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**Rawalpindi Medical university  
Diploma Program  
of Family Medicine  
2025-26**

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# **Rawalpindi Medical University**



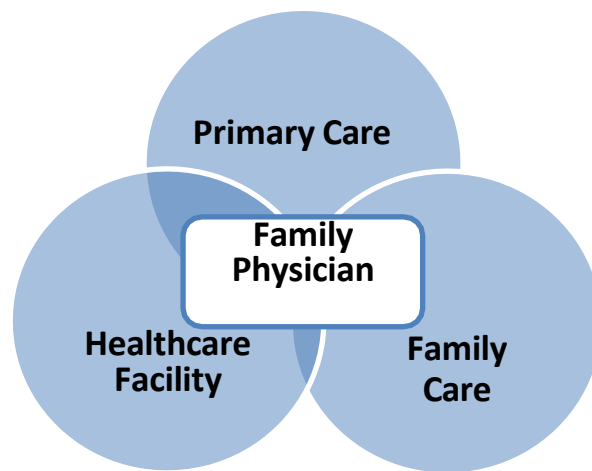
## **Grading Logbook Family Medicine**

**Registrar's Name:**

# INTRODUCTION

Family medicine is the medical discipline also known as a general practice, general medical practice, family practice, or primary care. It is a discipline which integrates several medical specialties into a new whole. It is concerned with the holistic approach to patient care in which the individual is seen in his totality and in the context of his family and community. The trainees in family medicine should be appropriately equipped to meet the contemporary and future health needs of individuals and families within their practice community. It is therefore indispensable to have acquisition of knowledge and skills in the major clinical disciplines with appropriate attitudes essential to the practice of the specialty.

Family Medicine Practice consists of three Core Areas as depicted below:



Family Physicians should be competent enough to work in a multi-disciplinary context in co- operation with non-professional community health workers in order to respond effectively to the health needs of the population.

There is a need to produce a critical mass of family physicians to bring quality health care closer to the people. Family physicians will provide health maintenance/promotion, disease prevention, basic medical, surgical, paediatric, obstetric and gynecological care within the community. The recent pandemic of COVID 19 has raised the need of a strong primary health care system and this course will go a long way to help this need of time.

## **CURRENT NEEDS & CHALLENGES IN PAKISTAN**

The health services in Pakistan still face challenges as even serious patient cannot reach the tertiary care hospitals due to their limited resources. These limitations make Family Medicine even more important as a competent general physician is always needed in such cases to diagnose, treat and refer the patient to the higher facilities where needed. Family medicine itself is a unique specialty, as it takes care of the entire body as one unit with great emphasis on family, health promotion and disease prevention. General physicians getting trained in Diploma course will have broad exposure to the patients of all age groups and substantial experience in the management of diverse pathologic conditions. This includes theoretical and practical training in those conditions that are commonly encountered in primary care practice.

It will include a wide range of acute and chronic medical conditions of Family Medicine, preventive health care and ethical issues. Moreover, discussion on the cost and benefits of diagnostic tests, procedures and therapies will also be an integral part of this course. This course will provide an educational experience to the general physicians deemed necessary to provide comprehensive and coordinated care to the patients. Training will be conducted under the supervision of the trained faculty members in family Medicine and will include clinical rotations in respective specialties that will be monitored by the Department of Medical Education of RMU.

## VISION

Rawalpindi Medical University is a rapidly succeeding university with a broad vision to elevate the standards of healthcare. The diploma program is also part of the same endeavor. RMU is starting this program to enhance the competency of general physicians. This program is intended to emphasize on clinical experience and professional development regarding the commonest ailments of our nation. General physicians are expected to acquire knowledge and skills along with the development of appropriate attitude and behavior throughout their training program.

Rawalpindi Medical University is committed to provide full support for the implementation of the program by allocating necessary resources, promoting faculty development and establishing an ample monitoring system to meet with the international standards.

## MISSION

To produce competent family physicians adequately equipped with the knowledge, skills and attitudes deemed necessary to meet the healthcare needs of the community and play a fundamental leadership role in the provision of comprehensive healthcare services.



**Department of Family Medicine, New Teaching Block, RMU**

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## **Registrar's Bio data**

PA/PSS No: \_\_\_\_\_

Name: \_\_\_\_\_

Course: \_\_\_\_\_

Training Batch (Session): \_\_\_\_\_

RTMC No: \_\_\_\_\_

Joining Date: \_\_\_\_\_

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

\_\_\_\_\_

Registrar's Signatures

## Learning Outcomes

The aim of this grading program is to produce specialists in Family Medicine who have attained the required competencies. By the end of 2 year's grading program, the graduates will be able to:

- Take proper histories.
- Demonstrate proficiencies in the requisite physical examinations.
- Justify the ordering and interpretation of tests and investigations.
- Appropriately diagnose, rule-in and rule-out contending conditions.
- Manage the problem in a cost-effective manner.
- Apply the requisite knowledge and skills to think critically and solve problems.
- Be an effective team player, leading the team if necessary.
- Communicate effectively with, for example:-
  - Patients and their attendants with empathy and compassion, in interviewing, counselling, breaking bad news, behavioural modifications and shared decision making, recognizing the impact of condition on patients and their families.
  - Seniors, peers, juniors, learners, and other health professionals.
- Demonstrate risk analysis and emphasis on prevention.
- Manage emergencies related to the specialty.
- Present well in the clinics, round and conferences.
- Document concise and accurate histories, prescriptions, progress notes, discharge summaries and referrals.
- Keep up-to-date and practice evidence-based medicine.
- Ensure and demonstrate putting patient safety.
- Demonstrate honesty, integrity, and punctuality.
- Maintain confidentiality, patient autonomy, take appropriate consent, do no harm.
- Consult with colleagues and refer as necessary.
- Demonstrate effective teaching and mentoring skills for juniors and for other members of the health care team.
- Exhibit advocacy for their patients, practice (service / department), profession (discipline/ speciality) and population-based problems related to their speciality.



## TOS Family Medicine Residents

1 <sup>st</sup> Quarter (01- 03 months)		
Ser No.	Units / Topics	
1.	Internal Medicine:	Prevention, diagnosis, and management of common non-communicable diseases like <ul style="list-style-type: none"> <li>o Hypertension</li> <li>o Diabetes Mellitus</li> <li>o Coronary artery disease</li> <li>o Rapport building and basic communication skills</li> <li>o Basic medical ethics</li> </ul>
2.	Neurology:	<ul style="list-style-type: none"> <li>o Common causes of headache</li> <li>o TIA/CVA</li> <li>o Neuropathies</li> <li>o Epilepsy</li> </ul>
3.	Pulmonology:	<ul style="list-style-type: none"> <li>o Asthma</li> <li>o COPD</li> <li>o Community Acquired Pneumonia</li> <li>o Smoking cessation</li> <li>o Lung Cancer</li> </ul>
2 <sup>nd</sup> Quarter (4-6 months)		
1.	Internal Medicine	<ul style="list-style-type: none"> <li>o Common ambulatory infections</li> <li>o Organic and functional diseases in population of all ages and both genders.</li> <li>o Concepts and basic principles of Family Medicine</li> <li>o Various models of Consultation Skills</li> <li>o Professionalism</li> <li>o Taking and giving feedback</li> <li>o Self-reflection and learning needs assessment</li> <li>o Patient autonomy and respect, privacy, confidentiality, equity and justice</li> </ul>
2.	Neurology	Common causes of headaches (migraine, cluster headache, tension headaches etc.) <ul style="list-style-type: none"> <li>o Peripheral neuropathy (mono and polyneuropathies)</li> <li>o Parkinsons' disease</li> <li>o Movement disorders</li> <li>o Dystonia</li> <li>o Delirium</li> <li>o Neurocognitive disorder (e.g., dementia)</li> <li>o Benign positional vertigo</li> <li>o Encephalitis, meningitis</li> <li>o Intracranial bleeds (epidural and subdural hematomas)</li> <li>o subarachnoid bleeding)</li> </ul>
3.	Pulmonology	<ul style="list-style-type: none"> <li>o Pulmonary and extra pulmonary tuberculosis</li> <li>o Smoking and Smoking Cessation</li> <li>o Interstitial Lung Diseases</li> <li>o Sarcoidosis</li> <li>o Pleural effusion</li> <li>o Pneumothorax</li> <li>o Obstructive sleep apnoea</li> </ul>

		<ul style="list-style-type: none"> <li>○ Pulmonary embolism</li> </ul>
4.	Gastroenterology	<ul style="list-style-type: none"> <li>○ Functional Dyspepsia</li> <li>○ GERD</li> <li>○ IBS</li> <li>○ Acute and Chronic Hepatitis</li> <li>○ Fatty Liver Disease</li> <li>○ NASH</li> <li>○ Colon cancer screening</li> </ul>
5.	Nephrology	<ul style="list-style-type: none"> <li>○ UTI</li> <li>○ Nephrolithiasis</li> <li>○ Stress and urge incontinence</li> <li>○ Erectile dysfunction</li> <li>○ Prostate cancer screening</li> </ul>
6.	Dermatology	Prevention, diagnosis, and management of <ul style="list-style-type: none"> <li>○ Common skin infections and infestations</li> <li>○ Acne</li> <li>○ Drug reaction</li> <li>○ Eczema</li> <li>○ Psoriasis</li> <li>○ Alopecia</li> </ul>
7.	Rheumatology	<ul style="list-style-type: none"> <li>○ Osteoporosis</li> <li>○ Osteomalacia</li> <li>○ Rheumatoid Arthritis</li> <li>○ Inflammatory polyarthritis</li> <li>○ Osteoarthritis</li> <li>○ Autoimmune and connective tissue diseases</li> </ul>
9.	Cardiology	<ul style="list-style-type: none"> <li>○ Hypertension</li> <li>○ Dyslipidaemia</li> <li>○ Angina</li> <li>○ CCF</li> <li>○ Cardiomyopathy</li> <li>○ Common arrhythmias</li> </ul>
10.	Infectious Diseases	<ul style="list-style-type: none"> <li>○ Common viral infections</li> <li>○ Common bacterial infections</li> <li>○ Parasitic infections</li> <li>○ STIs</li> <li>○ Immunization</li> </ul>
11.	Endocrinology	<ul style="list-style-type: none"> <li>○ DM (type 1 and 2)</li> <li>○ PCOS</li> <li>○ Obesity</li> <li>○ Thyroid, parathyroid disorders</li> <li>○ Metabolic syndrome</li> <li>○ Adrenal disorders</li> <li>○ Pituitary disorders</li> <li>○ Hypogonadism</li> <li>○ Vitamin D deficiency, Osteoporosis</li> </ul>
12.	Psychiatry	<ul style="list-style-type: none"> <li>○ Depression</li> <li>○ Anxiety</li> <li>○ Bipolar disorder</li> <li>○ Substance abuse</li> <li>○ Acute psychosis</li> <li>○ Schizophrenia</li> </ul>
	Haematology	<ul style="list-style-type: none"> <li>○ Nutritional Anaemias</li> </ul>

		<ul style="list-style-type: none"> <li>o Thalassemia</li> <li>o Polycythaemias</li> <li>o Bleeding and haemolytic disorders</li> <li>o Thalassemia</li> <li>o Idiopathic thrombocytopenic purpura</li> <li>o Haemophilia</li> <li>o Deep venous thrombosis</li> <li>o Lymphoma and Leukaemia</li> </ul>
<b>3<sup>rd</sup> Quarter (7-9 months)</b>		
1.	General Surgery:	<ul style="list-style-type: none"> <li>o Acute abdomen</li> <li>o Pancreatitis</li> <li>o Acute appendicitis</li> <li>o Wound management</li> <li>o Cellulitis and abscess</li> <li>o DVT &amp; Varicose veins</li> <li>o Causes of PR Bleeding</li> <li>o Breast lump</li> <li>o Burns</li> </ul>
2.	Obs & Gynae:	<ul style="list-style-type: none"> <li>o Antenatal exam</li> <li>o Recurrent Miscarriages</li> <li>o APH</li> <li>o PPH</li> <li>o PIH/Pre-eclampsia</li> <li>o GDM</li> <li>o Contraception</li> <li>o Infertility</li> <li>o Primary/Secondary Amenorrhoea</li> <li>o Cervical cancer screening</li> <li>o PID</li> <li>o Mastalgia</li> <li>o Menopause</li> </ul>
<b>4<sup>th</sup> Quarter (10-12 months)</b>		
1.	Internal Medicine and Allied Spec	Tissue engineering and regeneration Basic surgical skills and anastomosis Surgical ethics Patient safety, human factors, and quality improvement
2.	General Surgery/Gynae	To know the aetiology, prevention, diagnosis, and management of <ul style="list-style-type: none"> <li>o Common causes of acute surgical emergencies presenting with abdominal pain (acute abdomen, cholelithiasis, pancreatitis, obstructed hernia, appendicitis)</li> <li>o Wound management</li> <li>o Cellulitis and abscess</li> <li>o DVT and varicose veins</li> <li>o Anal pain (anal fissure, haemorrhoids, fistulae)</li> <li>o Causes of P/R bleeding</li> <li>o Breast lump (breast CA, fibroadenoma and fibrocystic disease)</li> <li>o Burns</li> </ul>
3.	Paediatrics	To know the aetiology, prevention, diagnosis, and management of <ul style="list-style-type: none"> <li>o Diagnosis and management of common neonatal problems (hyperbilirubinemia, hernia, skin conditions, neonatal examination)</li> </ul>

		<ul style="list-style-type: none"> <li>○ Normal and abnormal child growth &amp; developmental (including developmental delay and short stature)</li> <li>○ Nutrition in children (nutritional deficiencies, malnutrition, and obesity)</li> <li>○ Common ENT and respiratory problems in children (pneumonia, otitis media, foreign body, asthma, infectious and non-infectious diseases)</li> <li>○ Childhood immunization</li> <li>○ UTI and enuresis in children</li> <li>○ Childhood diarrhoea</li> <li>○ Childhood seizures,</li> <li>○ febrile fits and meningitis</li> <li>○ Worm infestation in children</li> <li>○ Atopic dermatitis</li> <li>○ Common viral and bacterial infections in children</li> <li>○ Cerebral palsy</li> <li>○ Downs syndrome</li> <li>○ Autistic spectrum disorders</li> <li>○ Cystic fibrosis</li> <li>○ Hirschsprung's disease</li> <li>○ Congenital heart diseases</li> <li>○ Breath holding spells</li> <li>○ Common causes of fever and rash among children</li> <li>○ Adolescent health</li> </ul>
4.	Family Medicine Clinics	Principles of paediatrics surgery
		Paediatrics inguinal hernias
		Congenital deformities and diseases

**Rotation-1:**

**Duration:**

<u>Ser</u>	<u>Activities</u>		<u>Remarks</u>
1.	Skills (Marks: 1-5)		
2.	Attitude (Marks: 1-5)		
3.	Interpersonal Relationship (Marks: 1-5)		
4.	Professionalism (Marks: 1-5)		
5.	Attendance (Percentage)	Morbidity & Mortality meetings	
		Journal Club meetings	
		Clinical Interactive Sessions	
		DG Meetings/ Audits	
		Dept Wksp	
		<b>Total</b>	
6.	E-Log book Entries		
7.	Research topics / Articles (Status)		
8.	Remarks of supervisor		

Signatures of Rotational Supervisor: \_\_\_\_\_

**Rotation 2:****Duration:**

<u>Ser</u>	<u>Activities</u>		<u>Remarks</u>
1.	Skills (Marks: 1-5)		
2.	Attitude (Marks: 1-5)		
3.	Interpersonal Relationship (Marks: 1-5)		
4.	Professionalism (Marks: 1-5)		
5.	Attendance (Percentage)	Morbidity & Mortality meetings	
		Journal Club meetings	
		Clinical Interactive Sessions	
		DG Meetings/ Audits	
		Dept Wksp	
		<b>Total</b>	
6.	E-Log book Entries		
7.	Research topics / Articles (Status)		
8.	Remarks of supervisor		

Signatures of Rotational Supervisor: \_\_\_\_\_

**Rotation 3:**

**Duration:**

<u>Ser</u>	<u>Activities</u>		<u>Remarks</u>
1.	Skills (Marks: 1-5)		
2.	Attitude (Marks: 1-5)		
3.	Interpersonal Relationship (Marks: 1-5)		
4.	Professionalism (Marks: 1-5)		
5.	Attendance (Percentage)	Morbidity & Mortality meetings	
		Journal Club meetings	
		Clinical Interactive Sessions	
		DG Meetings/ Audits	
		Dept Wksps	
		<b>Total</b>	
6.	E-Log book Entries		
7.	Research topics / Articles (Status)		
8.	Remarks of supervisor		

Signatures of Rotational Supervisor: \_\_\_\_\_

**Rotation 4:****Duration:**

<u>Ser</u>	<u>Activities</u>		<u>Remarks</u>
1.	Skills (Marks: 1-5)		
2.	Attitude (Marks: 1-5)		
3.	Interpersonal Relationship (Marks: 1-5)		
4.	Professionalism (Marks: 1-5)		
5.	Attendance (Percentage)	Morbidity & Mortality meetings	
		Journal Club meetings	
		Clinical Interactive Sessions	
		DG Meetings/ Audits	
		Dept Wksps	
		<b>Total</b>	
6.	E-Log book Entries		
7.	Research topics / Articles (Status)		
8.	Remarks of supervisor		

Signatures of Rotational Supervisor: \_\_\_\_\_



**Rotation 5:**

**Duration:**

<u>Ser</u>	<u>Activities</u>		<u>Remarks</u>
1.	Skills (Marks: 1-5)		
2.	Attitude (Marks: 1-5)		
3.	Interpersonal Relationship (Marks: 1-5)		
4.	Professionalism (Marks: 1-5)		
5.	Attendance (Percentage)	Morbidity & Mortality meetings	
		Journal Club meetings	
		Clinical Interactive Sessions	
		DG Meetings/ Audits	
		Dept Wksps	
		<b>Total</b>	
6.	E-Log book Entries		
7.	Research topics / Articles (Status)		
8.	Remarks of supervisor		

Signatures of Rotational Supervisor: \_\_\_\_\_

**Rotation 6:****Duration:**

<u>Ser</u>	<u>Activities</u>		<u>Remarks</u>
1.	Skills (Marks: 1-5)		
2.	Attitude (Marks: 1-5)		
3.	Interpersonal Relationship (Marks: 1-5)		
4.	Professionalism (Marks: 1-5)		
5.	Attendance (Percentage)	Morbidity & Mortality meetings	
		Journal Club meetings	
		Clinical Interactive Sessions	
		DG Meetings/ Audits	
		Dept Wksps	
		<b>Total</b>	
6.	E-Log book Entries		
7.	Research topics / Articles (Status)		
8.	Remarks of supervisor		

Signatures of Rotational Supervisor: \_\_\_\_\_

**Rotation 7:****Duration:**

<u>Ser</u>	<u>Activities</u>		<u>Remarks</u>
1.	Skills (Marks: 1-5)		
2.	Attitude (Marks: 1-5)		
3.	Interpersonal Relationship (Marks: 1-5)		
4.	Professionalism (Marks: 1-5)		
5.	Attendance (Percentage)	Morbidity & Mortality meetings	
		Journal Club meetings	
		Clinical Interactive Sessions	
		DG Meetings/ Audits	
		Dept Wksps	
		<b>Total</b>	
6.	E-Log book Entries		
7.	Research topics / Articles (Status)		
8.	Remarks of supervisor		

Signatures of Rotational Supervisor: \_\_\_\_\_

**Rotation 8:**

**Duration:**

<u>Ser</u>	<u>Activities</u>		<u>Remarks</u>
1.	Skills (Marks: 1-5)		
2.	Attitude (Marks: 1-5)		
3.	Interpersonal Relationship (Marks: 1-5)		
4.	Professionalism (Marks: 1-5)		
5.	Attendance (Percentage)	Morbidity & Mortality meetings	
		Journal Club meetings	
		Clinical Interactive Sessions	
		DG Meetings/ Audits	
		Dept Wksps	
		<b>Total</b>	
6.	E-Log book Entries		
7.	Research topics / Articles (Status)		
8.	Remarks of supervisor		

Signatures of Rotational Supervisor: \_\_\_\_\_

**Rotation 9:**

**Duration:**

<u>S No</u>	<u>Activities</u>		<u>Remarks</u>
1.	Skills (Marks: 1-5)		
2.	Attitude (Marks: 1-5)		
3.	Interpersonal Relationship (Marks: 1-5)		
4.	Professionalism (Marks: 1-5)		
5.	Attendance (Percentage)	Morbidity & Mortality meetings	
		Journal Club meetings	
		Clinical Interactive Sessions	
		DG Meetings/ Audits	
		Dept Wksps	
		<b>Total</b>	
6.	E-Log book Entries		
7.	Research topics / Articles (Status)		
8.	Remarks of supervisor		

Signatures of Rotational Supervisor: \_\_\_\_\_

**Rotation 10:**

**Duration:**

<u>S No</u>	<u>Activities</u>		<u>Remarks</u>
1.	Skills (Marks: 1-5)		
2.	Attitude (Marks: 1-5)		
3.	Interpersonal Relationship (Marks: 1-5)		
4.	Professionalism (Marks: 1-5)		
5.	Attendance (Percentage)	Morbidity & Mortality meetings	
		Journal Club meetings	
		Clinical Interactive Sessions	
		DG Meetings/ Audits	
		Dept Wksps	
		<b>Total</b>	
6.	E-Log book Entries		
7.	Research topics / Articles (Status)		
8.	Remarks of supervisor		

Signatures of Rotational Supervisor: \_\_\_\_\_

# DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)-1

Specialty:

Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor					Assessment Date:		
Resident's Name							
Hospital Name					RTMC Number		
Year of Residency	R1	R2	R3	R4	R5		
Quarter	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>			
Setting	O.T.	Procedure Room			OT		
Diagnosis of Patient					Patient Age:	Sex:	
Name of Procedure							
Complexity of Case/Procedure	Low/Easy	Moderate/Average	High/Difficult	N/A			
Number of times procedure performed by Resident							

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2			
1	Indications, anatomy and steps of procedure						
2	Informed consent, with explanation of procedure and complications						
3	Preparation for procedure						
4	Use of Anaesthesia, Analgesia or sedation						
5	Observance of asepsis						
6	Safe use of instruments						
7	Use of accepted techniques						
8	Management of unexpected event (or seeks help)						
9	Post-procedure instructions to patient and staff						
10	Overall ability to perform whole procedure						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures \_\_\_\_\_

**(For Resident and Supervisor)**

<b>Feedback of Supervisor:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>	<b>Reflection of Resident on his/ her Performance:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>
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# DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)-2

Specialty:

Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor					Assessment Date:		
Resident's Name							
Hospital Name					RTMC Number		
Year of Residency	R1	R2	R3	R4	R5		
Quarter	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>			
Setting	O.T.	Procedure Room			OT		
Diagnosis of Patient					Patient Age:	Sex:	
Name of Procedure							
Complexity of Case/Procedure	Low/Easy	Moderate/Average	High/Difficult	N/A			
Number of times procedure performed by Resident							

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2		4	5
1	Indications, anatomy and steps of procedure						
2	Informed consent, with explanation of procedure and complications						
3	Preparation for procedure						
4	Use of Anaesthesia, Analgesia or sedation						
5	Observance of asepsis						
6	Safe use of instruments						
7	Use of accepted techniques						
8	Management of unexpected event (or seeks help)						
9	Post-procedure instructions to patient and staff						
10	Overall ability to perform whole procedure						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures \_\_\_\_\_

**(For Resident and Supervisor)**

<b>Feedback of Supervisor:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>	<b>Reflection of Resident on his/ her Performance:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>
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# DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)-3

Specialty:

Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor					Assessment Date:		
Resident's Name							
Hospital Name					RTMC Number		
Year of Residency	R1	R2	R3	R4	R5		
Quarter	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>			
Setting	O.T.	Procedure Room			OT		
Diagnosis of Patient					Patient Age:	Sex:	
Name of Procedure							
Complexity of Case/Procedure	Low/Easy	Moderate/Average	High/Difficult	N/A			
Number of times procedure performed by Resident							

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2			
1	Indications, anatomy and steps of procedure						
2	Informed consent, with explanation of procedure and complications						
3	Preparation for procedure						
4	Use of Anaesthesia, Analgesia or sedation						
5	Observance of asepsis						
6	Safe use of instruments						
7	Use of accepted techniques						
8	Management of unexpected event (or seeks help)						
9	Post-procedure instructions to patient and staff						
10	Overall ability to perform whole procedure						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures \_\_\_\_\_

**(For Resident and Supervisor)**

<b>Feedback of Supervisor:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>	<b>Reflection of Resident on his/ her Performance:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>
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# DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)-4

Specialty:

Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor					Assessment Date:		
Resident's Name							
Hospital Name					RTMC Number		
Year of Residency	R1	R2	R3	R4	R5		
Quarter	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>			
Setting	O.T.	Procedure Room			OT		
Diagnosis of Patient					Patient Age:	Sex:	
Name of Procedure							
Complexity of Case/Procedure	Low/Easy	Moderate/Average	High/Difficult	N/A			
Number of times procedure performed by Resident							

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2			
1	Indications, anatomy and steps of procedure						
2	Informed consent, with explanation of procedure and complications						
3	Preparation for procedure						
4	Use of Anaesthesia, Analgesia or sedation						
5	Observance of asepsis						
6	Safe use of instruments						
7	Use of accepted techniques						
8	Management of unexpected event (or seeks help)						
9	Post-procedure instructions to patient and staff						
10	Overall ability to perform whole procedure						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures \_\_\_\_\_

**(For Resident and Supervisor)**

<b>Feedback of Supervisor:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>	<b>Reflection of Resident on his/ her Performance:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>
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# DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)-5

Specialty:

Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor					Assessment Date:		
Resident's Name							
Hospital Name					RTMC Number		
Year of Residency	R1	R2	R3	R4	R5		
Quarter	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>			
Setting	O.T.	Procedure Room			OT		
Diagnosis of Patient					Patient Age:	Sex:	
Name of Procedure							
Complexity of Case/Procedure	Low/Easy	Moderate/Average	High/Difficult	N/A			
Number of times procedure performed by Resident							

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2			
1	Indications, anatomy and steps of procedure						
2	Informed consent, with explanation of procedure and complications						
3	Preparation for procedure						
4	Use of Anaesthesia, Analgesia or sedation						
5	Observance of asepsis						
6	Safe use of instruments						
7	Use of accepted techniques						
8	Management of unexpected event (or seeks help)						
9	Post-procedure instructions to patient and staff						
10	Overall ability to perform whole procedure						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures \_\_\_\_\_

**(For Resident and Supervisor)**

<b>Feedback of Supervisor:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>	<b>Reflection of Resident on his/ her Performance:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>
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# DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)-6

Specialty:

Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor					Assessment Date:		
Resident's Name							
Hospital Name					RTMC Number		
Year of Residency	R1	R2	R3	R4	R5		
Quarter	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>			
Setting	O.T.	Procedure Room			OT		
Diagnosis of Patient					Patient Age:	Sex:	
Name of Procedure							
Complexity of Case/Procedure	Low/Easy	Moderate/Average	High/Difficult	N/A			
Number of times procedure performed by Resident							

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2			
1	Indications, anatomy and steps of procedure						
2	Informed consent, with explanation of procedure and complications						
3	Preparation for procedure						
4	Use of Anaesthesia, Analgesia or sedation						
5	Observance of asepsis						
6	Safe use of instruments						
7	Use of accepted techniques						
8	Management of unexpected event (or seeks help)						
9	Post-procedure instructions to patient and staff						
10	Overall ability to perform whole procedure						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures \_\_\_\_\_

**(For Resident and Supervisor)**

<b>Feedback of Supervisor:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>	<b>Reflection of Resident on his/ her Performance:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>
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# DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)-7

Specialty:

Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor					Assessment Date:		
Resident's Name							
Hospital Name					RTMC Number		
Year of Residency	R1	R2	R3	R4	R5		
Quarter	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>			
Setting	O.T.	Procedure Room			OT		
Diagnosis of Patient					Patient Age:	Sex:	
Name of Procedure							
Complexity of Case/Procedure	Low/Easy	Moderate/Average	High/Difficult	N/A			
Number of times procedure performed by Resident							

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2		4	5
1	Indications, anatomy and steps of procedure						
2	Informed consent, with explanation of procedure and complications						
3	Preparation for procedure						
4	Use of Anaesthesia, Analgesia or sedation						
5	Observance of asepsis						
6	Safe use of instruments						
7	Use of accepted techniques						
8	Management of unexpected event (or seeks help)						
9	Post-procedure instructions to patient and staff						
10	Overall ability to perform whole procedure						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures \_\_\_\_\_

**(For Resident and Supervisor)**

<b>Feedback of Supervisor:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>	<b>Reflection of Resident on his/ her Performance:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>
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# DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)-8

Specialty:

Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor					Assessment Date:		
Resident's Name							
Hospital Name					RTMC Number		
Year of Residency	R1	R2	R3	R4	R5		
Quarter	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>			
Setting	O.T.	Procedure Room			OT		
Diagnosis of Patient					Patient Age:	Sex:	
Name of Procedure							
Complexity of Case/Procedure	Low/Easy	Moderate/Average	High/Difficult	N/A			
Number of times procedure performed by Resident							

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2			
1	Indications, anatomy and steps of procedure						
2	Informed consent, with explanation of procedure and complications						
3	Preparation for procedure						
4	Use of Anaesthesia, Analgesia or sedation						
5	Observance of asepsis						
6	Safe use of instruments						
7	Use of accepted techniques						
8	Management of unexpected event (or seeks help)						
9	Post-procedure instructions to patient and staff						
10	Overall ability to perform whole procedure						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures \_\_\_\_\_

**(For Resident and Supervisor)**

<b>Feedback of Supervisor:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>	<b>Reflection of Resident on his/ her Performance:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>
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# DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)-9

Specialty:

Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor					Assessment Date:		
Resident's Name							
Hospital Name					RTMC Number		
Year of Residency	R1	R2	R3	R4	R5		
Quarter	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>			
Setting	O.T.	Procedure Room			OT		
Diagnosis of Patient					Patient Age:	Sex:	
Name of Procedure							
Complexity of Case/Procedure	Low/Easy	Moderate/Average	High/Difficult	N/A			
Number of times procedure performed by Resident							

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2			
1	Indications, anatomy and steps of procedure						
2	Informed consent, with explanation of procedure and complications						
3	Preparation for procedure						
4	Use of Anaesthesia, Analgesia or sedation						
5	Observance of asepsis						
6	Safe use of instruments						
7	Use of accepted techniques						
8	Management of unexpected event (or seeks help)						
9	Post-procedure instructions to patient and staff						
10	Overall ability to perform whole procedure						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures \_\_\_\_\_

**(For Resident and Supervisor)**

<b>Feedback of Supervisor:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>	<b>Reflection of Resident on his/ her Performance:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>
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# DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)-10

Specialty:

Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor					Assessment Date:		
Resident's Name							
Hospital Name					RTMC Number		
Year of Residency	R1	R2	R3	R4	R5		
Quarter	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>			
Setting	O.T.	Procedure Room			OT		
Diagnosis of Patient					Patient Age:	Sex:	
Name of Procedure							
Complexity of Case/Procedure	Low/Easy	Moderate/Average	High/Difficult	N/A			
Number of times procedure performed by Resident							

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2			
1	Indications, anatomy and steps of procedure						
2	Informed consent, with explanation of procedure and complications						
3	Preparation for procedure						
4	Use of Anaesthesia, Analgesia or sedation						
5	Observance of asepsis						
6	Safe use of instruments						
7	Use of accepted techniques						
8	Management of unexpected event (or seeks help)						
9	Post-procedure instructions to patient and staff						
10	Overall ability to perform whole procedure						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures \_\_\_\_\_

**(For Resident and Supervisor)**

<b>Feedback of Supervisor:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>	<b>Reflection of Resident on his/ her Performance:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>
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# DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)-11

Specialty:

Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor					Assessment Date:		
Resident's Name							
Hospital Name					RTMC Number		
Year of Residency	R1	R2	R3	R4	R5		
Quarter	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>			
Setting	O.T.	Procedure Room			OT		
Diagnosis of Patient					Patient Age:	Sex:	
Name of Procedure							
Complexity of Case/Procedure	Low/Easy	Moderate/Average	High/Difficult	N/A			
Number of times procedure performed by Resident							

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2		4	5
1	Indications, anatomy and steps of procedure						
2	Informed consent, with explanation of procedure and complications						
3	Preparation for procedure						
4	Use of Anaesthesia, Analgesia or sedation						
5	Observance of asepsis						
6	Safe use of instruments						
7	Use of accepted techniques						
8	Management of unexpected event (or seeks help)						
9	Post-procedure instructions to patient and staff						
10	Overall ability to perform whole procedure						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures \_\_\_\_\_

**(For Resident and Supervisor)**

<b>Feedback of Supervisor:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>	<b>Reflection of Resident on his/ her Performance:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>
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# DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)-12

Specialty:

Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor					Assessment Date:		
Resident's Name							
Hospital Name					RTMC Number		
Year of Residency	R1	R2	R3	R4	R5		
Quarter	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>			
Setting	O.T.	Procedure Room			OT		
Diagnosis of Patient					Patient Age:	Sex:	
Name of Procedure							
Complexity of Case/Procedure	Low/Easy	Moderate/Average	High/Difficult	N/A			
Number of times procedure performed by Resident							

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2			
1	Indications, anatomy and steps of procedure						
2	Informed consent, with explanation of procedure and complications						
3	Preparation for procedure						
4	Use of Anaesthesia, Analgesia or sedation						
5	Observance of asepsis						
6	Safe use of instruments						
7	Use of accepted techniques						
8	Management of unexpected event (or seeks help)						
9	Post-procedure instructions to patient and staff						
10	Overall ability to perform whole procedure						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures \_\_\_\_\_

**(For Resident and Supervisor)**

<b>Feedback of Supervisor:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>	<b>Reflection of Resident on his/ her Performance:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>
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# DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)-13

Specialty:

Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor					Assessment Date:		
Resident's Name							
Hospital Name					RTMC Number		
Year of Residency	R1	R2	R3	R4	R5		
Quarter	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>			
Setting	O.T.	Procedure Room			OT		
Diagnosis of Patient					Patient Age:	Sex:	
Name of Procedure							
Complexity of Case/Procedure	Low/Easy	Moderate/Average	High/Difficult	N/A			
Number of times procedure performed by Resident							

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2	3	4	5
1	Indications, anatomy and steps of procedure						
2	Informed consent, with explanation of procedure and complications						
3	Preparation for procedure						
4	Use of Anaesthesia, Analgesia or sedation						
5	Observance of asepsis						
6	Safe use of instruments						
7	Use of accepted techniques						
8	Management of unexpected event (or seeks help)						
9	Post-procedure instructions to patient and staff						
10	Overall ability to perform whole procedure						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures \_\_\_\_\_

**(For Resident and Supervisor)**

<b>Feedback of Supervisor:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>	<b>Reflection of Resident on his/ her Performance:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>
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# DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)-14

Specialty:

Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor					Assessment Date:		
Resident's Name							
Hospital Name					RTMC Number		
Year of Residency	R1	R2	R3	R4	R5		
Quarter	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>			
Setting	O.T.	Procedure Room			OT		
Diagnosis of Patient					Patient Age:	Sex:	
Name of Procedure							
Complexity of Case/Procedure	Low/Easy	Moderate/Average	High/Difficult	N/A			
Number of times procedure performed by Resident							

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2			
1	Indications, anatomy and steps of procedure						
2	Informed consent, with explanation of procedure and complications						
3	Preparation for procedure						
4	Use of Anaesthesia, Analgesia or sedation						
5	Observance of asepsis						
6	Safe use of instruments						
7	Use of accepted techniques						
8	Management of unexpected event (or seeks help)						
9	Post-procedure instructions to patient and staff						
10	Overall ability to perform whole procedure						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures \_\_\_\_\_

**(For Resident and Supervisor)**

<b>Feedback of Supervisor:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>	<b>Reflection of Resident on his/ her Performance:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>
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# DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)-15

Specialty:

Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor					Assessment Date:		
Resident's Name							
Hospital Name					RTMC Number		
Year of Residency	R1	R2	R3	R4	R5		
Quarter	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>			
Setting	O.T.	Procedure Room			OT		
Diagnosis of Patient					Patient Age:	Sex:	
Name of Procedure							
Complexity of Case/Procedure	Low/Easy	Moderate/Average	High/Difficult	N/A			
Number of times procedure performed by Resident							

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2		4	5
1	Indications, anatomy and steps of procedure						
2	Informed consent, with explanation of procedure and complications						
3	Preparation for procedure						
4	Use of Anaesthesia, Analgesia or sedation						
5	Observance of asepsis						
6	Safe use of instruments						
7	Use of accepted techniques						
8	Management of unexpected event (or seeks help)						
9	Post-procedure instructions to patient and staff						
10	Overall ability to perform whole procedure						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures \_\_\_\_\_

**(For Resident and Supervisor)**

<b>Feedback of Supervisor:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>	<b>Reflection of Resident on his/ her Performance:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>
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# DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)-16

Specialty:

Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor					Assessment Date:		
Resident's Name							
Hospital Name					RTMC Number		
Year of Residency	R1	R2	R3	R4	R5		
Quarter	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>			
Setting	O.T.	Procedure Room			OT		
Diagnosis of Patient					Patient Age:	Sex:	
Name of Procedure							
Complexity of Case/Procedure	Low/Easy	Moderate/Average	High/Difficult	N/A			
Number of times procedure performed by Resident							

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2			
1	Indications, anatomy and steps of procedure						
2	Informed consent, with explanation of procedure and complications						
3	Preparation for procedure						
4	Use of Anaesthesia, Analgesia or sedation						
5	Observance of asepsis						
6	Safe use of instruments						
7	Use of accepted techniques						
8	Management of unexpected event (or seeks help)						
9	Post-procedure instructions to patient and staff						
10	Overall ability to perform whole procedure						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures \_\_\_\_\_

**(For Resident and Supervisor)**

<b>Feedback of Supervisor:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>	<b>Reflection of Resident on his/ her Performance:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>
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# Mini-Clinical Evaluation Exercise (CEX)-1

Specialty: \_\_\_\_\_ Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor			Assessment Date:
Resident's Name			
Hospital Name			RTMC Number:
Year of Residency	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> R5
Quarter	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>
Setting	<input type="checkbox"/> OPD	<input type="checkbox"/> Ward	<input type="checkbox"/> Other
Diagnosis of Patient			Patient Age: _____ Sex: _____
Clinical Area			
Complexity of Case/Procedure:	<input type="checkbox"/> Low/ Easy <input type="checkbox"/> Moderate/ Average <input type="checkbox"/> High/ Difficult <input type="checkbox"/> N/A		
Focus on Clinical Encounters	<input type="checkbox"/> History taking _____ <input type="checkbox"/> Physical exam _____ <input type="checkbox"/> Communication skills _____ <input type="checkbox"/> Others _____		

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2	3	4	5
1.	Informed Consent of patient						
2.	Interviewing Skills						
3.	Systematic Progression						
4.	Presentation of Positive & significant Negative Findings						
5.	Justification of Actions						
6.	Organization/Efficiency						
7.	Overall clinical skills						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures

\_\_\_\_\_

**(For Resident and Supervisor)**

**Feedback of Supervisor:**

- Strengths:
- Suggestions for improvement:

**Reflection of Resident on Performance:**

- Strengths:
- Suggestions for improvement:

# Mini-Clinical Evaluation Exercise (CEX)-2

Specialty: \_\_\_\_\_ Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor			Assessment Date:
Resident's Name			
Hospital Name			RTMC Number:
Year of Residency	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> R5
Quarter	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>
Setting	<input type="checkbox"/> OPD	<input type="checkbox"/> Ward	<input type="checkbox"/> Other
Diagnosis of Patient			Patient Age: _____ Sex: _____
Clinical Area			
Complexity of Case/Procedure:	<input type="checkbox"/> Low/ Easy <input type="checkbox"/> Moderate/ Average <input type="checkbox"/> High/ Difficult <input type="checkbox"/> N/A		
Focus on Clinical Encounters	<input type="checkbox"/> History taking _____ <input type="checkbox"/> Physical exam _____ <input type="checkbox"/> Communication skills _____ <input type="checkbox"/> Others _____		

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2	3	4	5
1.	Informed Consent of patient						
2.	Interviewing Skills						
3.	Systematic Progression						
4.	Presentation of Positive & significant Negative Findings						
5.	Justification of Actions						
6.	Organization/Efficiency						
7.	Overall clinical skills						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures

\_\_\_\_\_

**(For Resident and Supervisor)**

**Feedback of Supervisor:**

- Strengths:
- Suggestions for improvement:

**Reflection of Resident on Performance:**

- Strengths:
- Suggestions for improvement:



# Mini-Clinical Evaluation Exercise (CEX)-3

Specialty: \_\_\_\_\_ Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor			Assessment Date:
Resident's Name			
Hospital Name			RTMC Number:
Year of Residency	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> R5
Quarter	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>
Setting	<input type="checkbox"/> OPD	<input type="checkbox"/> Ward	<input type="checkbox"/> Other
Diagnosis of Patient			Patient Age: _____ Sex: _____
Clinical Area			
Complexity of Case/Procedure:	<input type="checkbox"/> Low/ Easy <input type="checkbox"/> Moderate/ Average <input type="checkbox"/> High/ Difficult <input type="checkbox"/> N/A		
Focus on Clinical Encounters	<input type="checkbox"/> History taking _____ <input type="checkbox"/> Physical exam _____ <input type="checkbox"/> Communication skills _____ <input type="checkbox"/> Others _____		

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2	3	4	5
1.	Informed Consent of patient						
2.	Interviewing Skills						
3.	Systematic Progression						
4.	Presentation of Positive & significant Negative Findings						
5.	Justification of Actions						
6.	Organization/Efficiency						
7.	Overall clinical skills						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures

\_\_\_\_\_

**(For Resident and Supervisor)**

<b>Feedback of Supervisor:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>	<b>Reflection of Resident on Performance:</b>  - <u>Strengths:</u>  - <u>Suggestions for improvement:</u>
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# Mini-Clinical Evaluation Exercise (CEX)-4

Specialty: \_\_\_\_\_ Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor			Assessment Date:
Resident's Name			
Hospital Name			RTMC Number:
Year of Residency	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> R5
Quarter	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>
Setting	<input type="checkbox"/> OPD	<input type="checkbox"/> Ward	<input type="checkbox"/> Other
Diagnosis of Patient			Patient Age: _____ Sex: _____
Clinical Area			
Complexity of Case/Procedure:	<input type="checkbox"/> Low/ Easy <input type="checkbox"/> Moderate/ Average <input type="checkbox"/> High/ Difficult <input type="checkbox"/> N/A		
Focus on Clinical Encounters	<input type="checkbox"/> History taking _____ <input type="checkbox"/> Physical exam _____ <input type="checkbox"/> Communication skills _____ <input type="checkbox"/> Others _____		

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2	3	4	5
1.	Informed Consent of patient						
2.	Interviewing Skills						
3.	Systematic Progression						
4.	Presentation of Positive & significant Negative Findings						
5.	Justification of Actions						
6.	Organization/Efficiency						
7.	Overall clinical skills						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures

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**(For Resident and Supervisor)**

**Feedback of Supervisor:**

- Strengths:
- Suggestions for improvement:

**Reflection of Resident on Performance:**

- Strengths:
- Suggestions for improvement:

# Mini-Clinical Evaluation Exercise (CEX)-5

Specialty: \_\_\_\_\_ Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor			Assessment Date:
Resident's Name			
Hospital Name			RTMC Number:
Year of Residency	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> R5
Quarter	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>
Setting	<input type="checkbox"/> OPD	<input type="checkbox"/> Ward	<input type="checkbox"/> Other
Diagnosis of Patient			Patient Age: _____ Sex: _____
Clinical Area			
Complexity of Case/Procedure:	<input type="checkbox"/> Low/ Easy <input type="checkbox"/> Moderate/ Average <input type="checkbox"/> High/ Difficult <input type="checkbox"/> N/A		
Focus on Clinical Encounters	<input type="checkbox"/> History taking _____ <input type="checkbox"/> Physical exam _____ <input type="checkbox"/> Communication skills _____ <input type="checkbox"/> Others _____		

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2	3	4	5
1.	Informed Consent of patient						
2.	Interviewing Skills						
3.	Systematic Progression						
4.	Presentation of Positive & significant Negative Findings						
5.	Justification of Actions						
6.	Organization/Efficiency						
7.	Overall clinical skills						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures

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**(For Resident and Supervisor)**

**Feedback of Supervisor:**

- Strengths:
- Suggestions for improvement:

**Reflection of Resident on Performance:**

- Strengths:
- Suggestions for improvement:

# Mini-Clinical Evaluation Exercise (CEX)-6

Specialty: \_\_\_\_\_ Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor			Assessment Date:
Resident's Name			
Hospital Name			RTMC Number:
Year of Residency	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> R5
Quarter	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>
Setting	<input type="checkbox"/> OPD	<input type="checkbox"/> Ward	<input type="checkbox"/> Other
Diagnosis of Patient			Patient Age: _____ Sex: _____
Clinical Area			
Complexity of Case/Procedure:	<input type="checkbox"/> Low/ Easy <input type="checkbox"/> Moderate/ Average <input type="checkbox"/> High/ Difficult <input type="checkbox"/> N/A		
Focus on Clinical Encounters	<input type="checkbox"/> History taking _____ <input type="checkbox"/> Physical exam _____ <input type="checkbox"/> Communication skills _____ <input type="checkbox"/> Others _____		

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2	3	4	5
1.	Informed Consent of patient						
2.	Interviewing Skills						
3.	Systematic Progression						
4.	Presentation of Positive & significant Negative Findings						
5.	Justification of Actions						
6.	Organization/Efficiency						
7.	Overall clinical skills						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures

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**(For Resident and Supervisor)**

**Feedback of Supervisor:**

- Strengths:
- Suggestions for improvement:

**Reflection of Resident on Performance:**

- Strengths:
- Suggestions for improvement:

# Mini-Clinical Evaluation Exercise (CEX)-7

Specialty: \_\_\_\_\_ Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor			Assessment Date:
Resident's Name			
Hospital Name			RTMC Number:
Year of Residency	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> R5
Quarter	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>
Setting	<input type="checkbox"/> OPD	<input type="checkbox"/> Ward	<input type="checkbox"/> Other
Diagnosis of Patient			Patient Age: _____ Sex: _____
Clinical Area			
Complexity of Case/Procedure:	<input type="checkbox"/> Low/ Easy <input type="checkbox"/> Moderate/ Average <input type="checkbox"/> High/ Difficult <input type="checkbox"/> N/A		
Focus on Clinical Encounters	<input type="checkbox"/> History taking _____ <input type="checkbox"/> Physical exam _____ <input type="checkbox"/> Communication skills _____ <input type="checkbox"/> Others _____		

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2	3	4	5
1.	Informed Consent of patient						
2.	Interviewing Skills						
3.	Systematic Progression						
4.	Presentation of Positive & significant Negative Findings						
5.	Justification of Actions						
6.	Organization/Efficiency						
7.	Overall clinical skills						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures

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**(For Resident and Supervisor)**

**Feedback of Supervisor:**

- Strengths:
- Suggestions for improvement:

**Reflection of Resident on Performance:**

- Strengths:
- Suggestions for improvement:

# Mini-Clinical Evaluation Exercise (CEX)-8

Specialty: \_\_\_\_\_ Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor			Assessment Date:
Resident's Name			
Hospital Name			RTMC Number:
Year of Residency	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> R5
Quarter	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>
Setting	<input type="checkbox"/> OPD	<input type="checkbox"/> Ward	<input type="checkbox"/> Other
Diagnosis of Patient			Patient Age: _____ Sex: _____
Clinical Area			
Complexity of Case/Procedure:	<input type="checkbox"/> Low/ Easy <input type="checkbox"/> Moderate/ Average <input type="checkbox"/> High/ Difficult <input type="checkbox"/> N/A		
Focus on Clinical Encounters	<input type="checkbox"/> History taking _____ <input type="checkbox"/> Physical exam _____ <input type="checkbox"/> Communication skills _____ <input type="checkbox"/> Others _____		

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2	3	4	5
1.	Informed Consent of patient						
2.	Interviewing Skills						
3.	Systematic Progression						
4.	Presentation of Positive & significant Negative Findings						
5.	Justification of Actions						
6.	Organization/Efficiency						
7.	Overall clinical skills						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures

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**(For Resident and Supervisor)**

**Feedback of Supervisor:**

- Strengths:
- Suggestions for improvement:

**Reflection of Resident on Performance:**

- Strengths:
- Suggestions for improvement:

# Mini-Clinical Evaluation Exercise (CEX)-9

Specialty: \_\_\_\_\_ Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor			Assessment Date:
Resident's Name			
Hospital Name			RTMC Number:
Year of Residency	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> R5
Quarter	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>
Setting	<input type="checkbox"/> OPD	<input type="checkbox"/> Ward	<input type="checkbox"/> Other
Diagnosis of Patient			Patient Age: _____ Sex: _____
Clinical Area			
Complexity of Case/Procedure:	<input type="checkbox"/> Low/ Easy <input type="checkbox"/> Moderate/ Average <input type="checkbox"/> High/ Difficult <input type="checkbox"/> N/A		
Focus on Clinical Encounters	<input type="checkbox"/> History taking _____ <input type="checkbox"/> Physical exam _____ <input type="checkbox"/> Communication skills _____ <input type="checkbox"/> Others _____		

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2	3	4	5
1.	Informed Consent of patient						
2.	Interviewing Skills						
3.	Systematic Progression						
4.	Presentation of Positive & significant Negative Findings						
5.	Justification of Actions						
6.	Organization/Efficiency						
7.	Overall clinical skills						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures

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**(For Resident and Supervisor)**

**Feedback of Supervisor:**

- Strengths:
- Suggestions for improvement:

**Reflection of Resident on Performance:**

- Strengths:
- Suggestions for improvement:

# Mini-Clinical Evaluation Exercise (CEX)-10

Specialty: \_\_\_\_\_ Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor			Assessment Date:
Resident's Name			
Hospital Name			RTMC Number:
Year of Residency	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> R5
Quarter	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>
Setting	<input type="checkbox"/> OPD	<input type="checkbox"/> Ward	<input type="checkbox"/> Other
Diagnosis of Patient			Patient Age: _____ Sex: _____
Clinical Area			
Complexity of Case/Procedure:	<input type="checkbox"/> Low/ Easy <input type="checkbox"/> Moderate/ Average <input type="checkbox"/> High/ Difficult <input type="checkbox"/> N/A		
Focus on Clinical Encounters	<input type="checkbox"/> History taking _____ <input type="checkbox"/> Physical exam _____ <input type="checkbox"/> Communication skills _____ <input type="checkbox"/> Others _____		

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2	3	4	5
1.	Informed Consent of patient						
2.	Interviewing Skills						
3.	Systematic Progression						
4.	Presentation of Positive & significant Negative Findings						
5.	Justification of Actions						
6.	Organization/Efficiency						
7.	Overall clinical skills						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures

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**(For Resident and Supervisor)**

**Feedback of Supervisor:**

- Strengths:
- Suggestions for improvement:

**Reflection of Resident on Performance:**

- Strengths:
- Suggestions for improvement:



# Mini-Clinical Evaluation Exercise (CEX)-11

Specialty: \_\_\_\_\_ Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor			Assessment Date:
Resident's Name			
Hospital Name			RTMC Number:
Year of Residency	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> R5
Quarter	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>
Setting	<input type="checkbox"/> OPD	<input type="checkbox"/> Ward	<input type="checkbox"/> Other
Diagnosis of Patient			Patient Age: _____ Sex: _____
Clinical Area			
Complexity of Case/Procedure:	<input type="checkbox"/> Low/ Easy <input type="checkbox"/> Moderate/ Average <input type="checkbox"/> High/ Difficult <input type="checkbox"/> N/A		
Focus on Clinical Encounters	<input type="checkbox"/> History taking _____ <input type="checkbox"/> Physical exam _____ <input type="checkbox"/> Communication skills _____ <input type="checkbox"/> Others _____		

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2	3	4	5
1.	Informed Consent of patient						
2.	Interviewing Skills						
3.	Systematic Progression						
4.	Presentation of Positive & significant Negative Findings						
5.	Justification of Actions						
6.	Organization/Efficiency						
7.	Overall clinical skills						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures

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**(For Resident and Supervisor)**

**Feedback of Supervisor:**

- Strengths:
- Suggestions for improvement:

**Reflection of Resident on Performance:**

- Strengths:
- Suggestions for improvement:

# Mini-Clinical Evaluation Exercise (CEX)-12

Specialty: \_\_\_\_\_ Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor			Assessment Date:
Resident's Name			
Hospital Name			RTMC Number:
Year of Residency	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> R5
Quarter	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>
Setting	<input type="checkbox"/> OPD	<input type="checkbox"/> Ward	<input type="checkbox"/> Other
Diagnosis of Patient			Patient Age: _____ Sex: _____
Clinical Area			
Complexity of Case/Procedure:	<input type="checkbox"/> Low/ Easy <input type="checkbox"/> Moderate/ Average <input type="checkbox"/> High/ Difficult <input type="checkbox"/> N/A		
Focus on Clinical Encounters	<input type="checkbox"/> History taking _____ <input type="checkbox"/> Physical exam _____ <input type="checkbox"/> Communication skills _____ <input type="checkbox"/> Others _____		

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2	3	4	5
1.	Informed Consent of patient						
2.	Interviewing Skills						
3.	Systematic Progression						
4.	Presentation of Positive & significant Negative Findings						
5.	Justification of Actions						
6.	Organization/Efficiency						
7.	Overall clinical skills						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures

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**(For Resident and Supervisor)**

**Feedback of Supervisor:**

- Strengths:
- Suggestions for improvement:

**Reflection of Resident on Performance:**

- Strengths:
- Suggestions for improvement:

# Mini-Clinical Evaluation Exercise (CEX)-13

Specialty: \_\_\_\_\_ Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor			Assessment Date:
Resident's Name			
Hospital Name			RTMC Number:
Year of Residency	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> R5
Quarter	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>
Setting	<input type="checkbox"/> OPD	<input type="checkbox"/> Ward	<input type="checkbox"/> Other
Diagnosis of Patient			Patient Age: _____ Sex: _____
Clinical Area			
Complexity of Case/Procedure:	<input type="checkbox"/> Low/ Easy <input type="checkbox"/> Moderate/ Average <input type="checkbox"/> High/ Difficult <input type="checkbox"/> N/A		
Focus on Clinical Encounters	<input type="checkbox"/> History taking _____ <input type="checkbox"/> Physical exam _____ <input type="checkbox"/> Communication skills _____ <input type="checkbox"/> Others _____		

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2	3	4	5
1.	Informed Consent of patient						
2.	Interviewing Skills						
3.	Systematic Progression						
4.	Presentation of Positive & significant Negative Findings						
5.	Justification of Actions						
6.	Organization/Efficiency						
7.	Overall clinical skills						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures

\_\_\_\_\_

**(For Resident and Supervisor)**

**Feedback of Supervisor:**

- Strengths:
- Suggestions for improvement:

**Reflection of Resident on Performance:**

- Strengths:
- Suggestions for improvement:

# Mini-Clinical Evaluation Exercise (CEX)-14

Specialty: \_\_\_\_\_ Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor			Assessment Date:
Resident's Name			
Hospital Name			RTMC Number:
Year of Residency	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> R5
Quarter	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>
Setting	<input type="checkbox"/> OPD	<input type="checkbox"/> Ward	<input type="checkbox"/> Other
Diagnosis of Patient			Patient Age: _____ Sex: _____
Clinical Area			
Complexity of Case/Procedure:	<input type="checkbox"/> Low/ Easy <input type="checkbox"/> Moderate/ Average <input type="checkbox"/> High/ Difficult <input type="checkbox"/> N/A		
Focus on Clinical Encounters	<input type="checkbox"/> History taking _____ <input type="checkbox"/> Physical exam _____ <input type="checkbox"/> Communication skills _____ <input type="checkbox"/> Others _____		

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2	3	4	5
1.	Informed Consent of patient						
2.	Interviewing Skills						
3.	Systematic Progression						
4.	Presentation of Positive & significant Negative Findings						
5.	Justification of Actions						
6.	Organization/Efficiency						
7.	Overall clinical skills						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures

\_\_\_\_\_

**(For Resident and Supervisor)**

**Feedback of Supervisor:**

- Strengths:
- Suggestions for improvement:

**Reflection of Resident on Performance:**

- Strengths:
- Suggestions for improvement:

# Mini-Clinical Evaluation Exercise (CEX)-15

Specialty: \_\_\_\_\_ Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor			Assessment Date:
Resident's Name			
Hospital Name			RTMC Number:
Year of Residency	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> R5
Quarter	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>
Setting	<input type="checkbox"/> OPD	<input type="checkbox"/> Ward	<input type="checkbox"/> Other
Diagnosis of Patient			Patient Age: _____ Sex: _____
Clinical Area			
Complexity of Case/Procedure:	<input type="checkbox"/> Low/ Easy <input type="checkbox"/> Moderate/ Average <input type="checkbox"/> High/ Difficult <input type="checkbox"/> N/A		
Focus on Clinical Encounters	<input type="checkbox"/> History taking _____ <input type="checkbox"/> Physical exam _____ <input type="checkbox"/> Communication skills _____ <input type="checkbox"/> Others _____		

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2	3	4	5
1.	Informed Consent of patient						
2.	Interviewing Skills						
3.	Systematic Progression						
4.	Presentation of Positive & significant Negative Findings						
5.	Justification of Actions						
6.	Organization/Efficiency						
7.	Overall clinical skills						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures

\_\_\_\_\_

**(For Resident and Supervisor)**

**Feedback of Supervisor:**

- Strengths:
- Suggestions for improvement:

**Reflection of Resident on Performance:**

- Strengths:
- Suggestions for improvement:

# Mini-Clinical Evaluation Exercise (CEX)-16

Specialty: \_\_\_\_\_ Time duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor			Assessment Date:
Resident's Name			
Hospital Name			RTMC Number:
Year of Residency	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> R5
Quarter	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>
Setting	<input type="checkbox"/> OPD	<input type="checkbox"/> Ward	<input type="checkbox"/> Other
Diagnosis of Patient			Patient Age: _____ Sex: _____
Clinical Area			
Complexity of Case/Procedure:	<input type="checkbox"/> Low/ Easy <input type="checkbox"/> Moderate/ Average <input type="checkbox"/> High/ Difficult <input type="checkbox"/> N/A		
Focus on Clinical Encounters	<input type="checkbox"/> History taking _____ <input type="checkbox"/> Physical exam _____ <input type="checkbox"/> Communication skills _____ <input type="checkbox"/> Others _____		

Ser	Please grade the following areas on the given scale	Not Observed/ Applicable	Below Expectations		Borderline	Meets Expectations	Excellent
			1	2	3	4	5
1.	Informed Consent of patient						
2.	Interviewing Skills						
3.	Systematic Progression						
4.	Presentation of Positive & significant Negative Findings						
5.	Justification of Actions						
6.	Organization/Efficiency						
7.	Overall clinical skills						

Assessor's Satisfaction: (Low) 1 2 3 4 5 6 7 8 9 (High)

Signatures

\_\_\_\_\_

**(For Resident and Supervisor)**

**Feedback of Supervisor:**

- Strengths:
- Suggestions for improvement:

**Reflection of Resident on Performance:**

- Strengths:
- Suggestions for improvement:

## RESEARCH ARTICLE / DISSERTATION WRITING

Approved research topics:

1. \_\_\_\_\_

2. \_\_\_\_\_

Ethical committee approval:

\_\_\_\_\_

Data collection:

\_\_\_\_\_

Data analysis:

\_\_\_\_\_

Article submission:

\_\_\_\_\_

Article Acceptance:

\_\_\_\_\_