

**Rawalpindi Medical University**

**Clinical Clerkship Training Program**

**Log Book**

**Fourth Year MBBS**

**MEDICINE**

**SPECIALITIES**

**2025**

Student Name:……………………………………………………………………………………..

Roll No…………………………………………..Batch:………………………………..…………

University Registration No………………………….. PMDC No…………………………

Address:……………………………………………………………………………………………….

Contact:………………………………..Email:…………………………………………………….



**Vision**

To impart evidence-based research oriented health professional education in order to provide best possible patient care and inculcate the values of mutual respect, ethical practice of healthcare and social accountability.

**Mission**

Highly recognized and accredited center of excellence in Medical Education, using evidence-based training techniques for development of highly competent health professionals, who are lifelong experiential learner and are socially accountable.

**Aims and Objectives**

**Aims:**

1. To provide a structured and comprehensive record of clinical and procedural experiences during undergraduate training in Medicine and Allied specialties.
2. To ensure systematic documentation of the learning process and competencies achieved in alignment with curriculum and training requirements.
3. To serve as a reflective tool for self-assessment, enabling students to identify strengths and areas for improvement in clinical skills and knowledge.
4. To facilitate periodic evaluation by supervisors, fostering constructive feedback and personalized guidance.
5. To promote integration of evidence-based medicine and critical thinking into clinical practice.

**Objectives:**

1. **History Taking and Physical Examination:** a)Develop proficiency in taking detailed and accurate patient histories and conducting thorough physical examinations with appropriate consent and respect for patient dignity, and 2) Understand the relevance of clinical findings in diagnosis and management.
2. **Skill Development:** a) Acquire competency in core medical procedures such as intravenous cannulation, arterial blood gas sampling, lumbar puncture, blood culture collection, and ECG interpretation, and b) Gain exposure to allied medical procedures such as thoracentesis, paracentesis, and central venous catheterization under supervision.
3. **Patient Management:** a) Document detailed history, clinical notes, diagnostic plans, progress notes, and discharge summaries with clarity and precision, b) Develop a structured approach to patient care in both outpatient and inpatient settings, including management of acute and chronic medical conditions, and c) Enhance understanding of multidisciplinary care through collaboration with allied healthcare teams.
4. **Compliance with Training Program:** a) Ensure alignment with the requirements set by the training program and regulatory bodies for successful certification, b) Document clinical exposure and competencies systematically to fulfill assessment and certification criteria.
5. **Assessment and Evaluation:** a) Maintain a transparent, verifiable record of clinical and procedural exposure for supervisors to assess progress and provide structured feedback, and b) Facilitate formative assessments during periodic evaluations to address gaps and enhance learning.
6. **Research and Academic Growth:** a) Promote the application of evidence-based medicine in diagnostic and therapeutic decision-making, and b) Encourage participation in case discussions, journal clubs, and audits to develop critical appraisal skills and contribute to academic learning.
7. **Professional Development:** a) Instill a patient-centered approach to care, emphasizing empathy, communication skills, and ethical medical practice, and b) Foster accountability and responsibility in clinical decision-making, preparing for future roles as competent healthcare professionals.

**SOP’s for filling the logbook**

1. All students should wear White Coat.
2. All students should wear their ID badges during the clinical rotation
3. Please follow RMU attendance policy.
4. Students are required to submit leave application in principal office in case of illness or family emergencies
5. Students will not be permitted to makeup time missed without a leave application
6. Students time schedule for clinical rotation will be set in the time table
7. All students are required to attend the wards in the evening according to their unit schedule
8. Student must write histories of all the patients on their allotted beds.
9. Mornings reports will be presented from 10:30 am to 2:00 pm for 4rd year.
10. Students are expected at all times to maintain a professional and therapeutic relationship with patients.
11. Ward test at the end of clinical rotation is mandatory.
12. Your internal assessment is based on periodic assessment, ward test, and Mini CXA etc. per RMU policy.
13. Please keep a photocopy of this card with you so it can be replaced if lost.

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Nephrology……………………………………………………………………….... 6

Dermatology………………………………………………………………………..

Family medicine and preventive health………………………………..

Psychiatry……………………………………………………………………………..

Procedural skills……………………………………………………………………

4th year EPAs………………………………………………………………………..

EPAs Evaluation Performa…………………………………………………….

Summary of clinical assessment……………………………………………

Clinical Clerkship Framework

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|  | **Schedule Duration**  **Weekly** | **Hours** |
| Clinical Clerkship in Wards | 10.30 – 0200pm,4 days a week=14hour/week   * Nephrology(1week), * Dermatology(1week) * Family medicine and Preventive health (1 week) * Psychiatry (3 weeks) | 84 hours |
| Evening in Ward and Emergency | 3 hours, twice a week = 6 | 36 hours |
| Self – directed Study | 1 hour,2 times week = 2 hours/week | 18 hours |

**Ward test at the end of each specialty rotation**

**Clinical Clerkship Training Program**

**Module-I**

**NEPHROLOGY**

**One Week**

**4th MBBS**

**Holy Family Hospital**

**From \_\_\_\_\_ To \_\_\_\_\_\_**

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1 Morning Reports/Case Presentations, 1 Mini CEX, 2 Case Write Ups on Workbook, and 2 Evenings are mandatory. EPAs are to be mandatorily completed

**Module-I**

**NEPHROLOGY**

**One week**

**One Week**

**Clinical Clerkship Training Program**

**4th Year MBBS**

**Holy Family Hospital**

**From \_\_\_\_\_ To \_\_\_\_\_\_**

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**Clinical Clerkship Training Program**

**Module-I**

**NEPHROLOGY**

**One Week**

**4th Year MBBS**

**Holy Family Hospital**

**From \_\_\_\_\_ To \_\_\_\_\_\_**

**Mini Clinical Skills Assessment (Mini CXA) Record**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Case** | **History**  **(2)** | **Physical Examination (3)** | **Differential Diagnosis**  **(2)** | **Management (3)** | **Total**  **(10)** | **Sign** |  |
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**Each student will be assessed on two cases.**

**Morning Report**

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| **Date** | **Case** | **History**  **(2)** | **Physical Examination (3)** | **Differential Diagnosis**  **(2)** | **Management (3)** | **Total**  **(10)** | **Sign** |
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**Each student will be assessed on two cases.**

**Interpretation of Investigations**

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| **Date** | **Investigation** | **Case** | **Assessment Marks 5** | **Sign** |
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**Procedure Observed / Assisted**

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| **Date** | **Procedure** | **Case** | **Assessment Marks 5** | **Sign** |
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No. of Histories Written \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Marks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessment Marks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Marks Obtained\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Percentage\_\_\_\_\_\_\_

Remarks\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SR/AP ncharge\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Head of Unit) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_

**Clinical Clerkship Training Program**

**Module-II**

**DERMATOLOGY**

**One Week**

**Benazir Bhutto Family Hospital**

**From \_\_\_\_\_ To \_\_\_\_\_\_**

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1 Morning Reports/Case Presentations, 2 Mini CEX, 2 Case Write Ups on Workbook, and 3 Evenings are mandatory. EPAs are to be mandatorily completed

**Module-II**

**DERMATOLOGY**

**One Week**

**Clinical Clerkship Training Program**

**Benazir Bhutto Hospital**

**From \_\_\_\_\_ To \_\_\_\_\_\_**

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**Module-II**

**DERMATOLOGY**

**One Week**

**Clinical Clerkship Training Program**

**4th Year MBBS**

**Dermatology**

**From \_\_\_\_\_ To \_\_\_\_\_\_**

**Mini Clinical Skills Assessment (Mini CXA) Record**

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| **Date** | **Case** | **History**  **(2)** | **Physical Examination (3)** | **Differential Diagnosis**  **(2)** | **Management (3)** | **Total**  **(10)** | **Sign** |  |
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**Each student will be assessed on two cases.**

**Morning Report**

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| **Date** | **Case** | **History**  **(2)** | **Physical Examination (3)** | **Differential Diagnosis**  **(2)** | **Management (3)** | **Total**  **(10)** | **Sign** |
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**Interpretation of Investigations**

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| **Date** | **Investigation** | **Case** | **Assessment Marks 5** | **Sign** |
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**Procedure Observed / Assisted**

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Name (Head of Unit) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clinical Clerkship Training Program**

**Module-III**

**FAMILY MED**

**One Week**

**Holy Family Hospital/RMU/NTB**

**From \_\_\_\_\_ To \_\_\_\_\_\_**

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**Clinical Clerkship Training Program**

**Module-III**

**FAMILY MED**

**One Week**

**Holy Family Hospital/RMU/NTB**

**From \_\_\_\_\_ To \_\_\_\_\_\_**

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**Clinical Clerkship Training Program**

**Module-III**

**FAMILY MED**

**One Week**

**Holy Family Hospital/RMU/NTB**

**Mi Mini Clinical Skills Assessment (Mini CXA) Record**

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**Morning Report**

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**Interpretation of Investigations**

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Assessment marks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Marks obtained\_\_\_\_\_\_\_\_\_\_\_\_Percentage\_\_\_\_\_\_\_\_\_

Remarks\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SR/AP ncharge\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Head of Unit) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clinical Clerkship Training Program**

**Module-IV**

**PSYCHIATRY**

**Three Week**

**Benazir Bhutto Hospital**

**From \_\_\_\_\_ To \_\_\_\_\_\_**

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2 Morning Reports/Case Presentations, 2 Mini CEX, 6 Case Write Ups on Workbook, and 6 Evenings are mandatory. EPAs are to be mandatorily completed

**Clinical Clerkship Training Program**

**Module-IV**

**PSYCHIATRY**

**Three Week**

**Benazir Bhutto Hospital**

**From \_\_\_\_\_ To \_\_\_\_\_\_**

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**Clinical Clerkship Training Program**

**Module-IV**

**PSYCHIATRY**

**Three Week**

**Benazir Bhutto Hospital**

**From \_\_\_\_\_ To \_\_\_\_\_\_**

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**Clinical Clerkship Training Program**

**Module-IV**

**PSYCHIATRY**

**Three Week**

**Benazir Bhutto Hospital**

**From \_\_\_\_\_ To \_\_\_\_\_\_**

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**Clinical Clerkship Training Program**

**Module-IV**

**PSYCHIATRY**

**Three Week**

**Benazir Bhutto Hospital**

**From \_\_\_\_\_ To \_\_\_\_\_\_**

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**Clinical Clerkship Training Program**

**Module-IV**

**PSYCHIATRY**

**Three Week**

**Benazir Bhutto Hospital**

**From \_\_\_\_\_ To \_\_\_\_\_\_**

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**Clinical Clerkship Training Program**

**Module-VI**

**PSYCHIATRY**

**Three Week**

**Benazir Bhutto Hospital**

**From \_\_\_\_\_ To \_\_\_\_\_\_**

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**Clinical Clerkship Training Program**

**Module-IV**

**PSYCHIATRY**

**Three Week**

**Benazir Bhutto Hospital**

**From \_\_\_\_\_ To \_\_\_\_\_\_**

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**Clinical Clerksh Clinical Clerkship Training Program**

**Module-IV**

**PSYCHIATRY**

**Three Week**

**Benazir Bhutto Hospital**

**Mini Clinical Skills Assessment (Mini CXA) Record**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Case** | **History**  **(2)** | **Examination (3)** | **Differential Diagnosis**  **(2)** | **Management (3)** | **Total**  **(10)** | **Sign** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Each student will be assessed on two cases.**

**Morning Report**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Case** | **History**  **(2)** | **Examination (3)** | **Differential Diagnosis**  **(2)** | **Management (3)** | **Total**  **(10)** | **Sign** |
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**Each student will be assessed on two cases.**

**Interpretation of Investigations**

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| --- | --- | --- | --- | --- |
| **Date** | **Investigation** | **Case** | **Assessment Marks 5** | **Sign** |
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**Procedure Observed / Assisted**

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| --- | --- | --- | --- | --- |
| **Date** | **Procedure** | **Case** | **Assessment Marks 5** | **Sign** |
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No. of Histories Written \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Marks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessment marks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Marks obtained\_\_\_\_\_\_\_\_\_\_\_\_Percentage\_\_\_\_\_\_\_\_\_

Remarks\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SR/AP ncharge\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Head of Unit) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROCEDURAL SKILLS (Perform, Observe, Know)

Nephrology (1w)

Diagnosis, Prioritization, Management, Procedures

Urinary catheterization

IV cannulation

Dialysis observation

Dermatology (1w)

Patient Education, Basic Management

Intradermal injections

Skin biopsy

Wound care

Family Medicine (1w)

Diagnosis, Handovers, Management

Education BLS

Injections,

Nebulization,

ECG,

NG Tube

Psychiatry (3w)

Diagnosis, Handovers, Education, Basic Management

MSE

Psychiatric scales

ECT observation

**ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPAs)**

|  |  |
| --- | --- |
| **EPA** | **4th Year (Correlation to Diagnosis)** |
| Obtain a history and perform a physical examination adapted to the patient’s clinical situation | Correlate history and physical examination findings to form a working differential diagnosis. |
| Prioritize a differential diagnosis following a clinical encounter | Use history and examination findings to create a prioritized differential diagnosis list. |
| Recommend and justify patient management plans | Begin considering basic management options in straightforward cases. |
| Perform procedural skills under supervision | Perform basic clinical procedures (e.g., IV cannulation, blood sampling) under supervision. |
| Provide handovers to transition patient care responsibility | Learn the structure and importance of clinical handovers. |
| Educate patients and families about diagnosis and management plans | Correlate patient education with findings, focusing on simple diagnoses and treatment plans. |

**EPA Evaluation Performa**

**Evaluation Criteria**

|  |  |  |
| --- | --- | --- |
| **EPA** | **Evaluation Components** | **Result** |
| **Obtain a history and perform a physical examination** | 1. Completeness of history-taking (covers all relevant points). | ☐ Pass / ☐ Fail |
|  | 2. Accuracy of history and ability to identify key details. | ☐ Pass / ☐ Fail |
|  | 3. Systematic approach to physical examination. | ☐ Pass / ☐ Fail |
|  | 4. Rapport with the patient (communication and empathy). | ☐ Pass / ☐ Fail |
| **Prioritize a differential diagnosis** | 5. Ability to integrate history and physical findings. | ☐ Pass / ☐ Fail |
|  | 6. Logical formulation of differential diagnoses. | ☐ Pass / ☐ Fail |
| **Recommend and justify management plans** | 7. Ability to suggest basic management options. | ☐ Pass / ☐ Fail |
|  | 8. Justification of chosen management plans. | ☐ Pass / ☐ Fail |
| **Perform procedural skills** | 9. Skill execution (technical accuracy and patient safety). | ☐ Pass / ☐ Fail |
|  | 10. Adherence to proper procedural protocols and aseptic techniques. | ☐ Pass / ☐ Fail |
| **Provide handovers** | 11. Ability to communicate clinical details effectively. | ☐ Pass / ☐ Fail |
|  | 12. Use of structured handover frameworks (e.g., SBAR). | ☐ Pass / ☐ Fail |
| **Educate patients and families** | 13. Communication clarity (simple language, understandable explanations). | ☐ Pass / ☐ Fail |
|  | 14. Ability to answer patient/family questions effectively. | ☐ Pass / ☐ Fail |

**Grading Scale**

* **Pass**: Meets expectations for the skill in the respective academic year.
* **Fail**: Does not meet expectations and requires further training.

**Evaluator Feedback**

* **Strengths**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Areas for Improvement**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Additional Comments**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evaluator Information**

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| --- | --- |
| **Name** |  |
| **Designation** |  |
| **Signature** |  |
| **Date** |  |

**Summary of Clinical Assessment**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Lecture** | **Ward** | **Internal Assessment** | | | | | **Sign** |
| **Attendance** | **Attendance** | **Total Marks** | **Marks**  **Obtained** | | **Percentage** | |
|  |  |  | |  | |  |  |

**Remarks**

Head of Unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_