

Rawalpindi Medical University

Grading Logbook Family Medicine



Registrar's Name:

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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 st 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"> o Hypertension o Diabetes Mellitus o Coronary artery disease o Rapport building and basic communication skills o Basic medical ethics
2.	Neurology:	<ul style="list-style-type: none"> o Common causes of headache o TIA/CVA o Neuropathies o Epilepsy
3.	Pulmonology:	<ul style="list-style-type: none"> o Asthma o COPD o Community Acquired Pneumonia o Smoking cessation o Lung Cancer
2 nd Quarter (4-6 months)		
1.	Internal Medicine	<ul style="list-style-type: none"> o Common ambulatory infections o Organic and functional diseases in population of all ages and both genders. o Concepts and basic principles of Family Medicine o Various models of Consultation Skills o Professionalism o Taking and giving feedback o Self-reflection and learning needs assessment o Patient autonomy and respect, privacy, confidentiality, equity and justice
2.	Neurology	Common causes of headaches (migraine, cluster headache, tension headaches etc.) <ul style="list-style-type: none"> o Peripheral neuropathy (mono and polyneuropathies) o Parkinsons' disease o Movement disorders o Dystonia o Delirium o Neurocognitive disorder (e.g., dementia) o Benign positional vertigo o Encephalitis, meningitis o Intracranial bleeds (epidural and subdural hematomas) o subarachnoid bleeding)
3.	Pulmonology	<ul style="list-style-type: none"> o Pulmonary and extra pulmonary tuberculosis o Smoking and Smoking Cessation o Interstitial Lung Diseases o Sarcoidosis o Pleural effusion o Pneumothorax o Obstructive sleep apnoea

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

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

		<ul style="list-style-type: none"> ○ Normal and abnormal child growth & developmental (including developmental delay and short stature) ○ Nutrition in children (nutritional deficiencies, malnutrition, and obesity) ○ Common ENT and respiratory problems in children (pneumonia, otitis media, foreign body, asthma, infectious and non-infectious diseases) ○ Childhood immunization ○ UTI and enuresis in children ○ Childhood diarrhoea ○ Childhood seizures, ○ febrile fits and meningitis ○ Worm infestation in children ○ Atopic dermatitis ○ Common viral and bacterial infections in children ○ Cerebral palsy ○ Downs syndrome ○ Autistic spectrum disorders ○ Cystic fibrosis ○ Hirschsprung's disease ○ Congenital heart diseases ○ Breath holding spells ○ Common causes of fever and rash among children ○ Adolescent health
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 Wksps	
		Total	
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 Wksps	
		Total	
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	
		Total	
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	
		Total	
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	
		Total	
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	
		Total	
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	
		Total	
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	
		Total	
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	
		Total	
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	
		Total	
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	<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 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	
Setting	<input type="checkbox"/> O.T. <input type="checkbox"/> Procedure Room <input type="checkbox"/> OT	
Diagnosis of Patient	Patient Age:	Sex:
Name of Procedure		
Complexity of Case/Procedure	<input type="checkbox"/> Low/Easy <input type="checkbox"/> Moderate/Average <input type="checkbox"/> High/Difficult <input type="checkbox"/> 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)

Feedback of Supervisor: - <u>Strengths:</u> - <u>Suggestions for improvement:</u>	Reflection of Resident on his/ her Performance: - <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	<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 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	
Setting	<input type="checkbox"/> O.T. <input type="checkbox"/> Procedure Room <input type="checkbox"/> OT	
Diagnosis of Patient	Patient Age:	Sex:
Name of Procedure		
Complexity of Case/Procedure	<input type="checkbox"/> Low/Easy <input type="checkbox"/> Moderate/Average <input type="checkbox"/> High/Difficult <input type="checkbox"/> 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)

Feedback of Supervisor: - <u>Strengths:</u> - <u>Suggestions for improvement:</u>	Reflection of Resident on his/ her Performance: - <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	<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 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	
Setting	<input type="checkbox"/> O.T. <input type="checkbox"/> Procedure Room <input type="checkbox"/> OT	
Diagnosis of Patient	Patient Age:	Sex:
Name of Procedure		
Complexity of Case/Procedure	<input type="checkbox"/> Low/Easy <input type="checkbox"/> Moderate/Average <input type="checkbox"/> High/Difficult <input type="checkbox"/> 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)

Feedback of Supervisor: - <u>Strengths:</u> - <u>Suggestions for improvement:</u>	Reflection of Resident on his/ her Performance: - <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	<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 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	
Setting	<input type="checkbox"/> O.T. <input type="checkbox"/> Procedure Room <input type="checkbox"/> OT	
Diagnosis of Patient	Patient Age:	Sex:
Name of Procedure		
Complexity of Case/Procedure	<input type="checkbox"/> Low/Easy <input type="checkbox"/> Moderate/Average <input type="checkbox"/> High/Difficult <input type="checkbox"/> 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)

Feedback of Supervisor: - <u>Strengths:</u> - <u>Suggestions for improvement:</u>	Reflection of Resident on his/ her Performance: - <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	<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 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	
Setting	<input type="checkbox"/> O.T. <input type="checkbox"/> Procedure Room <input type="checkbox"/> OT	
Diagnosis of Patient	Patient Age:	Sex:
Name of Procedure		
Complexity of Case/Procedure	<input type="checkbox"/> Low/Easy <input type="checkbox"/> Moderate/Average <input type="checkbox"/> High/Difficult <input type="checkbox"/> 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)

Feedback of Supervisor: - <u>Strengths:</u> - <u>Suggestions for improvement:</u>	Reflection of Resident on his/ her Performance: - <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	<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 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	
Setting	<input type="checkbox"/> O.T. <input type="checkbox"/> Procedure Room <input type="checkbox"/> OT	
Diagnosis of Patient	Patient Age:	Sex:
Name of Procedure		
Complexity of Case/Procedure	<input type="checkbox"/> Low/Easy <input type="checkbox"/> Moderate/Average <input type="checkbox"/> High/Difficult <input type="checkbox"/> 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)

Feedback of Supervisor: - <u>Strengths:</u> - <u>Suggestions for improvement:</u>	Reflection of Resident on his/ her Performance: - <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	<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 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	
Setting	<input type="checkbox"/> O.T. <input type="checkbox"/> Procedure Room <input type="checkbox"/> OT	
Diagnosis of Patient	Patient Age:	Sex:
Name of Procedure		
Complexity of Case/Procedure	<input type="checkbox"/> Low/Easy <input type="checkbox"/> Moderate/Average <input type="checkbox"/> High/Difficult <input type="checkbox"/> 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)

Feedback of Supervisor: <ul style="list-style-type: none"> - <u>Strengths:</u> - <u>Suggestions for improvement:</u> 	Reflection of Resident on his/ her Performance: <ul style="list-style-type: none"> - <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	<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 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	
Setting	<input type="checkbox"/> O.T. <input type="checkbox"/> Procedure Room <input type="checkbox"/> OT	
Diagnosis of Patient	Patient Age:	Sex:
Name of Procedure		
Complexity of Case/Procedure	<input type="checkbox"/> Low/Easy <input type="checkbox"/> Moderate/Average <input type="checkbox"/> High/Difficult <input type="checkbox"/> 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)

Feedback of Supervisor: - <u>Strengths:</u> - <u>Suggestions for improvement:</u>	Reflection of Resident on his/ her Performance: - <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	<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 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	
Setting	<input type="checkbox"/> O.T. <input type="checkbox"/> Procedure Room <input type="checkbox"/> OT	
Diagnosis of Patient	Patient Age:	Sex:
Name of Procedure		
Complexity of Case/Procedure	<input type="checkbox"/> Low/Easy <input type="checkbox"/> Moderate/Average <input type="checkbox"/> High/Difficult <input type="checkbox"/> 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)

Feedback of Supervisor: - <u>Strengths:</u> - <u>Suggestions for improvement:</u>	Reflection of Resident on his/ her Performance: - <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	<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 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	
Setting	<input type="checkbox"/> O.T. <input type="checkbox"/> Procedure Room <input type="checkbox"/> OT	
Diagnosis of Patient	Patient Age:	Sex:
Name of Procedure		
Complexity of Case/Procedure	<input type="checkbox"/> Low/Easy <input type="checkbox"/> Moderate/Average <input type="checkbox"/> High/Difficult <input type="checkbox"/> 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)

Feedback of Supervisor: - <u>Strengths:</u> - <u>Suggestions for improvement:</u>	Reflection of Resident on his/ her Performance: - <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	<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 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	
Setting	<input type="checkbox"/> O.T. <input type="checkbox"/> Procedure Room <input type="checkbox"/> OT	
Diagnosis of Patient	Patient Age:	Sex:
Name of Procedure		
Complexity of Case/Procedure	<input type="checkbox"/> Low/Easy <input type="checkbox"/> Moderate/Average <input type="checkbox"/> High/Difficult <input type="checkbox"/> 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)

Feedback of Supervisor: - <u>Strengths:</u> - <u>Suggestions for improvement:</u>	Reflection of Resident on his/ her Performance: - <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	<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 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	
Setting	<input type="checkbox"/> O.T. <input type="checkbox"/> Procedure Room <input type="checkbox"/> OT	
Diagnosis of Patient	Patient Age:	Sex:
Name of Procedure		
Complexity of Case/Procedure	<input type="checkbox"/> Low/Easy <input type="checkbox"/> Moderate/Average <input type="checkbox"/> High/Difficult <input type="checkbox"/> 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)

Feedback of Supervisor: - <u>Strengths:</u> - <u>Suggestions for improvement:</u>	Reflection of Resident on his/ her Performance: - <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	<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 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	
Setting	<input type="checkbox"/> O.T. <input type="checkbox"/> Procedure Room <input type="checkbox"/> OT	
Diagnosis of Patient	Patient Age:	Sex:
Name of Procedure		
Complexity of Case/Procedure	<input type="checkbox"/> Low/Easy <input type="checkbox"/> Moderate/Average <input type="checkbox"/> High/Difficult <input type="checkbox"/> 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)

Feedback of Supervisor: - <u>Strengths:</u> - <u>Suggestions for improvement:</u>	Reflection of Resident on his/ her Performance: - <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	<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 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	
Setting	<input type="checkbox"/> O.T. <input type="checkbox"/> Procedure Room <input type="checkbox"/> OT	
Diagnosis of Patient	Patient Age:	Sex:
Name of Procedure		
Complexity of Case/Procedure	<input type="checkbox"/> Low/Easy <input type="checkbox"/> Moderate/Average <input type="checkbox"/> High/Difficult <input type="checkbox"/> 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)

Feedback of Supervisor: - <u>Strengths:</u> - <u>Suggestions for improvement:</u>	Reflection of Resident on his/ her Performance: - <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	<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 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	
Setting	<input type="checkbox"/> O.T. <input type="checkbox"/> Procedure Room <input type="checkbox"/> OT	
Diagnosis of Patient	Patient Age:	Sex:
Name of Procedure		
Complexity of Case/Procedure	<input type="checkbox"/> Low/Easy <input type="checkbox"/> Moderate/Average <input type="checkbox"/> High/Difficult <input type="checkbox"/> 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)

Feedback of Supervisor: <ul style="list-style-type: none"> - <u>Strengths:</u> - <u>Suggestions for improvement:</u> 	Reflection of Resident on his/ her Performance: <ul style="list-style-type: none"> - <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	<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 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	
Setting	<input type="checkbox"/> O.T. <input type="checkbox"/> Procedure Room <input type="checkbox"/> OT	
Diagnosis of Patient	Patient Age:	Sex:
Name of Procedure		
Complexity of Case/Procedure	<input type="checkbox"/> Low/Easy <input type="checkbox"/> Moderate/Average <input type="checkbox"/> High/Difficult <input type="checkbox"/> 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)

Feedback of Supervisor: - <u>Strengths:</u> - <u>Suggestions for improvement:</u>	Reflection of Resident on his/ her Performance: - <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 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th
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 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th
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 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th
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)-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 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th
Setting	<input type="checkbox"/> OPD	<input type="checkbox"/> Ward	<input type="checkbox"/> Other
Diagnosis of Patient			Patient Age: <input type="text"/> Sex: <input type="text"/>
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)-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 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th
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)-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 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th
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)-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 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th
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)-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 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th
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)-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 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th
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)-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 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th
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)-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 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th
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)-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 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th
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)-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 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th
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 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th
Setting	<input type="checkbox"/> OPD <input type="checkbox"/> Ward <input type="checkbox"/> Other		
Diagnosis of Patient			Patient Age: <input type="text"/> Sex: <input type="text"/>
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 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th
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 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th
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:
