Department of Infectious Diseases
3rdYear MBBS Clinical Rotation Logbook

Hospital: Holy Family Hospital

Duration: _____to _____

Timetable: **1 Week (4 days a week)**

Academic activity			Teacher/ Facilitator	Evening duty 2:0 – 5:0 pm
Day	**08:30 – 09:30**	**09:30 – 10:30 am**		
Monday	Student Gathering and Orientation to Infectious Disease components in 3rd year, MBBS, including medical ethics	Introduction to different Infectious Disease symptomatology (Fever, Chills, Malaise, Myalgia, cough, dyspnea, chest pain, sputum production, diarrhea, vomiting, abdominal pain, lymphadenopathy)	HOD	Nil
Tuesday	Small Group Interactive session (Common Infectious Diseases presentation e.g., Dengue, Malaria, Tuberculosis)	Art of History Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness. Systemic Inquiry, Past Medical History, Family History, Occupational History, Personal History, Travel History, Blood transfusion history Developmental+ Obstetrics History.	HOD AP/Senior Registrar	Whole batch in Ward
Wednesday	Vital Signs (Pulse, Blood Pressure, Temperature, Respiratory Rate)	Infection Prevention and Control Workshop (including PPE, Hand washing techniques, Mask, Patient Safety Protocols)	HOD AP/Senior Registrar	Nil
Thursday	Small Group Interactive session (Focus on perfecting History Taking components)	Ward OSCE exam	HOD AP/Senior Registrar	Whole Batch in Ward.
Friday & Saturday	No Ward Rotation			
*All students will be regularly evaluated by attendance and participation.				

Department of Infectious Diseases
Clinical Training Program Week 1

Hospital _____Unit _____   Duration from _____to _____

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

Self-Directed Learning

Date	Topic Observed/Self-Learned	Faculty Remarks	Signature

EPA's History and Examination

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	
Vital Signs examination	Perform and record Vital signs examination	Students should be able to demonstrate accurate methods of Pulse examination, record accurate blood pressure, temperature recording, and respiratory rate measurement	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 Describe Infection Prevention and Control	Practice Methods of infection prevention and control.	Students should be able donn and doff personal protective equipment, perform proper hand washing technique.	3	
EPA level 1 = Observation **EPA Level 3= Supervision available**		**EPA Level 2 = Direct supervision** **EPA Level 4= Performs independently**		

Tutor signature_____

ASSESSMENT

OSCE:

Total stations: 5
Each station mark: 10

Sr. No	Skill/Competency	Findings	Diagnosis	Marks Obtained	Total Marks	Signature
1	Structured history taking with emphasis on infectious diseases					
2	Structured History of Fever					
3	Structured History of Cough					
4	Structured History of abdominal pain					
5	Structured History of Diarrhea					
6	Infection Prevention and Control Principles					
7	Vital Signs recording					

Continuous Internal Assessment

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