Rawalpindi Medical University

Department Of Medicine And Allied

MEDICINE CLINICAL TRAINING PROGRAM

LOGBOOK THIRD YEAR MBBS 2025

Name of Student _____**Roll No**_____

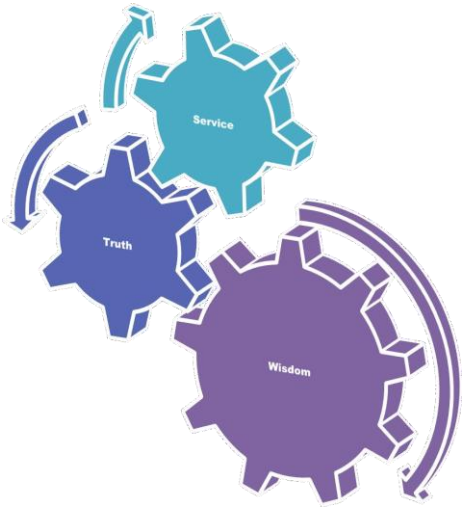
RMU Reg No. _____

Address_____

_____

Phone _____ **Email**_____

University Moto, Vision, Values & Mission



Vision and Values

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

Mission Statement

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.

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, autonomy and b) Understand the relevance of clinical findings in diagnosis and management.
2. **Skill Development:** a) Observe and acquire competency in core medical procedures such as intravenous cannulation, lumbar puncture, blood culture collection, and ECG technique , and b) Gain exposure to allied medical procedures such as thoracentesis, paracentesis etc under supervision.
3. **Patient Management:** a) Understand importance of documentation of detailed history, clinical notes, diagnostic plans, progress notes, and discharge summaries.
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 research which contributes to academic learning.
7. **Professional Development:** a) Instill a patient-centered approach to care, emphasizing empathy, communication skills, and ethical medical practice.

SOPS OF LOGBOOK DOCUMENTATION

1. Each student must complete their logbook daily, with signatures from facilitators.
2. Mini CEX marks should be recorded in the logbook.
3. All clinical work and procedures performed must be documented.
4. Every component of the logbook should be duly signed by the teacher regularly.
5. Maintaining a logbook record is essential for all professional years.
6. Evening clerkship should be documented in real time and signed by registrar on duty.
7. All students should wear white coat during clinical rotation.
8. All students should wear their ID batches during clinical rotation.
9. Please follow RMU attendance policy.
10. Students are required to submit leave applications in Principal office in case of leave due to illness or family emergencies.
11. Students will not be permitted to makeup time missed without a leave application.
12. Students' time schedule for clinical rotation will be set in the timetable.
13. Students are required to attend the wards in the evening according to their unit schedule.
14. Students must write histories of all the patients on their allotted beds.
15. Morning reports will be presented from 8:30am-9:00 am for the third year.
16. Students are always expected to maintain a professional relationship with their patients.
17. Students must write at least 10 histories and clinical examinations and should have completed all Mini Clinical skill assessment.
18. Ward test at the end of clinical rotation is mandatory.
19. Your internal assessment will be based on ward test, Mini-CXE, workbook completion, behavior and attendance.
20. Please keep a photocopy of the logbook so it can be replaced if lost.
21. Logbook should be signed at the end of the rotation by HOD and countersigned by the DME department.

Medicine Clinical Training Program Week 1-2

Hospital _____Unit _____Duration from _____to _____

No.	Date	Topic	Attendance Morning	Sign	Attendance Evening	Sign
1						
2						
3						
4						
5						
6						
7						
8						

Medicine Clinical Training Program: Week 3-4

Hospital _____Unit _____Duration from _____ to _____

No.	Date	Topic	Attendance Morning	Sign	Attendance Evening	Sign
1						
2						
3						
4						
5						
6						
7						
8						

Total Days: _____ Days Attended: _____%, Signature of Incharge AP/SR: _____

Name of Head of Unit: _____Signature: _____

Medicine Clinical Training Program Week 5-6

Hospital _____Unit _____Duration from _____ to _____

No.	Date	Topic	Attendance Morning	Sign	Attendance Evening	Sign
1						
2						
3						
4						
5						
6						
7						
8						

Medicine Clinical Training Program: Week 7-8

Hospital _____Unit _____Duration from _____ to _____

No.	Date	Topic	Attendance Morning	Sign	Attendance Evening	Sign
1						
2						
3						
4						
5						
6						
7						
8						

Total Days: _____ Days Attended: _____ %, Signature of Incharge AP/SR: _____

Name Head of Unit: _____Signature: _____

Medicine Clinical Training Program Week 9-10

Hospital _____Unit _____Duration from _____ to _____

No.	Date	Topic	Attendance Morning	Sign	Attendance Evening	Sign
1						
2						
3						
4						
5						
6						
7						
8						

Total Days: _____ Days Attended: _____%, Signature of Incharge AP/SR: _____

Name Head of Unit: _____ Signature: _____

Medicine Clinical Training Program : MORNING REPORT

Hospital _____Unit _____Duration from _____ to _____

No.	Date	Case Presented	Marks (05)	Sign
1				
2				
3				
4				
5				
6				
7				
8				

Signature of Incharge AP/SR: _____Name Head of Unit: _____ Signature: _____

EPA's FOR HISTORY AND EXAMINATION FOR MEDICINE TRAINING PROGRAM

EPA	Task	Learning Objectives	EPA Level /Supervision level	Level Achieved
History Taking	Students should be able to obtain a comprehensive history	Students should be able to demonstrate art of history taking including all components of history.	3	
General Physical examination	perform a detailed general physical examination.	Students should be able to take vitals accurately and identify common general physical findings.	3	
GIT examination	perform complete GI examination	Students should be able to demonstrate accurate method of abdominal examination including inspection, palpation and auscultation describe abnormal findings.	3	
Respiratory System examination	perform complete respiratory examination	students should be able to demonstrate accurate method of respiratory system examination including inspection, palpation, percussion auscultation and describe abnormal findings.	3	
Cardiovascular System Examination	Perform complete CVS examination	students should be able to demonstrate accurate method of cardiovascular examination including inspection, palpation auscultation and pick abnormal findings.	3	
Central Nervous System Examination	perform complete CNS examination	Students should be able to demonstrate accurate method of CNS including higher mental functions, cranial nerves, sensory, motor and cerebellar system examination.	3	
Educate basic health information to patients and families.	Practice explaining basic health information to patients and families	Students should be able to communicate effectively with patients and families, provide health information and establish rapport with them.	2	
Basic Life Support	Perform basic life support	Students should be able to perform all steps of resuscitation as per guidelines	2	
Able to write progress notes in SOAP format.	Write progress in SOAP format	Students should be able to write morning progress in the form of Subjective, objective, assessment and plan	3	
EPA level 1 = Observation **EPA Level 2 = Direct supervision** **EPA Level 3= Supervision available** **EPA Level 4= Performs independently**				

Tutor signature_____

EPA's FOR SKILLS (PROCEDURES)

EPA	Task	Learning Objectives	EPA Level/ Supervision level	Level Achieved
I/V, I/M, S/C, intradermal injections	Observe and perform IV/IM/SC/Intradermal injection after informed consent	Should be able to inject IV/IM/SC/intradermal under direct supervision after obtaining informed consent.	2	
I/V lines	Observe and perform the task of maintaining IV line	Should be able to maintain and IV line under supervision after taking informed consent	2	
Blood transfusion	Observe blood transfusion	Should observe the protocol of blood transfusion and should know the indication sand contraindications.	1	
Oxygen therapy	Observe and attach oxygen to the patient	Should have the knowledge of oxygen delivery devices, their indications and should be able to attach oxygen to patients as per requirement.	2	
Nebulization	Observe how to setup a nebulizer	Counsel the patient regarding nebulization and demonstrate correct nebulization technique.	1	
inhaler technique	Observe correct inhaler technique	Should be able to educate and demonstrate correct use of inhaler	2	
Electrocardiogram	Observe ECG procedure	Should be able to correctly identify and attach ECG leads with correct placement.	2	
Urinary catheterization	Observe how to pass a foley catheter.	Should be able to describe the indications and contraindications of Foley Catheter, types, uses.	1	
Passing the N/G Tube, feeding, suction, and stomach wash	Observe Nasogastric intubation procedure	Should be able to describe the indications and contraindications of NG tube and its uses.	1	
Pass oropharyngeal airway and its maintenance	Observe and assist with oropharyngeal airway placement.	Should be able to describe the indications and contraindications of Oropharyngeal airway and demonstrate how to pass an oropharyngeal airway	2	
Endotracheal tube placement	Observe endotracheal tube placement.	Should be able to describe the types, indications and	1	

		contraindications of ETT.		
Endotracheal suction/maintenance of airway/nursing on side etc.	Observe and perform endotracheal suctioning/airway maintenance under supervision.	Should be able to perform endotracheal suctioning/air way maintenance under supervision.	1	
Cardioversion therapy (AED)	Observe the use of AED/Defibrillator	Should know the components and indications of AED and defibrillator.	1	
Aspiration of fluids (Pleural, Peritoneal)	Observe aspiration of fluids (Pleural, Peritoneal)	Should know the indications and contraindications of pleural/peritoneal aspiration	1	

Tutor signature_____

CLINICAL MODULE ASSESSMENT /MINI CLINICAL EXAM(MINI-CEX)

Date	Clinical Module Assessment	Skill	Knowledge (5)	Skill assessment (5)	Behavior and attitude (2)	Total (10)	Sign
	Clinical Module 1	History taking and GPE					
	Clinical Module 2	Respiratory system exam					
	Clinical Module 3	Cardiovascular system examination					
	Clinical Module 4	Gastrointestinal system examination					
	Clinical Module 5	Central nervous system examination					

Percentage of Mini CEX out of 10 = _____ Sign_____

Average Score of Mini CEX = _____ /10

INTERNAL ASSESSMENT

INTERNAL ASSESSMENT			TOTAL MAKS 30	
Histories 10 marks	Attendance 10 marks		Mini Clinical Examination 10 marks	
If 10 Histories written 10 marks	>75%	10marks	75 - 100%	10 marks
	60-75%	7 marks	50%-75%	7.5 marks
If less than 10 histories written: 0 marks	<60%	0 marks	<50%	0 marks

Total number of Histories = _____

Average score of Histories / 10 = _____

Percentage of Attendance = _____

Average score of attendance / 10=_____

Percenatge of Mini CEX =_____

Average Score of Mini-CEX /10 = _____

Total Internal assessment marks= Av. of Hx + Av. of Attendance + Av. of mini CEX=_____ / 30

Block marks = written exam + OSCE + AV OSCE = _____

Total Block Marks = Block + CIA = _____ Percentage _____

In charge AP/SR _____Signature: _____

Name Head of Unit: _____ Signature: _____

Remarks / comments:

HOD: ……

……

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Dean: ……

Self-Evaluation

_____
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Evaluation by Teacher

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Student Sign_____

Grading _____ Sign of HOD_____

A Excellent, B Good, C Satisfactory, D Below Average, E Poor

Emergency Medicine Clinical Training Program

Hospital _____Unit _____ Duration from _____ to _____

No.	Date	Topic	Attendance Morning	Sign	Attendance Evening	Sign
1						
2						
3						
4						
5						
6						
7						
8						

Total Days: _____ Days Attended: ____ %, Signature of In charge AP/SR: _____

Name Head of Unit: _____ Signature: _____

ER PROCEDURES

Hospital _____Unit _____ Duration from _____ to _____

Date	Cases seen	Procedures observed	Total (5)	Sign

Internal Assessment = _____/30

Total Ward Test Marks + CIA =_____ Marks Obtained: _____Percentage: _____

Signature of In charge AP/SR: _____

Name of Head of Unit: _____ Signature: _____

Department of Infectious Disease (Infectious Control & Patient Safety)

Hospital :_____ Duration:_____to _____

SELF DIRECTED LEARNING / CASE PRESENTATION LOG:

Date	Topic Observed/Self-Learned	Details/Notes	Faculty Remarks	Signature

CONTINOUS INTERNAL ASSESSMENT

Assessment	Total Marks	Marks Obtained	Percentage	Remarks	Signature
End of Ward Assessment	**70**				
Log Books	**20**				
Attendance	**10**				
TOTAL	**100**				

Name of Head Of Unit:_____

Signature :_____

Date:_____

ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPAs)

Infectious Disease Department (Infectious Control & Patient Safety)

EPA	Task	Learning Objectives	Supervision Level
Understanding Infection Control Principles	Explain core infection control measures, including hand hygiene, PPE use, and isolation precautions.	Understand standard precautions and modes of transmission. Identify hospital protocols for infection control.	Level 1: Observation
Hand Hygiene & Personal Protective Equipment (PPE) Compliance	Demonstrate correct hand hygiene techniques and appropriate PPE selection.	Apply WHO's 5 moments of hand hygiene. Differentiate PPE usage for various infections.	Level 2: Direct Supervision
Sterilization & Disinfection Practices	Observe and explain hospital disinfection and sterilization protocols.	Recognize proper methods of equipment sterilization and environmental cleaning.	Level 1: Observation
Needle Stick Injury & Post-Exposure Prophylaxis	Identify risks and management of occupational exposure to bloodborne pathogens.	Understand post-exposure prophylaxis (PEP) protocols and emergency response.	Level 2: Direct Supervision
Antimicrobial Stewardship Implementation	Explain antimicrobial resistance and appropriate antibiotic use.	Apply stewardship principles to real-world clinical scenarios. Recognize inappropriate antibiotic use.	Level 3: Supervision Available
Outbreak Investigation & Reporting	Participate in simulated outbreak investigations and reporting protocols.	Understand epidemiological principles of outbreak control. Demonstrate data collection and case tracing.	Level 2: Direct Supervision
Management of Multi-Drug Resistant Organisms (MDROs)	Recognize infection control strategies for MDROs in clinical settings.	Identify risk factors and transmission routes of MDROs. Apply containment strategies.	Level 3: Supervision Available
Case Presentation & Self-Directed Learning (SDL)	Present clinical cases focusing on infection control challenges and solutions.	Integrate clinical and infection control knowledge. Develop presentation and independent learning skills.	Level 3: Supervision Available

Department Of Radiology

Hospital :_____ Duration:_____ to _____

Medicine Clinical Training Program: Radiology Department

Date	Topic/Learning Objective	Attendance in SGIS		Attendance in Reporting / Hands On session		Remarks / Signature
		P/A	Time	P/A	Time	
	Introduction to Radiology and Basic principles					
	Approach to Cardiothoracic Imaging					
	Introduction to Abdominal Imaging					
	Approach to the Musculoskeletal imaging & Trauma					
	Introduction to Gynaeco-pelvic Imaging					
	Introduction to Contrast Imaging techniques					
	Introduction to Cross Sectional imaging and Uses					

Total Days: _____ Days Attended_____ Percentage: _____

Signature:_____

SELF DIRECTED LEARNING / CASE PRESENTATION LOG:

Date	Topic Observed/Self-Learned	Details/Notes	Faculty Remarks	Signature

ASSESSMENT

IMAGING INTERPREATION EXERCISE (IPX)

Sr. No	Skill/Competency	Findings	Diagnosis	Marks Obtained	Total Marks	Signature
1	Positioning for Chest X-ray					
2	Interpreting Chest X-ray Findings					
3	Abdominal Ultrasound Basics					
4	Musculoskeltal X ray Basics					
5	Identification of CT and MRI scans					

CONTINUOUS INTERNAL ASSESSMENT

Assessment	Total Marks	Marks Obtained	Percentage	Remarks	Signature
End of Ward Assessment	**70**				
Log Books	**20**				
Attendance	**10**				
TOTAL	**100**				

Name of Head Of Unit:_____

Signature :_____

Date:_____

ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPAs)

RADIOLOGY ROTATION

EPA	Task	Learning Objectives	Supervision Level
Understanding Basic Radiology Principles	Explain the basic principles of radiology, including radiation safety and imaging modalities.	Understand radiation physics, safety, and protection measures. Differentiate imaging modalities based on clinical scenarios.	Level 1: Observation
Positioning for Chest X-rays	Demonstrate correct patient positioning for chest X-rays.	Properly position patients for PA and lateral chest X-rays to ensure diagnostic quality.	Level 2: Direct Supervision
Interpreting Chest X-ray Findings	Identify normal and abnormal findings on chest X-rays.	Recognize features of pneumothorax, pleural effusion, cardiomegaly, and pneumonia.	Level 3: Supervision Available
Basic Abdominal Ultrasound	Understand basic steps of an abdominal ultrasound.	Learn to identify liver, kidneys, gallbladder, and free fluid on ultrasound.	Level 2: Direct Supervision
Introduction to Cross-Sectional Imaging	Differentiate CT and MRI images and identify basic anatomical landmarks.	Understand the uses and basic interpretations of CT and MRI in clinical practice.	Level 2: Direct Supervision
Approach to Musculoskeletal Imaging	Interpret basic musculoskeletal X-rays for fractures and soft tissue injuries.	Identify common fractures and dislocations on X-rays. Understand trauma imaging principles.	Level 3: Supervision Available
Introduction to Gynae-Pelvic Imaging	Observe and describe normal pelvic anatomy on ultrasound.	Correlate gynecological conditions with pelvic ultrasound findings.	Level 1: Observation

Introduction to Contrast Imaging Techniques	Explain the indications, contraindications, and side effects of contrast agents.	Understand the safe use of contrast in CT, MRI, and fluoroscopy. Recognize common adverse reactions and their management.	Level 1: Observation
Case Presentation and Self-Directed Learning	Present clinical cases with corresponding imaging findings.	Demonstrate integration of clinical knowledge with radiological findings. Develop independent learning and presentation skills.	Level 3: Supervision Available
Documentation and Interpretation of Reports	Draft preliminary imaging findings and write basic imaging reports.	Practice writing structured radiological reports for common imaging modalities.	Level 3: Supervision Available

Clinical Training Program- Skill lab

Hospital _____Unit _____ Duration from _____ to _____

Date	Topic	Attendance	Sign	Attendance	Sign

Total Days _____ Days Attended _____ Percentage _____ Sign_____

Name of Head of Unit _____ Sign_____

Clinical Skills Assessment (Mini-CEX)- Skill lab

Hospital _____Unit _____ Duration from _____ to _____

Date	Skill	Attitude/behavior/ appearance (3)	Approach to the patient (2)	Skill assessment (5)	Total(10)	Sign
	Urinary catheterization					
	NG Intubation/DRE					
	Airway Management					
	Venipuncture/IV Cannulations					

Ward test: Total marks _____ Marks obtained _____ Percentage_____

Name of Head of Unit _____ Sign_____

Learning Outcomes:

To equip them with essential knowledge, skill and attitude In order to enable them to

Learning Outcomes
By the end of 02-week skill lab the students will be able to:
Perform airway assessment and manage airway
Administer drugs via different routes, mainly I.M, I.V and sub cutaneous
Conduct breast examination
Conduct prostate examination
Perform urinary catheterization in both genders
Apply basic principles of medical ethics

EPA FOR SKILL LAB

1.Perform basic airway management
2. Administer medications via different routes
3.Perform Breast examination
4.Perform prostate examination
5. Perform urinary catheterization
6. Insertion of nasogastric tube

S. no.	EPA	COMPETENCIES	CHECK LIST	REMARKS	LEVEL ACHIEVED
1.	Perform basic airway management	- Knowledge of airway anatomy - Ability to assess airway patency. - Proficiency in techniques like head-tilt, chin-lift, and jaw-thrust - Skill in using airway adjuncts (e.g., oropharyngeal and nasopharyngeal airways)	- Gather necessary equipment - Assess patient's airway - Apply appropriate airway maneuvers - Insert airway adjuncts as needed - Monitor patient's ventilation and oxygenation	Emphasis on mastering basic techniques before advancing to complex procedures. Simulation-based practice recommended.	
2.	Administer medications via various routes	- Understanding pharmacokinetics and pharmacodynamics - Knowledge of indications and contraindications for each route - Proficiency in administering drugs orally, intravenously, intramuscularly, subcutaneously, and topically - Ability to monitor and manage potential adverse reactions	Verify patient identity - Confirm drug, dose, and route - Prepare medication aseptically - Administer medication correctly - Observe and document patient's response	Prioritize patient safety by adhering to the "five rights" of medication administration. Supervised practice sessions beneficial.	

3.	Perform urinary catheterization	Knowledge of urinary tract anatomy - Understanding indications and contraindications - Aseptic technique proficiency - Ability to recognize and manage complications	Explain procedure to patient - Gather and prepare sterile equipment - Perform hand hygiene and uses sterile gloves - Cleanse urethral opening - Insert catheter gently - Ensure urine flow and secure catheter - Document procedure details	Emphasize infection control practices. Simulation training is recommended before patient procedures.	
4.	Conduct clinical breast examination	Knowledge of breast anatomy and common pathologies - Proficiency in inspection and palpation techniques - Ability to identify abnormal findings - Effective communication skills for patient comfort	- Obtain informed consent - Provide privacy and appropriate draping - Inspect breasts in various positions - Palpate all quadrants systematically Examine axillary and supraclavicular regions - Discuss findings with patient Document examination thoroughly. Sensitivity and respect are crucial. Encourage regular self-examinations and provide patient education	Sensitivity and respect are crucial. Encourage regular self-examinations and provide patient education	

5.	Perform digital rectal examination (DRE) of the prostate	- Understanding of prostate anatomy and common conditions - Skill in performing DRE - Ability to identify normal and abnormal findings - Communication skills to explain procedure and findings to patient	- Explain procedure and obtain consent - Ensure patient comfort and privacy - Perform hand hygiene and wear gloves - Lubricate gloved finger - Gently insert your finger into rectum - Palpate prostate gland - Assess size, shape, and consistency - Withdraw finger and clean area - Discuss findings and document	Approach with professionalism and sensitivity. Address patient concerns and provide clear explanations.	
6.	Perform nasogastric tube insertion	- Understand indications and contraindications for NG tube insertion. - Knowledge of nasal and gastrointestinal anatomy. - Proficiency in aseptic techniques. - Ability to confirm correct tube placement. - Effective communication skills to explain the procedure and obtain consent.	- Verify physician's order for NG tube insertion. - Perform hand hygiene and use appropriate personal protective equipment. - Introduce yourself to the patient and confirm their identity. - Explain the procedure, its purpose, and obtain informed consent. - Assess the patient's nasal patency and	Emphasize the importance of confirming tube placement to prevent complications. Simulation-based practice is recommended to build confidence and proficiency.	

			select the appropriate nostril. - Measure the tube length: from the tip of the nose to the earlobe, then to the xiphoid process, and mark the length. - Lubricate the distal end of the tube with water-soluble lubricant. - Position the patient in a high Fowler's position (sitting upright). - Gently insert the tube into the selected nostril, advancing it along the floor of the nasal passage. - When the tube reaches the oropharynx, encourage the patient to swallow sips of water to facilitate passage into the esophagus. - Advance the tube to the predetermined mark. - Confirm placement by aspirating gastric contents and checking pH (should be 1.0 to 5.5) - Secure the tube to the patient's nose using tape or		

			a fixation device. - Attach the tube to the prescribed drainage or feeding setup. - Dispose of used equipment appropriately and perform hand hygiene. - Document the procedure, including tube size, insertion depth, confirmation of placement, and patient tolerance.		

Gastroenterology Clinical Training Program Week 1-2

No.	Date	Topic	Attendance Morning	Sign
1				
2				
3				
4				
5				
6				
7				
8				

Hospital _____Unit _____Duration from _____to _____

Gastroenterology Clinical Training Program Week 1-2

No.	Date	Topic	Attendance Evening	Sign
1				
2				
3				
4				
5				
6				
7				
8				

Self-Directed Learning For Gastroentrology Clinical Training Program

Date	Topic Observed/Self-Learned	Faculty Remarks	Signature

EPA's History and Examination For Gastroentrology Clinical Training Program

EPA	Task	Learning Objectives	EPA Level /Supervision level	Level Achieved
History Taking	Students should be able to obtain a comprehensive history	Students should be able to demonstrate art of history taking including all components of history.	3	
General Physical examination	Perform a detailed general physical examination.	Students should be able to take vitals accurately and identify common general physical findings.	3	
GIT examination	Perform GI examination	Students should be able to demonstrate accurate methods of abdominal examination including inspection, palpation and describe their abnormal findings.	3	
GIT examination	Perform GI examination	Students should be able to demonstrate accurate methods of abdominal examination including auscultation, percussion and describe their abnormal findings.	3	
Educate basic disease/ problem information to patients and families.	Practice explaining basic problem information to patients and families	Students should be able to communicate effectively with patients and families, to provide basic disease/ problem information and establish rapport with them.	2	
Able to write progress notes in SOAP format.	Write progress in SOAP format	Students should be able to write morning progress notes in the form of Subjective, Objective, Assessment and Plan	3	
EPA level 1 = Observation **EPA Level 2 = Direct supervision** **EPA Level 3= Supervision available** **EPA Level 4= Performs independently**				

EPA's Skills (Procedures)

EPA	Task	Learning Objectives	EPA Level/ Supervision level	Level Achieved
I/V, I/M, S/C, intradermal injections	Observe and perform IV/IM/SC/Intradermal injection after informed consent	Should be able to inject IV/IM/SC/intradermal under direct supervision after obtaining informed consent.	2	
I/V lines	Observe and perform the task of maintaining IV line	Should be able to maintain line IV under supervision after taking informed consent	2	
Blood transfusion	Observe blood transfusion	Should observe the protocol of blood transfusion and should know the indications and contraindications.	1	
Oxygen therapy	Observe and attach oxygen to the patient	Should have knowledge of oxygen delivery devices, their indications and should be able to attach oxygen to patients as per requirement.	2	
Passing the N/G Tube, feeding, suction.	Observe Nasogastric intubation procedure	Should be able to describe the indications and contraindications of NG tube and its uses.	1	
Aspiration for ascitic fluid	Observe aspiration of ascitic fluid	Should know the indications and contraindications of peritoneal aspiration	2/1	

Tutor signature_____

ASSESSMENT OF GASTROENTROLOGY CLINICAL TRAINING PROGRAM

OSCE:

Total stations: 7

Each station mark: 10

Sr. No	Skill/Competency	Findings	Diagnosis	Marks Obtained	Total Marks	Signature
1	Structured History of Dysphagia					
2	Structured History of GI Bleed					
3	Structured History of abdominal distension					
4	Structured History of abdominal pain					
5	GPE (focused on gastrointestinal signs)					
6	Abdominal examination (inspection & palpation)					
7	Abdominal examination (palpation & percussion)					

Continuous Internal Assessment

CIA			**Total Marks: 30**
Histories and Logbook 20 marks	Attendance 10 marks		
If 5 Histories and Logbook are completed 20 marks less than 5 histories and Logbook is not completed 0 marks	>90% <80%	10marks 0 marks	

Total number of Histories = _____5_____

Logbook entries : Yes/ No

Average score = _____

Percentage of Attendance = _____

Average score of attendance =_____

Total CIA marks = Av. of Hx & Logbook + Av. of Attendance =_____/ 30

Ward test marks = OSCE + AV OSCE = _____/70

Total Marks = Ward test + CIA = _____ Percentage _____

In charge AP/SR _____Signature: _____

Name Head of Unit: _____ Signature: _____

Core Competencies for Undergraduate MBBS Students As Defined By PMDC

A. **Professionalism:**

Demonstrating ethical behavior, empathy, cultural sensitivity, and accountability in patient care.

B. **Medical Knowledge:**

Thorough understanding of basic medical sciences and clinical conditions, including diagnosis and management.

C. **Clinical Skills:**

Performing physical examinations, interpreting diagnostic tests, and applying clinical reasoning to patient care.

D. **Communication Skills:**

Effectively communicating with patients, families, and healthcare team members, adapting to diverse cultural backgrounds.

E. **Community Health Awareness:**

Understanding the social determinants of health and promoting preventive medicine within the community.

F. **Lifelong Learning:**

Commitment to continuous professional development and staying updated with medical advancements.