Rawalpindi Medical University
Clinical Clerkship Training Program
Final Year MBBS

MEDICINE
BLOCK XIV
2025

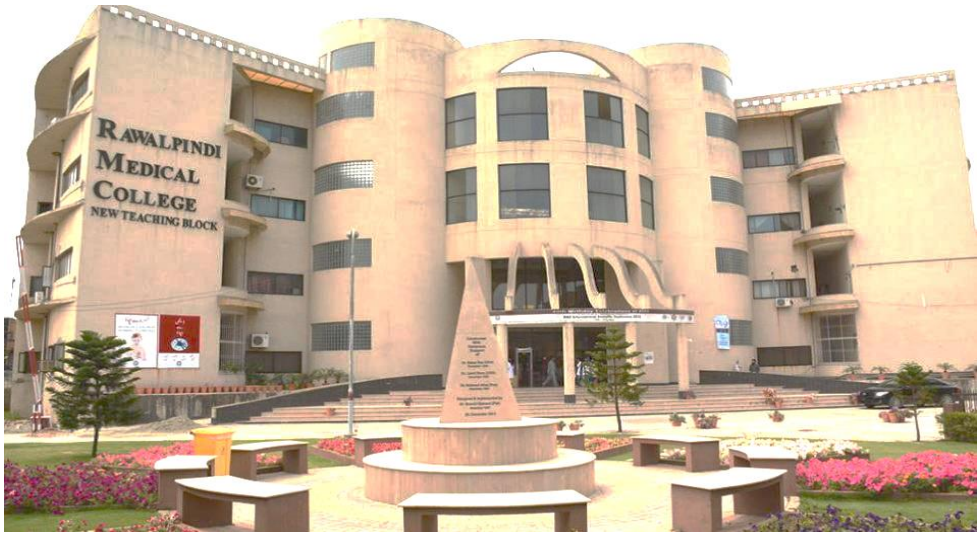
Student Name:……..

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. The final year clinical rotation will be clinical clerkship and students will stay in the ward according to the unit schedule.
9. Student will have call days according to the unit schedule.
10. Student must write histories of all the patients on their allotted beds.
11. Moorings reports will be presented from 9:30 am to 10:00 am for 3rd year.
12. Students are expected at all times to maintain a professional and therapeutic relationship with patients.
13. Ward test at the end of clinical rotation is mandatory.
14. Your internal assessment is based on periodic assessment, ward test, and Mini CXA etc per RMU policy.
15. Please keep a photocopy of this card with you so it can be replaced if lost.

Module-I

Four Week

Clinical Clerkship Training Program

Final Year MBBS

Holy Family Hospital Unit __

From _____ To _____

Final Year

No.	Date	Topic	Teacher Name	Sign
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

2 Morning Reports/Case Presentations, 2 Mini CEX, 5 Case Write Ups on Workbook, and 9 Evenings are mandatory. EPAs are to be mandatorily completed

Module-I

Four Week

Clinical Clerkship Training Program

Final Year MBBS

Holy Family Hospital Unit __

From _____ To _____

Final Year

No.	Date	Topic	Teacher Name	Sign
11				
12				
13				
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17				
18				
19				
20				

2 Morning Reports/Case Presentations, 2 Mini CEX, 5 Case Write Ups on Workbook, and 9 Evenings are mandatory. EPAs are to be mandatorily completed

Module-I

Four Week

Clinical Clerkship Training Program

Final Year MBBS

Holy Family Hospital Unit __

From _____ To _____

Final Year

No.	Date	Topic	Teacher Name	Sign
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

2 Morning Reports/Case Presentations, 2 Mini CEX, 5 Case Write Ups on Workbook, and 9 Evenings are mandatory. EPAs are to be mandatorily completed

Module-I

Four Week

Clinical Clerkship Training Program

Final Year MBBS

Benazir Bhutto Hospital Unit __

From _____ To _____

Mini Clinical Skills Assessment (Mini CXA) Record

Final Year

Date	Case	History (2)	Physical Examination (3)	Differential Diagnosis (2)	Management (3)	Total (10)	Sign	

Each student will be assessed on two cases.

Morning Report

Date	Case	History (2)	Physical Examination (3)	Differential Diagnosis (2)	Management (3)	Total (10)	Sign

Each student will be assessed on two cases.

Interpretation of Investigations

Date	Investigation	Case	Assessment Marks 5	Sign
	Hematology			
	Blood Chemistry			
	Serology			
	C-XR			
	CT Scan			

Procedure Observed / Assisted

Date	Procedure	Case	Assessment Marks 5	Sign
	CVP Line			
	Lumbar Puncture			
	Endoscopy			
	Ascitic/Pleural Pancreatitis			
	Echocardiography			

No. of Histories Written _____Marks _____

Assessment Marks _____Marks Obtained_____ Percentage_____

Remarks_____

SR/AP ncharge_____Signature_____

Name (Head of Unit) _____ Signature_____

Module-II

Four Week

Clinical Clerkship Training Program
Benazir Bhutto Family Hospital Unit __
From _____ To _____

Final Year

No.	Date	Topic	Teacher Name	Sign
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

2 Morning Reports/Case Presentations, 2 Mini CEX, 5 Case Write Ups on Workbook, and 9 Evenings are mandatory. EPAs are to be mandatorily completed

Module-II

Four Week

Clinical Clerkship Training Program
Benazir Bhutto Hospital Unit __
From _____ To _____

Final Year

No.	Date	Topic	Teacher Name	Sign
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

2 Morning Reports/Case Presentations, 2 Mini CEX, 5 Case Write Ups on Workbook, and 9 Evenings are mandatory. EPAs are to be mandatorily completed

Module-II

Four Week

Clinical Clerkship Training Program
Benazir Bhutto Hospital Unit __
From _____ To _____

Final Year

No.	Date	Topic	Teacher Name	Sign
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

2 Morning Reports/Case Presentations, 2 Mini CEX, 5 Case Write Ups on Workbook, and 6 Evenings are mandatory. EPAs are to be mandatorily completed

Module-II

Four Week

Clinical Clerkship Training Program
Benazir Bhutto Hospital Unit __
Mini Clinical Skills Assessment (Mini CXA) Record

Final Year

Date	Case	History (2)	Physical Examination (3)	Differential Diagnosis (2)	Management (3)	Total (10)	Sign

Each student will be assessed on two cases.

Morning Report

Date	Case	History (2)	Physical Examination (3)	Differential Diagnosis (2)	Management (3)	Total (10)	Sign

Each student will be assessed on two cases.

Interpretation of Investigations

Date	Investigation	Case	Assessment Marks 5	Sign
	Hematology			
	Blood Chemistry			
	Serology			
	C-XR			
	CT Scan			

Procedure Observed / Assisted

Date	Procedure	Case	Assessment Marks 5	Sign
	CVP Line			
	Lumbar Puncture			
	Endoscopy			
	Ascitic/Pleural Pancreatitis			
	Echocardiography			

No. of Histories Written _____Marks _____
Assessment marks _____Marks obtained_____Percentage_____
Remarks_____
SR/AP ncharge_____Signature_____
Name (Head of Unit) _____ Signature_____

CPC

Medicine Department Holy Family Hospital
CPC Record

Final Year

Date	Unit	Topic	Sign	Date	Unit	Topic	Sign

Total CPC _____ CPC Attended _____ Percentage % _____

Inchrage CPC _____, DME _____

Procedural Skills

Should Be Able to Perform (EPA level 2,3) under observation during medicine rotation		
Date	*Give Brief Details of The Case- number of cases in bracket*	*Signs*
Basic Life-support (3)		
Inject I/V, I/M, S/C, intradermal injections (5 each)		
Assist Blood transfusion (1)		
Treatment for acute pulmonary edema (1)		
Oxygen therapy (02)		
Peak expiratory flow metry (PEFR) (1)		
Nebulization (05)		
Educate the patient regarding correct inhaler technique (2)		
Electrocardiogram (06)		

Urinary catheterization (2)		

Procedures to be Observed/Assisted (EPA level 1,2)		
Date	*Give Brief Details of The Case*	*Signs*
Passing the N/G Tube, feeding, suction, and stomach wash (3)		
Preparing a patient for endoscopy, upper and lower GIT, and to observe the procedures (1)		
Endotracheal tube placement (1)		
Endotracheal suction/maintenance of airway/nursing on side etc. (2)		
Preparing a patient for Bronchoscopy and to observe the procedure (1)		
Cardioversion therapy (AED) (1)		
Aspiration of fluids (Pleural, Peritoneal, Pericardial, and Knee) (2)		
Dialysis (1)		
Lumbar puncture (2)		
Treatment for acute pulmonary edema (1)		
Oxygen therapy (02)		

Should know Indications, Contra-indications, Procedure, and Complications of (EPA 1)		
Date	*Give Brief Details of The Case*	*Signs*
Holter monitoring (1)		

Nitrate Infusion (2)		
Thrombolysis (1)		

Entrustable Professional Activity (EPA)

EPA	Final Year (Diagnosis & Management Plan)
Obtain a history and perform a physical examination adapted to the patient's clinical situation	Refine diagnostic skills with a focus on tailoring history and examination to complex cases. Integrate findings into clinical decision-making.
Prioritize a differential diagnosis following a clinical encounter	Formulate a comprehensive differential diagnosis with justification based on clinical evidence.
Recommend and justify patient management plans	Develop evidence-based and patient-specific management plans and justify decisions.
Perform procedural skills under supervision	Independently perform routine procedures with confidence, ensuring patient safety.
Provide handovers to transition patient care responsibility	Conduct structured and concise handovers, ensuring care continuity.
Educate patients and families about diagnosis and management plans	Provide clear, comprehensive explanations of diagnoses and management plans, ensuring patient understanding and adherence.

Entrustable Professional Activities (EPA) for Common Medical Issues - Final Year MBBS

EPA	Acute Coronary Syndrome (ACS)	Hypertension	Heart Failure
Obtain a history and perform a physical examination adapted to the patient's clinical situation	Refine skills in identifying ischemic symptoms (e.g., chest pain, dyspnea, diaphoresis) and associated risk factors. Perform focused cardiac and systemic examination for ACS signs.	Evaluate history of elevated BP, associated symptoms (headache, dizziness), and assess for end-organ damage. Perform a thorough systemic examination.	Take a detailed history of dyspnea, fatigue, orthopnea, and associated conditions. Perform cardiac, respiratory, and systemic exams to identify heart failure signs.
Prioritize a differential diagnosis following a clinical encounter	Differentiate ACS from non-cardiac chest pain, pericarditis, pulmonary embolism, and other causes of chest pain using clinical history and examination.	Formulate a differential diagnosis for hypertension, including secondary causes (renal, endocrine).	Differentiate heart failure from other causes of dyspnea (e.g., COPD, anemia) using history, clinical findings, and preliminary tests.
Recommend and justify patient management plans	Develop evidence-based management for ACS, including antiplatelets, anticoagulants, beta-blockers, statins, and reperfusion strategies.	Initiate lifestyle modifications and pharmacologic therapy tailored to the patient's BP and risk profile, following guidelines.	Propose diuretics, ACE inhibitors, beta-blockers, and other therapies based on heart failure classification. Justify fluid management and advanced care needs.
Perform procedural skills under supervision	Perform supervised procedures such as ECG interpretation, obtaining arterial blood gases, and assisting in thrombolysis or catheterization.	Measure accurate BP and perform ambulatory monitoring. Support procedures like fundoscopy to identify hypertensive retinopathy.	Perform supervised procedures such as bedside echocardiography, central venous line insertion, or fluid drainage (if pleural effusion is present).
Provide handovers to transition	Provide concise handovers highlighting ACS management,	Summarize treatment adjustments, BP	Communicate clearly about diuretic therapy, monitoring needs, and

patient care responsibility	interventions, and ongoing risk factor control for smooth care transitions.	trends, and investigations in structured handovers.	discharge planning during patient handovers.
Educate patients and families about diagnosis and management plans	Explain ACS diagnosis, lifestyle changes, and medication adherence to prevent recurrence, ensuring understanding of red flag symptoms.	Educate patients about BP control, medication adherence, and lifestyle changes, emphasizing the importance of follow-up.	Provide education about heart failure management, emphasizing fluid and salt restriction, medication adherence, and early recognition of worsening symptoms.

Stroke, **Meningoencephalitis**, and **Neuropathy (including GBS)**

EPA	**Stroke**	**Meningoencephalitis**	**Neuropathy (including GBS)**
Obtain a history and perform a physical examination adapted to the patient's clinical situation	Identify acute onset focal neurological deficits (e.g., weakness, aphasia, altered consciousness). Perform focused neurological and systemic examinations.	Obtain a history of fever, altered consciousness, seizures, and neurological deficits. Perform a complete neurological and meningeal examination (Kernig's/Brudzinski's signs).	Take history of weakness (progressive, symmetrical/asymmetrical), sensory changes, or paralysis. Perform focused neurological examination for motor/sensory deficits and reflex changes.
Prioritize a differential diagnosis following a clinical encounter	Differentiate ischemic vs hemorrhagic stroke using history and clinical findings. Consider differentials like TIA, hypoglycemia, and seizures.	Differentiate meningoencephalitis from other CNS infections (e.g., brain abscess, TB meningitis). Include non-infectious causes (e.g., autoimmune encephalitis).	Differentiate GBS from other causes of neuropathy (e.g., diabetic neuropathy, CIDP). Consider mimics like myopathies or spinal cord lesions.

Recommend and justify patient management plans	Initiate evidence-based treatment such as thrombolysis, antiplatelets, or anticoagulants for ischemic stroke. Manage BP and glucose and plan rehabilitation.	Recommend empirical antibiotic/antiviral therapy based on likely pathogens (e.g., ceftriaxone + acyclovir). Consider ICU care for severe cases.	Develop management plans including IVIG or plasmapheresis for GBS. Recommend supportive measures (e.g., respiratory support, physical therapy).
Perform procedural skills under supervision	Perform supervised procedures such as lumbar puncture (if needed), arterial blood gas analysis, and ECG to rule out arrhythmias as stroke etiology.	Assist or perform lumbar puncture for CSF analysis. Ensure proper technique and interpretation of findings (e.g., glucose, protein, cell count).	Perform supervised procedures such as nerve conduction studies (NCS) and assisting with lumbar puncture for CSF in suspected GBS.
Provide handovers to transition patient care responsibility	Communicate structured handovers detailing the stroke type, timeline of symptoms, investigations (e.g., CT/MRI), and ongoing management (antiplatelets/anticoagulants).	Provide concise handovers on the patient's clinical progress, CSF findings, and response to therapy. Emphasize monitoring for complications like seizures or raised ICP.	Provide clear handovers about neurological progression, respiratory status, and response to treatment in GBS or other neuropathies.
Educate patients and families about diagnosis and management plans	Educate patients and families about stroke risk factors (hypertension, diabetes, smoking). Emphasize the importance of rehabilitation and secondary prevention.	Explain the condition, need for antimicrobial therapy, and the importance of monitoring for complications (e.g., seizures, cognitive impairment).	Provide education about GBS and recovery timelines. Emphasize adherence to physical therapy and early reporting of worsening respiratory symptoms.

Diabetes, **Thyroid Disorders**, and **Calcium Metabolic Abnormalities**

EPA	Diabetes	Thyroid Disorders	Calcium Metabolic Abnormalities
Obtain a history and perform a physical examination adapted to the patient's clinical situation	Obtain history of polyuria, polydipsia, weight changes, and family history. Perform a focused examination for complications (e.g., neuropathy, retinopathy).	Take history of symptoms of hypothyroidism (fatigue, weight gain) or hyperthyroidism (weight loss, palpitations). Perform a thyroid gland and systemic examination.	Obtain history of bone pain, muscle weakness, or tetany. Perform an examination for signs of hypocalcemia (Chvostek/Trousseau) or hypercalcemia (dehydration, stones).
Prioritize a differential diagnosis following a clinical encounter	Differentiate Type 1 and Type 2 diabetes based on clinical features and age. Consider secondary causes like steroid-induced or pancreatic diabetes.	Differentiate primary thyroid dysfunction (hypo/hyperthyroidism) from secondary (pituitary) or tertiary (hypothalamic). Include thyroiditis and iodine disorders.	Differentiate hypercalcemia causes (e.g., primary hyperparathyroidism, malignancy) from hypocalcemia (e.g., hypoparathyroidism, vitamin D deficiency).
Recommend and justify patient management plans	Develop a management plan with glycemic control targets using lifestyle modification, oral hypoglycemics, or insulin therapy.	Propose treatment based on thyroid function tests: thyroxine replacement for hypothyroidism or antithyroid drugs for hyperthyroidism. Manage associated symptoms.	Recommend evidence-based management such as calcium/vitamin D supplementation for hypocalcemia or bisphosphonates for hypercalcemia. Address underlying etiology.
Perform procedural skills under supervision	Perform supervised blood glucose monitoring, insulin administration, and foot examination for	Assist or perform fine-needle aspiration cytology (FNAC) for thyroid nodules under supervision.	Perform serum calcium/phosphate level interpretation and ECG analysis for hypercalcemia-related arrhythmias under supervision.

	diabetic complications.		
Provide handovers to transition patient care responsibility	Communicate structured handovers detailing glycemic control, complications (e.g., nephropathy, retinopathy), and treatment plans (e.g., insulin adjustments).	Provide concise handovers on thyroid hormone replacement therapy or antithyroid medication titration and symptom progression.	Provide clear handovers on calcium abnormality causes, acute treatment strategies, and follow-up requirements for underlying conditions.
Educate patients and families about diagnosis and management plans	Educate patients about diabetes control, lifestyle changes, regular glucose monitoring, and complication prevention.	Explain thyroid dysfunction and its impact. Educate about medication adherence, symptom monitoring, and follow-up for thyroid function tests.	Educate patients on the importance of calcium balance, dietary changes, and adherence to prescribed medications or supplements.

Diarrhea (Acute and Chronic), **Chronic Liver Disease (CLD)**, and **Hepatitis**:

EPA	**Diarrhea (Acute and Chronic)**	**Chronic Liver Disease (CLD)**	**Hepatitis**
Obtain a history and perform a physical examination adapted to the patient's clinical situation	Take history of stool frequency, duration, consistency, blood/mucus, associated symptoms (fever, abdominal pain, weight loss). Perform hydration and abdominal exam.	Obtain history of jaundice, ascites, fatigue, alcohol use, or hepatotoxic drugs. Perform abdominal examination for ascites, hepatomegaly, and signs of liver failure.	Obtain history of jaundice, fatigue, anorexia, abdominal pain, and risk factors (e.g., viral exposure, alcohol, or toxins). Perform systemic examination for jaundice, hepatomegaly.
Prioritize a differential diagnosis	Differentiate infectious (e.g., viral, bacterial, parasitic) from non-	Differentiate alcoholic liver disease, viral hepatitis, autoimmune	Differentiate types of hepatitis (viral A-E, alcoholic,

following a clinical encounter	infectious diarrhea (e.g., IBS, IBD, malabsorption). Include acute vs chronic differentials.	liver disease, NASH, and cirrhosis from other chronic conditions.	autoimmune, drug-induced). Include acute vs chronic hepatitis in differentials.
Recommend and justify patient management plans	Recommend rehydration therapy, antimicrobials for bacterial causes, or further investigations for chronic cases (e.g., colonoscopy, stool culture).	Propose diuretics, nutritional support, and treatment for complications like varices (beta-blockers, endoscopy) and encephalopathy.	Recommend antiviral therapy (e.g., entecavir for HBV), supportive care, or corticosteroids for autoimmune hepatitis. Advise vaccination for contacts where needed.
Perform procedural skills under supervision	Perform supervised stool sample collection and interpretation, and rectal examination if required.	Assist in abdominal paracentesis for ascites analysis. Perform supervised LFT interpretation and ultrasound-based liver assessment.	Assist in liver biopsy or diagnostic tests like serology for viral markers (e.g., HBsAg, HCV RNA). Perform LFT and coagulation profile interpretation.
Provide handovers to transition patient care responsibility	Provide concise handovers detailing stool findings, hydration status, and treatment for underlying cause.	Communicate structured handovers detailing the cause of CLD, current complications (ascites, varices), and ongoing management.	Provide clear handovers about type of hepatitis, treatment plan (antivirals, supportive care), and monitoring for complications like coagulopathy or liver failure.
Educate patients and families about diagnosis and management plans	Educate about proper hydration, hygiene practices, and adherence to antimicrobials or dietary changes for chronic cases.	Explain the nature of CLD, importance of abstinence from alcohol, dietary modifications (low salt, high protein), and adherence to medications.	Educate about the mode of transmission, preventive measures (vaccination, hygiene), and the importance of follow-up for hepatitis-related liver damage.

Acute Kidney Injury (AKI), **Chronic Kidney Disease (CKD)**, and **Glomerulonephropathies**

EPA	**Acute Kidney Injury (AKI)**	**Chronic Kidney Disease (CKD)**	**Glomerulonephropathies**
Obtain a history and perform a physical examination adapted to the patient's clinical situation	Obtain history of recent illnesses (infections, sepsis), nephrotoxic drugs, volume depletion, or obstruction. Perform a focused exam for hydration and volume status.	Obtain history of fatigue, weight loss, polyuria/nocturia, or fluid retention. Perform a detailed exam for pallor, edema, hypertension, and signs of uremia.	Take history of hematuria, proteinuria, edema, recent infections, or autoimmune diseases. Perform an examination for edema, hypertension, and skin/systemic findings (e.g., rash).
Prioritize a differential diagnosis following a clinical encounter	Differentiate prerenal (hypovolemia, sepsis), intrinsic (ATN, nephrotoxins), and postrenal AKI (obstruction) based on clinical history and investigations.	Differentiate CKD from AKI using history, chronicity of symptoms, and investigations (e.g., small kidneys on ultrasound, anemia of chronic disease).	Differentiate glomerulonephritis subtypes (e.g., IgA nephropathy, membranous nephropathy, post-infectious GN). Consider secondary causes like lupus nephritis or diabetes.
Recommend and justify patient management plans	Recommend fluid resuscitation for prerenal AKI, stop nephrotoxic drugs, and manage underlying cause (e.g., sepsis, obstruction). Consider dialysis for severe cases.	Recommend dietary modifications (low potassium, phosphorus), antihypertensives (ACE inhibitors), and treatment of anemia. Plan for renal replacement if needed.	Propose specific treatments based on glomerular pathology (e.g., corticosteroids for lupus nephritis, immunosuppressants for vasculitis) and manage hypertension/proteinuria.
Perform procedural skills under supervision	Perform urine dipstick tests, fluid balance monitoring, and	Perform supervised urine microscopy, assist in peritoneal dialysis or	Assist in kidney biopsy for diagnosis and supervised immunological testing (e.g., ANA, anti-dsDNA). Perform

	assist in central line insertion for dialysis access under supervision.	hemodialysis initiation. Interpret GFR and electrolyte abnormalities.	urine protein/creatinine ratio interpretation.
Provide handovers to transition patient care responsibility	Provide structured handovers on AKI progression, hydration status, electrolyte abnormalities, and dialysis requirements (if initiated).	Communicate concise handovers on CKD stage, complications (anemia, bone disease), and planned interventions (e.g., dialysis, transplant evaluation).	Provide clear handovers on glomerulonephropathy subtype, immunosuppressive therapy plan, and follow-up requirements for renal function monitoring.
Educate patients and families about diagnosis and management plans	Educate patients about AKI causes, avoiding nephrotoxic medications, and the importance of early recognition of symptoms like decreased urine output.	Explain the progressive nature of CKD, importance of lifestyle changes (diet, BP control), and adherence to medications and follow-up for renal function.	Educate patients about the underlying disease, need for immunosuppressive therapy, and regular monitoring of renal function and proteinuria.

Pneumonia, **Tuberculosis (TB)**, and **COPD/Asthma**:

EPA	**Pneumonia**	**Tuberculosis (TB)**	**COPD/Asthma**
Obtain a history and perform a physical examination adapted to the patient's clinical situation	Obtain history of fever, cough (productive/non-productive), chest pain, and dyspnea. Perform chest examination for crackles, dullness, and bronchial breathing.	Take history of chronic cough, weight loss, night sweats, hemoptysis, and TB exposure. Perform a focused exam for lymphadenopathy, chest auscultation, and pallor.	Obtain history of chronic cough, dyspnea, wheezing, and exacerbation triggers (smoking, allergens). Perform chest examination for wheezes and prolonged expiration.
Prioritize a differential diagnosis following a	Differentiate bacterial/viral pneumonia from other causes of fever	Differentiate pulmonary TB from other causes of chronic cough (e.g., lung cancer, pneumonia,	Differentiate COPD and asthma from other causes of airway obstruction (e.g.,

clinical encounter	and respiratory distress (e.g., TB, lung abscess, pulmonary embolism).	bronchiectasis). Include extrapulmonary TB in differentials.	bronchiectasis, heart failure). Include allergic and occupational triggers for asthma.
Recommend and justify patient management plans	Propose antibiotic therapy based on local guidelines (e.g., amoxicillin, ceftriaxone). Provide oxygen therapy and manage complications like pleural effusion.	Recommend anti-TB therapy (e.g., HRZE regimen for active TB). Emphasize DOTS adherence. Plan for contact screening and isolation in infectious cases.	Recommend inhaled bronchodilators (e.g., beta-agonists, anticholinergics), corticosteroids, smoking cessation, and pulmonary rehabilitation.
Perform procedural skills under supervision	Assist in diagnostic procedures like sputum collection, blood culture, and thoracocentesis if pleural effusion is suspected.	Assist in sputum smear preparation, GeneXpert testing, and pleural fluid aspiration in TB effusion cases.	Perform or assist in peak expiratory flow rate (PEFR) measurement, nebulization administration, and arterial blood gas analysis during exacerbations.
Provide handovers to transition patient care responsibility	Provide structured handovers detailing pneumonia severity, antimicrobial therapy, oxygen needs, and follow-up requirements.	Communicate concise handovers about TB status, current treatment regimen, drug side effects, and contact tracing efforts.	Provide handovers about the patient's baseline respiratory status, current exacerbation triggers, and medication adjustments.
Educate patients and families about diagnosis and management plans	Educate about completing antibiotic courses, hydration, and recognizing worsening symptoms. Emphasize vaccination (e.g., pneumococcal, influenza).	Educate about TB transmission, adherence to anti-TB therapy, and nutrition. Explain the importance of follow-up for drug-resistant TB testing if indicated.	Educate about inhaler technique, smoking cessation, and recognizing early signs of exacerbation. Emphasize adherence to maintenance and rescue medications.

Poisoning, **Managing Unconscious/Unresponsive Patients**, **Rheumatoid Arthritis (RA)**, and **Systemic Lupus Erythematosus (SLE)**:

EPA	**Poisoning**	**Managing Unconscious/Unresponsive Patients**	**Rheumatoid Arthritis (RA)**	**Systemic Lupus Erythematosus (SLE)**
Obtain a history and perform a physical examination adapted to the patient's clinical situation	Obtain a focused history of toxin exposure (substance, route, dose, and time). Perform examination for vital signs, pupil size, skin, and specific toxidrome signs.	Take history from bystanders for events leading to unconsciousness (e.g., trauma, seizures, toxin exposure). Perform a rapid assessment of ABCs and neurological exam.	Obtain history of joint pain, stiffness (morning), swelling, and systemic features. Perform joint examination for synovitis and deformities.	Take history of fatigue, joint pain, skin rashes (malar rash), photosensitivity, and systemic symptoms. Perform examination for rash, arthritis, and organ involvement.
Prioritize a differential diagnosis following a clinical encounter	Differentiate between common types of poisoning (organophosphate, sedatives, opioids, or corrosives) using history and clinical signs.	Differentiate causes of unconsciousness: metabolic (e.g., hypoglycemia, DKA), neurologic (e.g., stroke, head injury), or toxicological (e.g., drug overdose).	Differentiate RA from other inflammatory arthritis (e.g., gout, reactive arthritis). Include osteoarthritis as a non-inflammatory differential.	Differentiate SLE from other autoimmune diseases (e.g., RA, systemic sclerosis). Consider infections and hematological causes for systemic symptoms.
Recommend and justify patient management plans	Initiate supportive care (airway, breathing, circulation). Administer specific	Recommend airway management, IV fluids, glucose if hypoglycemia is suspected, and imaging if trauma is suspected. Plan ICU transfer if required.	Recommend DMARDs (e.g., methotrexate), NSAIDs, and corticosteroi	Propose corticosteroids, hydroxychloroquine, and immunosuppressants for systemic involvement. Treat

	antidotes (e.g., atropine for organophosphates, naloxone for opioids).		ds for symptom control. Emphasize physical therapy for joint function.	complications (e.g., nephritis, thrombocytopenia).
Perform procedural skills under supervision	Assist in gastric lavage, activated charcoal administration, and intravenous antidote administration (if indicated).	Perform supervised airway management techniques (e.g., intubation). Assist in central line placement or arterial blood gas analysis.	Perform joint aspiration under supervision for diagnosis and relief of effusion. Assist in monitoring for methotrexate toxicity.	Assist in diagnostic procedures like ANA, anti-dsDNA testing, and renal biopsy for lupus nephritis under supervision.
Provide handovers to transition patient care responsibility	Communicate clear handovers about type of poisoning, antidotes given, and current clinical status. Include follow-up for long-term effects of toxin exposure.	Provide structured handovers about GCS, interventions (e.g., airway, fluids), and suspected causes. Ensure smooth ICU or specialist transfer.	Provide concise handovers about disease activity, medications (e.g., DMARDs), and monitoring for complications (e.g., infection, deformities).	Provide handovers about SLE organ involvement, immunosuppressive therapy plan, and monitoring for flares or treatment complications.
Educate patients and families	Educate about toxin avoidance, first aid measures, and	Explain the need for airway support, causes of unresponsiveness, and prognosis. Educate	Educate about RA as a chronic disease,	Educate about SLE triggers, need for regular follow-up, medication

about diagnosis and management plans	the importance of immediate medical care in poisoning cases.	families about red-flag symptoms and the need for follow-up.	importance of medication adherence, physical activity, and regular follow-up to prevent joint damage.	adherence, and monitoring for complications like nephritis or cardiovascular issues.

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**:

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_____

- **Areas for Improvement**:
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  _____
  _____

- **Additional Comments**:
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  _____
  _____

Evaluator Information

Name	
Designation	
Signature	
Date	

Summary of Clinical Assessment

Lecture	Ward	CPC	Internal Assessment			Sign
Attendance	Attendance	Attendance	Total Marks	Marks Obtained	Percentage	

Remarks

Head of Unit _____ Signature _____

Dean _____ DME _____