consultation.</li> <li>• Out-patient cardiac care.</li> <li>• Differential diagnosis of chest Pain</li> </ul>	<ul style="list-style-type: none"> <li>• Keeping the patient and family informed on the clinical status of the patient, results of tests, etc.</li> <li>• Frequent, direct communication with the physician who requested the consultation.</li> <li>• 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</li> <li>• Understanding that patients have the right to either accepts or decline recommendations made by the physician</li> <li>• Education of the patient</li> </ul>	<ul style="list-style-type: none"> <li>• The PGT should continue to develop his/her ethical behavior and the humanistic qualities of respect, compassion, integrity, and honesty.</li> <li>• The PGT must be willing to acknowledge errors and determine how to avoid future similar mistakes.</li> <li>• The PGT must be responsible and reliable at all times.</li> <li>• The PGT must always consider the needs of patients, families, colleagues, and support staff.</li> <li>• The PGT must maintain a professional appearance at all times</li> </ul>	<ul style="list-style-type: none"> <li>• The PGT should learn when to call a subspecialist for evaluation and management of a patient with a cardiovascular disease.</li> <li>• The PGT should be able to clearly present the consultation cases to the staff in an organized and thorough manner</li> <li>• The PGT must be able to establish a rapport with the patients and listens to the patient's complaints to promote the patient's welfare.</li> <li>• The PGT should provide effective education and counseling for patients.</li> <li>• The PGT must write organized and legible notes</li> <li>• The PGT must communicate any patient problems to the staff in a timely fashion</li> </ul>	<ul style="list-style-type: none"> <li>• The PGT should use feedback and self-evaluation in order to improve performance</li> <li>• The PGT should read the required material and articles provided to enhance learning</li> <li>• The PGT should use the medical literature search tools in the library to find appropriate articles related to interesting cases.</li> </ul>	<ul style="list-style-type: none"> <li>• The PGT's ability to answer directed questions and to participate in the didactic sessions.</li> <li>• The PGT's presentation of assigned short topics. These will be examined for their completeness, accuracy, organization, and the PGTs' understanding of the topic.</li> <li>• The PGT's ability to apply the information learned in the didactic sessions to the patient care setting.</li> <li>• The PGT's interest level in learning.</li> </ul>

*\*Similar competencies should be applied for other domains of Surgery & allied. Please see curriculum of MS Pediatric Surgery for details.*

## **METHODS OF TEACHING & LEARNING DURING COURSE CONDUCTION**

1. **Inpatient Services:** All residents will have rotations in designated specialties.
2. **Emergency services:** Our residents take an early and active role in patient care and obtain decision-making roles quickly. Within the Emergency Department, residents direct the initial stabilization of all critical patients, manage airway interventions, and oversee all critical care.
3. **Electives/ Specialty Rotations:** In addition, the resident will elect rotations in a variety of electives including nutrition, nuclear Surgery or any of the Surgery subspecialty consultative services or clinics. They may choose electives from each Surgery subspecialty and from offerings of other departments. Residents may also select electives at other institutions if the parent department does not offer the experiences they want.
4. **Interdisciplinary Surgery** Adolescent Surgery, Dermatology, Emergency Surgery, General Surgery, Gynecology, Neurology, Occupational Surgery, Ophthalmology, Orthopedics and Sports Surgery, Otolaryngology, Physical Surgery and Rehabilitation, Urology.
5. **Community Practice:** Residents experience the practice of Surgery in a non-academic, non-teaching hospital setting. The rotation may be used to try out a practice that the resident later joins, to learn the needs of referring physicians or to decide on a future career path.
6. **Mandatory Workshops:** Residents achieve 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 Mandatory Workshops.
7. **Core Faculty Lectures (CFL):** The core faculty lecture's focus on monthly themes of the various specialty Surgery 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 active learning.
8. **Introductory Lecture Series (ILS):** Various introductory topics are presented by subspecialty and general Surgery faculty to introduce interns to basic and essential topics in Pediatric Surgery.

**10. 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 ROS (Review of systems) questions only ,Other active medical problems , Medications/allergies/substance use (note: e. The complete ROS should 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

- 11. 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 resident colleagues.
- 12. 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 relevant department
- 13. 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 real situation.

14. **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 at hand.
15. **Case Conference (CC)**: These sessions are held three days each week; the focus of the discussion is selected by the presenting resident. For example, some cases may be presented to discuss a differential diagnosis, while others are presented to discuss specific management issues.
16. **Noon Conference (NC)**: The noon conferences focus on monthly themes of the various specialty Surgery topics for eleven months of the year, i.e., Cardiology, Gastroenterology, Hematology, etc.
17. **Grand Rounds (GR)**: The Department of Surgery hosts Grand Rounds on weekly basis. Speakers from local, regional and national Surgery training programs are invited to present topics from the broad spectrum of Pediatric Surgery. All residents on inpatient floor teams, as well as those on ambulatory block rotations and electives are expected to attend.
18. **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 conference format.
19. **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.
20. **Clinico-pathological Conferences**: The clinico pathological conference, popularly known as CPC primarily relies on case method of teaching Surgery. 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 law student.

21. **Evidence Based Surgery (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 program director.
22. **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)
23. **Peer 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 increased self-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-working skills.
24. **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 been improved.
25. **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 relevant literature
26. **SEQ as assignments on the content areas:** SEQs assignments are given to the residents on regular basis to enhance their performance during written examinations.
27. **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 as follows:
  - 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 Course outlines)
  - 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 program director
  - Residents must have instruction in the evaluation of medical literature, clinical epidemiology, clinical study design, relative and absolute risks of disease, medical statistics and medical decision-making

- Training must include cultural, social, family, behavioral and economic issues, such as confidentiality of information, indications for life support systems, and allocation of limited resources
- 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 Pediatric Surgery
- Residents should have instruction and experience with patient counseling skills and community education
- This training should emphasize effective communication techniques for diverse populations, as well as organizational resources useful for patient and community education
- Residents may attend the series of lectures on Nuclear Surgery procedures (radionuclide scanning and localization tests and therapy) presented to the Radiology residents
- Residents should have experience in the performance of clinical laboratory and radionuclide studies and basic laboratory techniques including quality control, quality assurance and proficiency standards.

**28. 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 management issues

**29. 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 by rotation.

**30. 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 own learning.

**31. 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 change in nursing and medical practice, we can improve the quality of patient and relatives care. Feedback from patients and relatives 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.

**32. Core curriculum meeting:** All the core topics of Surgery 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 course structure

**33. Annual Grand Meeting** Once a year all residents enrolled for MS Pediatric Surgery 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.

**34. 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 patient contact.

**35. 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 learning cycle.

- 36. 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 the radiologist.
- 37. 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 suitable patients.
- 38. 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 communication skills.
- 39. Audio visual laboratory:** audio visual material for teaching skills to the residents is used specifically in teaching gastroenterology procedure details.
- 40. 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 assessment purposes.
- 41. 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 the literature.
- 42. Other teaching strategies specific for different specialties as mentioned in the relevant parts of the curriculum**  
Some of the other teaching strategies which are specific for certain domains of Pediatric Surgery are given along with relevant modules.

## ROTATION-1

### **LOG OF GENERAL SURGERY**

General Surgery account for a significant number of admitting diagnoses to the Pediatric Surgery in-patient service. The understanding of the principles of diagnosis and management of the most common General Surgery is an essential component of the training of the general internist. The General Surgery rotation exposes residents to a variety of inpatient and outpatient care responsibilities in the field of General Surgery.

The goal is to familiarize them with basic mechanisms, clinical manifestations, diagnostic strategies and management of General Surgery as well as disease prevalence and prevention. Depth of exposure should be such that they can develop competency in the prevention of c General Surgical diseases, indications for procedures, management of common disease, management of the acutely ill patient, and appropriate indications for referral.

### **REFERENCE:**

<http://www.cmhshealth.org/residency-program/pdfs/GeneralSurgeryCurriculum.pdf>

**SECTION-1**

**MORNING REPORT PRESENTATION/ CASE PRESENTATION SEEN IN LAST EMERGENCY OR INDOOR (2 per month)**

SR#	DATE	REG# OF PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	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**

(2 per month)

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 LECTURE/INTERACTIVE LECTURES ATTENDED**

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







**SECTION-6****EMERGENCY CASES**

(Estimated cases to be documented are 50 patients per rotation )

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

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY EMENT	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**

((Estimated cases to be attended 8 patients per month))

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



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)

**SECTION-8****MEDICAL PROCEDURES****(OBSERVED (O), ASSISTED (A), PERFORMED UNDER SUPERVISION (PUS) & PERFORMED INDEPENDENTLY (PI)****(Estimated cases to be seen are minimum 15 cases per rotation)**

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

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)/(P US)/(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)/(P US)/(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)/(P US)/(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)/(P US)/(PI)	DETAIL OF PROCEDURE	PLACE OF PROCEDURE	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

**SECTION-9****CONSULTATIONS**

<b>SR. #</b>	<b>DEPARTMENT SEEKING CONSULTATION</b>	<b>PATIENT ID /NAME</b>	<b>BRIEF DESCRIPTION ABOUT PROBLEM</b>	<b>OPINION GIVEN AFTER DISCUSSION WITH SUPERVISOR</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>

SR. #	DEPARTMENT SEEKING CONSULTATION	PATIENT ID /NAME	BRIEF DESCRIPTION ABOUT PROBLEM	OPINION GIVEN AFTER DISCUSSION WITH SUPERVISOR	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (NAME/STAMP)



**SECTION-10**

**MULTI DICIPLINARY MEETINGS (MSM)**

(Estimated minimum Multi-Disciplinary Meetings 1per month)

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)**

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 (MMM)**

(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 (if any)**

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-16****CLINICAL ASSESSMENT RECORD OF THIS ROTATION**

<b>SR.#</b>	<b>TOPIC OF CLINICAL TEST/ EXAMINATION</b>	<b>TYPE OF THE TEST&amp; VENUE OSPE, MINICEX, CHART STIMULATED RECALL, DOPS, SIMULATED PATIENT, SKILL LAB e.t.c</b>	<b>TOTAL MARKS</b>	<b>MARKS OBTAINED</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>

SR.#	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-17**

**EVALUATION RECORDS**

***SUPERVISOR APPRAISAL FORM***

Resident's Name: \_\_\_\_\_ Hospital Name: \_\_\_\_\_  
 Evaluator's Name(s): \_\_\_\_\_ Department: \_\_\_\_\_ Unit : \_\_\_\_\_

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

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

**I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS**

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

Total Score \_\_\_\_\_/155

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident's Name & Signatures

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator's Signature & Stamp

**SECTION-18**

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

**SECTION-18**

**EVALUATION/REMARKS BY QUALITY ENHANCEMENT CELL (QEC) WORKING UNDER DEPARTMENT OF MEDICAL EDUCATION (DME)**

# SECTION-19

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

TO BE FILLED AT THE END OF ROTATION

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

MONTH	ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
	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
	TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
November	WARD											
	CPC											
	LECTURE											
	WORKSHOP											

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

**SECTION-20**

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



### ROTATION IN UROLOGY CURRICULUM

Management of patient with acute ureteric colic
Management of patient with acute urinary infection including a patient with urosepsis
Catheterization including urinary catheter care
Suprapubic catheterization
Urethral manipulation and dilatations
Management of acute urinary retention
Management of acute scrotum
Management of renal , vesical and ureteral trauma
Management of pyelonephritis and other renal infections
Testis biopsy
Radiological studies –X ray KUB, IVU
Scrotal surgery –hydrocele , epididymal cyst , orchidectomy
Inguinal surgery-varicocele, herniotomy ,orchidopexy
Transurethral resection of prostate
Lithotripsy

The level of competence to be achieved each year is specified according to the key, as follows:

6. Observer status
7. Assistant status
8. Performed under supervision
9. Performed under indirect supervision
10. Performed independently

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

**SECTION-1****MORNING REPORT PRESENTATION/ CASE PRESENTATION SEEN IN LAST EMERGENCY OR INDOOR**

(Estimated presentations 2 per month)

<b>SR#</b>	<b>DATE</b>	<b>REG# OF PATIENT</b>	<b>BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT &amp; OUTCOME IF ANY</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>

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**

(1per month)

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**

(1per month)

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**

(2 per month)

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 ATTENDED**

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**

**EMERGENCYCASES**

(Estimated cases to be documented are 50 cases per 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)

**Section-8**

**INDOORPATIENTS (CCU/WARD)**

(Estimated cases to be attended are 8 patients per month)

<b>SR#</b>	<b>DATE</b>	<b>REG # OF THE PATIENT</b>	<b>DIAGNOSIS</b>	<b>MANAGEMENT</b>	<b>PROCEDURES PERFORMED</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>

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)

**Section-9****OPD AND CLINICS**

(Estimated 50 cases per month to be documented)

<b>SR#</b>	<b>DATE</b>	<b>REG # OF THE PATIENT</b>	<b>BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT &amp; OUTCOME IF ANY</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>

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-10****MEDICAL PROCEDURES****OBSERVED (O)/ASSISTED (A)/PERFORMED UNDER SUPERVISION (PUS)/PERFORMED INDEPENDENTLY (PI)**

(Estimated cases to be attended are 10 patients per month)

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)/(P US)/(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-11**

**CONSULTATIONS**

<b>SR. #</b>	<b>DEPARTMENT SEEKING CONSULTATION</b>	<b>PATIENT ID /NAME</b>	<b>BRIEF DESCRIPTION ABOUT THE PROBLEM</b>	<b>OPINION GIVEN AFTER DISCUSSION WITH SUPERVISOR</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>





**SECTION-12**

**MULTI DICIPLINARY MEETINGS (MSM) (one/month)**

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-13****CLINICOPATHOLOGICAL CONFERENCE (CPC)**  
**(50% attendance of CPC is mandatory for the resident)**

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-14****MORBIDITY/MORTALITY MEETINGS (MMM)**

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

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

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

**SECTION-15****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-16****PUBLICATIONS (if any)**

<b>S NO.</b>	<b>NAME OF PUBLICATION</b>	<b>TYPE OF PUBLICATION ORIGINAL ARTICLE/EDITORIAL/ CASE REPORT etc</b>	<b>NAME OF JOURNAL</b>	<b>DATE OF PUBLICATION</b>	<b>PAGE NO.</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>

**SECTION-17****WRITTEN ASSESSMENT RECORD OF THIS ROTATION**

<b>SNO</b>	<b>TOPIC OF WRITTEN TEST/EXAMINATION</b>	<b>TYPE OF THE TEST MCQS OR SEQs OR BOTH</b>	<b>TOTAL MARKS</b>	<b>MARKS OBTAINED</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>

<b>SNO</b>	<b>TOPIC OF WRITTEN TEST/EXAMINATION</b>	<b>TYPE OF THE TEST MCQS OR SEQs OR BOTH</b>	<b>TOTAL MARKS</b>	<b>MARKS OBTAINED</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>

**SECTION-18****CLINICAL ASSESSMENT RECORD OF THIS ROTATION**

<b>SR.#</b>	<b>TOPIC OF CLINICAL TEST/ EXAMINATION</b>	<b>TYPE OF THE TEST&amp; VENUE OSPE, MINICEX, CHART STIMULATED RECALL, DOPS, SIMULATED PATIENT, SKILL LAB e.t.c</b>	<b>TOTAL MARKS</b>	<b>MARKS OBTAINED</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>

SR.#	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-19**

**EVALUATION RECORDS  
SUPERVISOR APPRAISAL FORM**

Resident's Name: \_\_\_\_\_ Hospital Name: \_\_\_\_\_  
 Evaluator's Name(s): \_\_\_\_\_ Department: \_\_\_\_\_ Unit: \_\_\_\_\_

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

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

**I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS**

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

Total Score \_\_\_\_\_/155

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident's Name & Signatures

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator's Signature & Stamp

**Section-20**

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

**Section-20**

Section-3

EVALUATION/REMARKS BY QUALITY ENHANCEMENT CELL (QEC) WORKING UNDER DEPARTMENT OF MEDICAL EDUCATION (DME)

**Section-21**

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

TO BE FILLED AT THE END OF ROTATION

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

MONTH	ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
	TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF CASES	
October	WARD											
	CPC											
	LECTURE											
	WORKSHOP											

MONTH	ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
	TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF CASES	
November	WARD											
	CPC											
	LECTURE											
	WORKSHOP											

MONTH	ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
	TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF CASES	
December	WARD											
	CPC											
	LECTURE											
	WORKSHOP											

**SECTION-22**

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



## ROTATION-3

### ROTATION-3

#### LOG OF ORTHOPEDIC SURGERY

The rotation can be taken in a one month or a two-week block. The purpose of this rotation is for the resident to become familiar with interpretation and utilization of common Orthopedic procedures and findings. Education goals and objectives of rotation is :

- To become familiar with the orthopedic management available.
- To learn the proper utilization of imaging modalities in diagnosis and intervention.
- To understand the indications and contraindications of orthopedic operations.
- To understand the utilization of appropriate orthopedic operations based on indication, cost effectiveness and risks vs. benefits.
- To improve accuracy of interpretation of selected radiological procedures.

The resident will acquire knowledge of:

- orthopedic procedures available.
- Preparation of patients for tests.
- Side effects and complications of invasive orthopedic operations .
- Cost-effective orthopedic operations.

**REFERENCE:** <https://med.unr.edu/internal-Surgery/residency/curriculum/orthopedic>

**Section-1**

**MORNING REPORT PRESENTATION/ CASE PRESENTATION SEEN IN LAST EMERGENCY OR INDOOR (2/month)**

**(Presentation with Orthopedic Surgery)**

<b>SR #</b>	<b>DATE</b>	<b>REG# OF PATIENT</b>	<b>BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT &amp; OUTCOME IF ANY</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>

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 (1/MONTH)**

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 (1/MONTH)**

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 (two /month)**

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-4**

**DIDACTIC LECTURE/INTERACTIVE LECTURES ATTENDED**

SR #	DATE	REG.# OF THE PATIENT DISCUSSED	DIAGNOSIS	BRIEF DESCRIPTION OF THE CASE	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-5**

**OPD AND CLINICS**

(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)

**Section-6**

**PROCEDURES (ULTRASOUNDS & RELATED PROCEDURES)**

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

(Estimated cases to be seen are 50 patients per month)

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)/(P US)/(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)/(P US)/(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)/(P US)/(PI)	DETAIL OF PROCEDURE	PLACE OF PROCEDURE	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)





















**Section-11****CONSULTATIONS**

<b>SR. #</b>	<b>DEPARTMENT SEEKING CONSULTATION</b>	<b>PATIENT ID /NAME</b>	<b>BRIEF DESCRIPTION ABOUT PROBLEM</b>	<b>OPINION GIVEN AFTER DISCUSSION WITH SUPERVISOR</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>





**SECTION-12****MULTI DICIPINARY MEETINGS (MSM) (1/month)**

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-13****CLINICOPATHOLOGICAL CONFERENCE (CPC)**  
**(50% attendance of CPC is mandatory for the resident)**

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-14****MORBIDITY/MORTALITY MEETINGS (MMM)**

(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-15****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-16****PUBLICATIONS (if any)**

<b>S. NO.</b>	<b>NAME OF PUBLICATION</b>	<b>TYPE OF PUBLICATION ORIGINAL ARTICLE/EDITORIAL/CASE REPORT ETC</b>	<b>NAME OF JOURNAL</b>	<b>DATE OF PUBLICATION</b>	<b>PAGE NO.</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>

**SECTION-17****WRITTEN ASSESSMENT RECORD OF THIS ROTATION**

<b>SNO</b>	<b>TOPIC OF WRITTEN TEST/EXAMINATION</b>	<b>TYPE OF THE TEST MCQS OR SEQs OR BOTH</b>	<b>TOTAL MARKS</b>	<b>MARKS OBTAINED</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>

SNO	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-18****CLINICAL ASSESSMENT RECORD OF THIS ROTATION**

<b>SR.#</b>	<b>TOPIC OF CLINICAL TEST/ EXAMINATION</b>	<b>TYPE OF THE TEST&amp; VENUE OSPE, MINICEX, CHART STIMULATED RECALL, DOPS, SIMULATED PATIENT, SKILL LAB e.t.c</b>	<b>TOTAL MARKS</b>	<b>MARKS OBTAINED</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>

SR.#	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-19**

**EVALUATION RECORDS  
SUPERVISOR APPRAISAL FORM**

Resident's Name: \_\_\_\_\_ Hospital Name: \_\_\_\_\_  
 Evaluator's Name(s): \_\_\_\_\_ Department: \_\_\_\_\_ Unit : \_\_\_\_\_

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

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

**I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS**

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

Total Score \_\_\_\_\_/155

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident's Name & Signatures

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator's Signature & Stamp

**Section-20**

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

**Section-20**

EVALUATION/REMARKS BY QUALITY ENHANCEMENT CELL (QEC) WORKING UNDER DEPARTMENT OF MEDICAL EDUCATION (DME)

**Section-21**

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

TO BE FILLED AT THE END OF ROTATION

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

**SECTION-22**

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



Pediatric Medicine (two Months Rotation)		
Detect birth anomalies	1,2,3	5,5
Respiratory distress	1,2	2,2
Pediatric emergency and critical care condition	1,2	2,2
Infectious diseases	1,2	1,1
Skills and procedures	1,2	1,1
Resuscitation and procedures	1,2	1,1
Investigative skill	1,2	1,1
Gastrointestinal procedures	1,2	1,1

The level of competence to be achieved each year is specified according to the key, as follows:

1. Observer status
2. Assistant status
3. Performed under supervision
4. Performed under indirect supervision
5. Performed independently

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

**Section-1****MORNING REPORT PRESENTATION/ CASE PRESENTATION SEEN IN LAST EMERGENCY OR INDOOR (2/month)**

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 (1/month)**

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 (1/month)**

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 (2/month)**

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 LECTURE/INTERACTIVE LECTURES ATTENDED**

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**

**EMERGENCYCASES**

(Estimated cases to be documented are 25 cases)

<b>SR#</b>	<b>DATE</b>	<b>REG # OF THE PATIENT</b>	<b>BRIEF DESCRIPTION//HISTORY, DIAGNOSIS, TREATMENT &amp; OUTCOME IF ANY</b>	<b>PROCEDURES PERFORMED</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>

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**

**INDOORPATIENTS**

(Estimated cases to be attended are 8 patients per month)

<b>SR#</b>	<b>DATE</b>	<b>REG # OF THE PATIENT</b>	<b>DIAGNOSIS</b>	<b>MANAGEMENT</b>	<b>PROCEDURES PERFORMED</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>

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)

**Section-8**

**OPD AND CLINICS**

(Estimated number of cases to be seen in OPD at least 100 cases/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)

**Section-9**

**MEDICAL PROCEDURES**

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

(Estimated number of cases to be seen minimum 15 cases/month)

SR. #	DATE	REG NO. OF PATIENT	NAME OF PROCEDURE	(O)/(A)/(P US)/(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)/(P US)/(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****CONSULTATIONS**

<b>SR. #</b>	<b>DEPARTMENT SEEKING CONSULTATION</b>	<b>PATIENT ID /NAME</b>	<b>BRIEF DESCRIPTION ABOUT PROBLEM</b>	<b>OPINION GIVEN AFTER DISCUSSION WITH SUPERVISOR</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>



**SECTION-11****MULTI DICIPINARY MEETINGS (MSM) (1/month)**

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-12****CLINICOPATHOLOGICAL CONFERENCE (CPC)**  
**(50% attendance of CPC is mandatory for the resident)**

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-13****MORBIDITY/MORTALITY MEETINGS (MMM)**

(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-14**

**HANDS ON TRAINING/WORKSHOPS**

SR#	DATE	TITLE	VENUE	FACILITATOR	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (NAME/STAMP)

**SECTION-15****PUBLICATIONS (IF ANY)**

<b>SNO.</b>	<b>NAME OF PUBLICATION</b>	<b>TYPE OF PUBLICATION ORIGINAL ARTICLE/EDITORIAL/CASE REPORT ETC</b>	<b>NAME OF JOURNAL</b>	<b>DATE OF PUBLICATION</b>	<b>PAGE NO.</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>

**SECTION-16****WRITTEN ASSESSMENT RECORD OF THIS ROTATION**

<b>SNO</b>	<b>TOPIC OF WRITTEN TEST/EXAMINATION</b>	<b>TYPE OF THE TEST MCQS OR SEQs OR BOTH</b>	<b>TOTAL MARKS</b>	<b>MARKS OBTAINED</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>

SNO	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 OF THIS ROTATION**

<b>SR.#</b>	<b>TOPIC OF CLINICAL TEST/ EXAMINATION</b>	<b>TYPE OF THE TEST&amp; VENUE OSPE, MINICEX, CHART STIMULATED RECALL, DOPS, SIMULATED PATIENT, SKILL LAB e.t.c</b>	<b>TOTAL MARKS</b>	<b>MARKS OBTAINED</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>

SR.#	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**

**EVALUATION RECORDS  
SUPERVISOR APPRAISAL FORM**

Resident's Name: \_\_\_\_\_ Hospital Name: \_\_\_\_\_  
 Evaluator's Name(s): \_\_\_\_\_ Department: \_\_\_\_\_ Unit : \_\_\_\_\_

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

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

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

Total Score \_\_\_\_\_/155

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident's Name & Signatures

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator's Signature & Stamp

**SECTION-19**

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

**SECTION-20**

EVALUATION/REMARKS BY QUALITY ENHANCEMENT CELL (QEC) WORKING UNDER DEPARTMENT OF MEDICAL EDUCATION (DME)

**Section-21**

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

TO BE FILLED AT THE END OF ROTATION

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

**SECTION-22**

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



**ROTATION-5**

**ROTATION-5**

**LOG OF PATHOLOGY**

Pathology (Two Months Rotation)		
Specimen collection and processing	1,2,3	3,3,3
FNAC	1,2,3,4	2,2,2
Histopathology	1,2	1,1
Microbiology	1,2	1,1
Hemotology	1,2,3	2,2,2

**Section-1****MORNING REPORT PRESENTATION/ CASE PRESENTATION SEEN IN LAST EMERGENCY OR INDOOR (2/MONTH)**

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 (1/month)**

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 (1/month)**

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 (1/month)**

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 LECTURE/INTERACTIVE LECTURES ATTENDED**

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**

(Estimated cases to be documented are 50 cases/Rotation)

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**

**INDOORPATIENTS**

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

<b>SR#</b>	<b>DATE</b>	<b>REG # OF THE PATIENT</b>	<b>DIAGNOSIS</b>	<b>MANAGEMENT</b>	<b>PROCEDURES PERFORMED</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>

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)

**Section-8**

**OPD AND CLINICS**

(Estimated number of cases to be seen in OPD at least 100 cases/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)

**Section-9****MEDICAL PROCEDURES****OBSERVED (O)/ASSISTED (A)/PERFORMED UNDER SUPERVISION (PUS)/PERFORMED INDEPENDENTLY (PI)**

(Estimated cases to be seen are 15 patients per month)

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****CONSULTATIONS**

<b>SR. #</b>	<b>DEPARTMENT SEEKING CONSULTATION</b>	<b>PATIENT ID /NAME</b>	<b>BRIEF DESCRIPTION ABOUT PROBLEM</b>	<b>OPINION GIVEN AFTER DISCUSSION WITH SUPERVISOR</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>





**SECTION-14**

**MULTI DICIPINARY MEETINGS (MSM) (1/month)**

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-15**

**CLINICOPATHOLOGICAL CONFERENCE (CPC)**  
**(50% attendance of CPC is mandatory for the resident)**

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

**SECTION-16**

**MORBIDITY/MORTALITY MEETINGS (MMM)**

(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)

**SECTION-17****HANDS ON TRAINING/WORKSHOPS**

SR#	DATE	TITLE	VENUE	FACILITATOR	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (NAME/STAMP)

**SECTION-18****PUBLICATIONS (if any)**

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

**SECTION-19****WRITTEN ASSESSMENT RECORD OF THIS ROTATION**

<b>SNO</b>	<b>TOPIC OF WRITTEN TEST/EXAMINATION</b>	<b>TYPE OF THE TEST MCQS OR SEQ OR BOTH</b>	<b>TOTAL MARKS</b>	<b>MARKS OBTAINED</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>

SNO	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-20****CLINICAL ASSESSMENT RECORD OF THIS ROTATION**

SR.#	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.#	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-21**

**EVALUATION RECORDS  
SUPERVISOR APPRAISAL FORM**

Resident's Name: \_\_\_\_\_ Hospital Name: \_\_\_\_\_  
 Evaluator's Name(s): \_\_\_\_\_ Department: \_\_\_\_\_ Unit : \_\_\_\_\_

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

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

**I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS**

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

Total Score \_\_\_\_\_/155

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident's Name & Signatures

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator's Signature & Stamp

**SECTION-22**

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

**SECTION-22**

**EVALUATION/REMARKS BY QUALITY ENHANCEMENT CELL (QEC) WORKING UNDER DEPARTMENT OF MEDICAL EDUCATION (DME)**

**Section-23**

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

TO BE FILLED AT THE END OF ROTATION

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

**SECTION-24**

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



## ROTATION-6

### ROTATION-6

#### LOG OF ORTHOPEDIC SURGERY

#### 03 MONTHS ROTATAION IN PEDIATRIC ORTHOPAEDIC SURGERY CURRICULUM

COMPETENCES	LEVEL	CASES
History Taking	04	10
Physical Examination	04	10
Ordering Investigations	04	10
Interpreting results	03	10
Deciding and implementing appropriate treatment	03	10
Post operative management & monitoring	04	10
Presentation: skills long cases	04	04
Presentation: skills short cases	04	20
Use of Orthopaedic Instruments	03	10
Skeletal Traction	03	06
Application of Plaster of Paris Cast	03	20
Closed treatment (Manipulations)	03	20
Closed treatment of dislocations	03	10
Skin Grafting	03	02
Biopsy	03	02

External fixation of fractures of lowe limb / ilizarov	03	04
External fixation of fractures of upper limb	03	02
Bone grafting	03	02
Fixation of bones with plates	03	04
Intramedullary nailing of long bones	03	06
Fixation of trochanteric and neck of femur fractures	03	05
Fixation of fracture around knee joint	03	02
Complex trauma	02	02
Osteotomies	02	01
Arthrodesis	02	01
Amputation	03	02
Fracture fixation of hand and wrist	03	02
Total joint replacement (THR & TKR)	02	01
Arthroscopy of knee joint	02	01



The level of competence to be achieved each year is specified according to the key, as follows:

1. Observer status
2. Assistant status
3. Performed under supervision
4. Performed under indirect supervision
5. Performed independently

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

**Section-1****MORNING REPORT PRESENTATION/ CASE PRESENTATION SEEN IN LAST EMERGENCY OR INDOOR) (2/month)**

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 (1/month)**

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 (1/month)**

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 (2/month)**

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 LECTURE/INTERACTIVE LECTURES ATTENDED**

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**

(Estimated 25 cases to be documented)

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**

**INDOORPATIENTS**

(Estimated cases to be seen are 50 patients per rotation)

<b>SR#</b>	<b>DATE</b>	<b>REG # OF THE PATIENT</b>	<b>DIAGNOSIS</b>	<b>MANAGEMENT</b>	<b>PROCEDURES PERFORMED</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>

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)

**Section-8**

**OPD AND CLINICS**

(Estimated number of cases to be seen in OPD at least 100 cases/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)

**Section-9****PROCEDURES****OBSERVED (O)/ASSISTED (A)/PERFORMED UNDER SUPERVISION (PUS)/PERFORMED INDEPENDENTLY (PI)**

(Estimated cases to be seen are minimum 15 patients per month)

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) S)/(PI)	DETAIL OF PROCEDURE	PLACE OF PROCEDURE	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

**Section-10**

**CONSULTATIONS**

<b>SR. #</b>	<b>DEPARTMENT SEEKING CONSULTATION</b>	<b>PATIENT ID /NAME</b>	<b>BRIEF DESCRIPTION ABOUT PROBLEM</b>	<b>OPINION GIVEN AFTER DISCUSSION WITH SUPERVISOR</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>





**SECTION-11**

**MULTI DICIPINARY MEETINGS (MSM) (1/month)**

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-12**

**CLINICOPATHOLOGICAL CONFERENCE (CPC)**  
**(50% attendance of CPC is mandatory for the resident)**

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

**SECTION-13****MORBIDITY/MORTALITY MEETINGS (MMM)**

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

<b>SR#</b>	<b>DATE</b>	<b>REG. # OF THE PATIENT DISCUSSED</b>	<b>BRIEF DESCRIPTION OF THE CASE</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>

**SECTION-14**

**HANDS ON TRAINING/WORKSHOPS**

SR#	DATE	TITLE	VENUE	FACILITATOR	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (NAME/STAMP)

**SECTION-15****PUBLICATIONS (if any)**

<b>SNO.</b>	<b>NAME OF PUBLICATION</b>	<b>TYPE OF PUBLICATION ORIGINAL ARTICLE/EDITORIAL/CASE REPORT etc</b>	<b>NAME OF JOURANL</b>	<b>DATE OF PUBLICATION</b>	<b>PAGE NO.</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>



SNO	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 OF THIS ROTATION**

<b>SR.#</b>	<b>TOPIC OF CLINICAL TEST/ EXAMINATION</b>	<b>TYPE OF THE TEST&amp; VENUE OSPE, MINICEX, CHART STIMULATED RECALL, DOPS, SIMULATED PATIENT, SKILL LAB e.t.c</b>	<b>TOTAL MARKS</b>	<b>MARKS OBTAINED</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>



**SECTION-18**

**EVALUATION RECORDS**

**SUPERVISOR APPRAISAL FORM**

Resident's Name: \_\_\_\_\_ Hospital Name: \_\_\_\_\_  
 Evaluator's Name(s): \_\_\_\_\_ Department: \_\_\_\_\_ Unit: \_\_\_\_\_

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

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

**I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS**

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

Total Score \_\_\_\_\_/155

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident's Name & Signatures

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator's Signature & Stamp

**SECTION-19**

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

**SECTION-20**

**EVALUATION/REMARKS BY QUALITY ENHANCEMENT CELL (QEC) WORKING UNDER DEPARTMENT OF MEDICAL EDUCATION (DME)**

**Section-21**

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

TO BE FILLED AT THE END OF ROTATION

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

**SECTION-22**

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



## **ROTATION-7**

### **ROTATION-7**

#### **LOG OF NEUROSURGERY/ THORACIC SURGERY**

Disorders coming under these specialties frequently cause patients to seek medical attention. All pediatric surgery residents must be able to deal with these specialties emergencies and trauma. This knowledge can later be used in organ reconstruction.

An internist must acquire sufficient skill and knowledge to evaluate and manage common as well as uncommon gastrointestinal and hepatic disorders.

The level of competence to be achieved each year is specified according to the key, as follows:

1. Observer status
2. Assistant status
3. Performed under supervision
4. Performed under indirect supervision
5. Performed independently

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

## ROTATION IN NEUROSURGERY CURRICULUM

Burr hole for cerebral decompression

Management of head injury in trauma

Complete neurological examination in trauma

Medical management of acutely raised ICP

Spine stabilization and radiological assessment in head injury patients

Diagnostic and therapeutic lumbar puncture

Intracranial operations

Spinal decompression surgery

## ROTATION IN THORACIC SURGERY CURRICULUM

Needle thoracostomy

Tube thoracostomy

Thoracotomy (opening & closing)

### Section-1

MORNING REPORT PRESENTATION/ CASE PRESENTATION SEEN IN LAST EMERGENCY OR INDOOR (2/month)

SR#	DATE	REG# OF	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT	SUPERVISOR'S	SUPERVISOR'S
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		PATIENT	& OUTCOME IF ANY	REMARKS	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 (1/month)**

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 (1/month)**

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 (2/month)**

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 ATTENDED**

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**

(Estimated 25 cases to be documented )

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**

**INDOORPATIENTS**

(Estimated cases to be attended are 35 patients per rotation)

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)

**Section-8**

**OPD AND CLINICS**

(Estimated number of cases to be seen in OPD at least 100 cases/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)

**Section-9**

**PROCEDURES**

**(OBSERVED (O), ASSISTED (A), PERFORMED UNDER SUPERVISION (PUS) & PERFORMED INDEPENDENTLY (PI), LEARNING THROUGHPROCEDURE VIDEOS (LPV))**

(Estimated cases to be seen are minimum 15 cases per month)

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)/(P US)/(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)/(P US)/(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)/(P US)/(PI)	DETAIL OF PROCEDURE	PLACE OF PROCEDURE	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

**Section-10****CONSULTATIONS**

<b>SR. #</b>	<b>DEPARTMENT SEEKING CONSULTATION</b>	<b>PATIENT ID /NAME</b>	<b>BRIEF DESCRIPTION ABOUT PROBLEM</b>	<b>OPINION GIVEN AFTER DISCUSSION WITH SUPERVISOR</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>

**SECTION-11****MULTI DICIPINARY MEETINGS (MSM) (1/month)**

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-12****CLINICOPATHOLOGICAL CONFERENCE (CPC)**  
**(50% attendance of CPC is mandatory for the resident)**

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

**SECTION-13****MORBIDITY/MORTALITY MEETINGS (MMM)**

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

<b>SR#</b>	<b>DATE</b>	<b>REG. # OF THE PATIENT DISCUSSED</b>	<b>BRIEF DESCRIPTION OF THE CASE</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>

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

**SECTION-14**

**HANDS ON TRAINING/WORKSHOPS**

SR#	DATE	TITLE	VENUE	FACILITATOR	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (NAME/STAMP)

**SECTION-15****PUBLICATIONS (if any)**

<b>SNO.</b>	<b>NAME OF PUBLICATION</b>	<b>TYPE OF PUBLICATION ORIGINAL ARTICLE/EDITORIAL/CASE REPORT ETC</b>	<b>NAME OF JOURNANL</b>	<b>DATE OF PUBLICATION</b>	<b>PAGE NO.</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>





**SECTION-17****CLINICAL ASSESSMENT RECORD OF THIS ROTATION**

<b>SR.#</b>	<b>TOPIC OF CLINICAL TEST/ EXAMINATION</b>	<b>TYPE OF THE TEST&amp; VENUE</b> (OSPE, MINICEX, CHART STIMULATED RECALL, DOPS, SIMULATED PATIENT, SKILL LAB e.t.c)	<b>TOTAL MARKS</b>	<b>MARKS OBTAINED</b>	<b>SUPERVISOR'S REMARKS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>

SR.#	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**

**EVALUATION RECORDS**

**SUPERVISOR APPRAISAL FORM**

Resident's Name: \_\_\_\_\_ Hospital Name: \_\_\_\_\_  
 Evaluator's Name(s): \_\_\_\_\_ Department: \_\_\_\_\_ Unit: \_\_\_\_\_

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

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

**I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS**

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

Total Score \_\_\_\_\_/155

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident's Name & Signatures

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator's Signature & Stamp

**SECTION-19**

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

**SECTION-19**

**EVALUATION/REMARKS BY QUALITY ENHANCEMENT CELL (QEC) WORKING UNDER DEPARTMENT OF MEDICAL EDUCATION (DME)**

**Section-20**

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

TO BE FILLED AT THE END OF ROTATION

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

**SECTION-21**

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



## ROTATION-8

### ROTATION-8

#### LOG OF RESEARCH ELECTIVE

*(RESEARCH ELECTIVE WOULD BE TAUGHT 08:00 AM TO 02:00 PM & RESIDENT WOULD PERFORM THE DUTY OF EVENING CALLS AS PER ROTA.)*

Pediatric Surgery residents' outlook in research can be significantly improved using a research curriculum offered through a structured and dedicated research rotation. This is exemplified by the improvement noted in resident satisfaction, their participation in scholarly activities and resident research outcomes since the inception of the research rotation in our Pediatric Surgery training program. Residents' research lead to better clinical care, correlates with the pursuit of academic careers, increases numbers of clinician investigators, and is an asset to those applying for fellowships. We report our success in designing and implementing a structured research curriculum incorporating basic principles within a research rotation to enhance participation and outcomes of our residents in scholarly activities within a busy residency training program setting.

#### REFERENCE:

<https://bmcmededuc.biomedcentral.com/articles/10.1186/1472-6920-6-52>

**NOTE: A separate log book has been designed for Research Elective.**