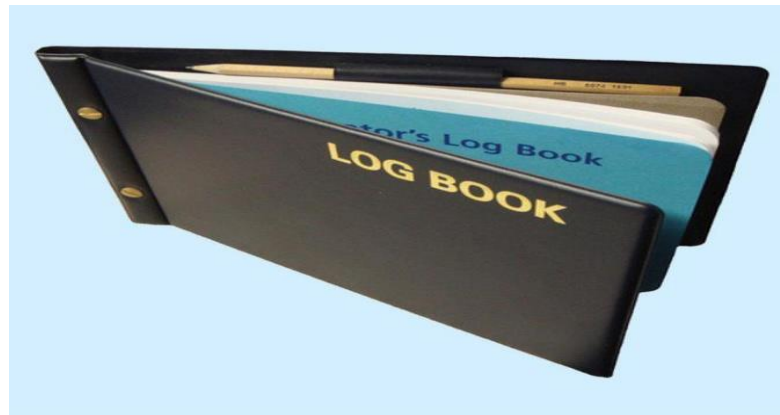# Rawalpindi Medical University
University Residency Program 2022
Diploma in Gynecology and Obstetrics (DGO)
Main Log Book

PREFACE

The horizons of *Medical Education* are widening & there has been a steady rise of global interest in *Post Graduate Medical Education*, an increased awareness of the necessity for experience in education skills for all healthcare professionals and the need for some formal recognition of postgraduate training in Gynaecology and Obstetrics.

We are seeing a rise in the uptake of places on postgraduate courses in medical education, more frequent issues of medical education journals and the further development of e-journals and other new online resources. There is therefore a need to provide active support in *Post Graduate Medical Education* for a larger, national group of colleagues in all specialties and at all stages of their personal professional development. If we were to formulate a statement of intent to explain the purpose of this log book, we might simply say that our aim is to help clinical colleagues to teach and to help students to learn in a better and advanced way. This book is a state of the art log book with representation of all activities of the **DGO Research Elective** program at RMU. A summary of the curriculum is incorporated in the logbook for convenience of supervisors and residents. It also allows the clinicians to gain an understanding of what goes into basic science discoveries and drug development. Translational **research** has an **important role** to play in **medical research**, and when used alongside basic science will lead to increased knowledge, discovery and treatment in **medicine**. A perfect monitoring system of a training program including monitoring of teaching and learning strategies, assessment and Research Activities cannot be denied so we at RMU have incorporated evaluation by *Quality Assurance Cell* and its comments in the logbook in addition to evaluation by *University Training Monitoring Cell (URTMC)*. Reflection of the supervisor in each and every section of the logbook has been made sure to ensure transparency in the training program. The mission of Rawalpindi Medical University is to improve the health of the communities and we serve through education, biomedical research and health care. As an integral part of this mission, importance of research culture an d establishment of a comprehensive research structure and research curriculum for the residents has been formulated and a separate journal for research publications of residents is available.

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Vice Chancellor
Rawalpindi Medical University & Allied Hospitals
Rawalpindi

MOTTO OF RAWALPINDI MEDICAL UNIVERSITY

Truth, Wisdom & Service

Vision STATEMENT

The vision of DGO Residency Program of Rawalpindi Obs / Gynae University is:

To provide competency based medical education with a structured training program to prepare specialists in the discipline of obstetrics & gynecology who would be able to provide quality patient care comparable to international standards, actively pursue research, serve as professional role models & clinical leaders, continue self-directed learning, and promote social justice by advocating for equitable health care.

MISSION Statement

1. To promote the slogan of "healthy mother and healthy baby"
2. To provide best care for treating all patients of Obstetrics and Gynecology with uncompromising dedication and skill.
3. To set and pursue the highest goals for ourselves as we learn the science, craft, and art of patient care in Obstetrics and Gynaecology.
4. To passionately teach our junior colleagues and students as we have been taught by those who preceded us.
5. To treat our colleagues and hospital staff with kindness, respect, generosity of spirit, and patience.
6. To foster the excellence and well-being of our residency program by generously offering our time, talent, and energy on its behalf.
7. To support and contribute to the research mission of our center, nation, and the world by pursuing new knowledge, whether at the bench or bedside.
8. To promote the translation of the latest scientific knowledge to the bedside to improve our understanding of disease pathogenesis and ensure that all patients receive the most scientifically appropriate and up to date care.
9. To promote responsible stewardship of Hospital resources by wisely selecting diagnostic tests and treatments, recognizing that our individual decisions impact not just our own patients, but patients everywhere.
10. To promote social justice by advocating for equitable health care, without regard to race, gender orientation, social status, or ability to pay.
11. To extend our talents outside the walls of our hospitals and clinics for community awareness as well as to promote the health and well-being of mother and baby, locally, nationally, and internationally.
12. To serve as proud ambassadors for the mission of the Rawalpindi Medical University MS Obstetrics and Gynecology Residency Program for the remainder of our professional lives.
13. To understand the significance of safe motherhood and to strive for the best to achieve sustainable development goals.

INTRODUCTION

It is a structured book in which certain types of educational activities and patient related information is recorded, usually by hand. Logbooks are used all over the world from undergraduate to postgraduate training, in human, veterinary and dental medicine, nursing schools and pharmacy, either in paper or electronic format.

Logbooks provide a clear setting of learning objectives and give trainees and clinical teachers a quick overview of the requirements of training and an idea of the learning progress. Logbooks are especially useful if different sites are involved in the training to set a (minimum) standard of training. Logbooks assist supervisors and trainees to see at one glance which learning objectives have not yet been accomplished and to set a learning plan. The analysis of logbooks can reveal weak points of training and can evaluate whether trainees have fulfilled the minimum requirements of training.

Logbooks facilitate communication between the trainee and clinical teacher. Logbooks help to structure and standardize learning in clinical settings. In contrast to portfolios, which focus on students' documentation and self-reflection of their learning activities, logbooks set clear learning objectives and help to structure the learning process in clinical settings and to ease communication between trainee and clinical teacher. To implement logbooks in clinical training successfully, logbooks have to be an integrated part of the curriculum and the daily routine on the ward. Continuous measures of quality management are necessary.

Reference

BraunsKS, NarcissE, SchnuckS, BöhmeK, BrüstleP, HolzmannUM, etal. Twelve tips for successfully implementing logbooks in clinical training. Med Teach. 2016 Jun 2; 38 (6): 564–569.

NAME OF CONTRIBUTORS

S. No	NAME & DESIGNATION , CONTRIBUTION	
1	**Prof. Lubna Ejaz Kahloon** Dean of Obs/Gynae HOD of Obs/Gynae Unit-I Holy Family Hospital Rawalpindi Medical University 	**Patron in charge of DGO program** Designed new curriculum for DGO including its associated main log-book, rotation log-book, long case log-book and portfolio. Introduced the work place based assessment tools of MiniCEX, OSATS and NOTSS. Supervised and collaborated the whole process.
2	**Prof. Tallat Farkhanda** HOD Obs/Gynae Unit-II, HFH 	Guidance and supervision, Edited long case template
3	**Prof. Shazia Syed** Ex. HOD of Obs/Gynae , BBH Hospital, Rawalpindi Rawalpindi Medical University 	Editing and support
4	**Dr Humera Noreen** Associate Professor Obs/Gynae HFH Rawalpindi. Rawalpindi Medical University 	**Chief organizer of DGO Program** Assisted the Dean in designing new curriculum for DGO including its associated main log-book, rotation log-book, long case log-book and portfolio. Introduced the work place based assessment tools of MiniCEX, OSATS and NOTSS. Supervised and collaborated the whole process Responsible for smooth running of DGO program in all 4 units of RMU and main liaison officer between DME and all 4 units.
5	**Dr Sadia Khan** Associate Professor Obs/Gynae HOD DHQ Hospital, Rawalpindi Rawalpindi Medical University 	Editing and support Redesigned and thoroughly revised Medicine and allied rotation log book

6	**Dr Rubaba Abid Naqvi** Associate Professor Obs/Gynae HOD BBH Hospital, Rawalpindi Rawalpindi Medical University		Provided template for long cases
7	**Dr Humaira Bilqees** Assistant Professor Obs/Gynae Holy Family Hospital, Rawalpindi Rawalpindi Medical University		Editing and support
8	**Dr. Khansa Iqbal** Assistant professor Obs/Gynae Holy Family Hospital Rawalpindi Rawalpindi Medical University		Editing and support Redesigned and thoroughly revised Main log book and portfolio
9	**Dr Sobia Nawaz** Assistant Professor Obs/Gynae DHQ Hospital, Rawalpindi Rawalpindi Medical University		Editing and support Redesigned and thoroughly revised Main log book and portfolio
10	**Dr Maliha Sadaf** Assistant Professor Holy Family Hospital Rawalpindi Medical University		Editing and support Redesigned and thoroughly revised Main log book and portfolio
11	**Dr Saima Khan** Assistant professor Obs/Gynae Holy Family Hospital, Rawalpindi Rawalpindi Medical University		Editing and support Thoroughly edited main log book, Redesigned and revised Surgery and allied rotation log book
12	**Dr Ismat Tanveer** Assistant professor Obs/Gynae BBH Hospital, Rawalpindi Rawalpindi Medical University		Editing and support

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SECTION A

COMPETENCIES

Section A-1

Enrolment Details

Program of Admission _____

Session _____

Registration / Training Number _____

Name of Candidate _____

Father's Name _____

Date of Birth _____ / _____ / _____   **CNIC No.** _____

Present Address _____

Permanent Address _____

E-mail Address _____

Cell Phone _____**Date of Start of Training** _____

Date of Completion of Training _____

Name of Supervisor _____

Designation of Supervisor _____

Qualification of Supervisor _____

Title of department / Unit _____

Name of Training Institute / Hospital _____
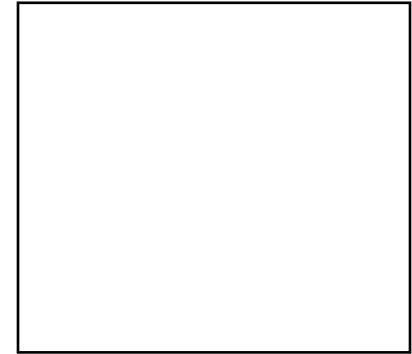
Section A-2

CRITERIA FOR ASSESSMENT OF CLINICAL COMPETENCIES FOR 1st, 2nd year of DGO

Levels of supervision[22]

Level	Descriptor
Level 1	Entrusted to observe
Level 2	Entrusted to act under direct supervision: (within sight of the supervisor).
Level 3	Entrusted to act under indirect supervision: (supervisor immediately available on site if needed to provide direct supervision)
Level 4	Entrusted to act independently with support (supervisor not required to be immediately available on site, but there is provision for advice or to attend if required)
Level 5	Entrusted to act independently

Levels of competency[1]
A trainee during the beginning of the training program i.e., in 1st year, would be expected to be at Level 1 , 2 and 3 level whereas might be approaching Level 4 and 5 year in 2nd year.

1. https://www.rcog.org.uk/ trainees-guide-to-the-og-curriculum-2019-2020.

Section A-3

Obstetrics: Antenatal, Intrapartum and postnatal ward

FIRST YEAR	3 Months			6 Months			Signature of supervisor
Obstetrics Competencies	Level	Cases	Achieved	Level	Cases	Achieved	
Obstetrics Antenatal (OPD & Ward)							
Eliciting pertinent history	1	30		2	30		
Performing physical examination	1	30		2	30		
Requesting appropriate investigations	1	30		2	30		
Interpreting the results of investigations	1	10		1	30		
Deciding and implementing appropriate treatment	1	10		1	30		
Initial management of obstetric complications	1	10		1	30		
Maintaining follow up	1	10		2	30		
Using ultrasound (basic)	1	10		1	30		
Fetal monitoring (including CTG)	1	10		2	30		
Management of medical disorders in pregnancy	1	10		1	30		
Nutrition and physical activity advice	1	10		2	30		

FIRST YEAR	9 Months			12 Months				Signature of supervisor
Obstetrics Competencies	Level	Cases	Achieved	Level	Cases	Achieved	Total Cases 1st Year	
Antenatal (OPD & Ward)								
Eliciting pertinent history	3	30		4	30		120	
Performing physical examination	3	30		4	30		120	
Requesting appropriate investigations	3	30		4	30		120	
Interpreting the results of investigations	2	30		3	30		100	
Deciding and implementing appropriate treatment	2	30		2	30		100	
Initial management of obstetric complications	2	30		3	30		100	
Maintaining follow up	3	30		4	30		100	
Using ultrasound (basic)	2	30		3	30		100	
Fetal monitoring (including CTG)	3	30		4	30		100	
Management of medical disorders in pregnancy	1	30		2	30		100	
Nutrition and physical activity advice	3	30		4	30		100	

FIRST YEAR	3 Months			6 Months			Signature of supervisor
Obstetrics Competencies	Level	Cases	Achieved	Level	Cases	Achieved	
Intrapartum (Labor Room / Emergency)							
Assessment on admission/ Identification of high risk factors	1	30		2	30		
Medical induction of labor/Termination of Pregnancy	1	30		2	30		
Surgical induction of labor	1	30		2	30		
Management of normal labor	1	30		2	30		
Performing and repairing episiotomy	1	30		1	30		
Repair of vaginal and perineal tears (excluding third degree tears)	1	10		1	10		
Repair of third degree	-	-		-	-	-	-
Immediate management of postpartum Hemorrhage	1	30		1	30		
Uterine packing	1	3		1	3		
Outlet forceps delivery	1	5		1	5		
Vacuum extraction	1	5		1	5		

Caesarean section	1	30		1	30		
Repair of ruptured uterus	1	1		1	1		
Obstetric hysterectomy	1	1		1	1		
Breech, twin delivery, destructive Operation, craniotomy etc	1	5		1	5		

FIRST YEAR	9 Months			12 Months				Signature of supervisor
Obstetrics Competencies	Level	Cases	Achieved	Level	Cases	Achieved	Total cases 1st year	
Intrapartum (Labor Room / Emergency)								
Assessment on admission/ Identification of high-risk factors	3	30		4	30		120	
Medical induction of labour/Termination of Pregnancy	3	30		4	30		120	
Surgical induction of labour	3	30		4	30		120	
Management of normal labour	3	30		4	30		120	
Performing and repairing episiotomy	2	30		3	30		120	
Repair of vaginal and perineal tears (excluding third degree tears)	1	30		2	30		80	
Repair of third degree	-	-		-	-		-	
Immediate management of postpartum Hemorrhage	1	30		2	30		120	
Uterine packing	1	10		1	20		50	
Outlet forceps delivery	1	10		2	10		30	

Vacuum extraction	1	10		2	10		30	
Caesarean section	1	30		2	30		120	
Repair of ruptured uterus	1	1		1	1		2	
Obstetric hysterectomy	1	5		1	5		12	
Breech, twin delivery, destructive operation, craniotomy etc	1	10		2	10		30	

FIRST YEAR	3 Month			6 Months			Signature Of Supervisor
Obstetrics Competencies	Level	Cases	Achieved	Level	Cases	Achieved	
Postnatal							
Resuscitation of neonate	1	15		1	15		
Contraception counseling/advice	1	30		1	30		
Insertion of IUCD	1	02		1	02		
Insertion of implant	1	02		1	02		
Lactation management	1	20		1	20		
Nutritional management (Anaemia, obesity)	1	50		1	50		

FIRST YEAR	9 Months			12 Months			Total cases 1st year	Signature of supervisor
Obstetrics Competencies	Level	Cases	Achieved	Level	Cases	Achieved		
Postnatal								
Resuscitation of neonate	2	15		3	15		60	
Contraception counseling/advice	3	30		4	30		120	
Insertion of IUCD	1	02		2	02		08	
Insertion of implant	1	02		1	02		08	
Lactation management	3	20		4	20		80	
Nutritional management (Anaemia, obesity)	3	50		4	50		200	

Section A-4

Gynaecology: OPD & Wards and operated patients

FIRST YEAR	3 Months			6 Months			Signature Of Supervisor
Gynaecology Competencies	Level	Cases	Achieved	Level	Cases	Achieved	
Gynaecology (OPD & WARD)							
Eliciting pertinent history	1	10		2	10		
Performing physical examination	1	10		2	10		
Requesting appropriate investigations	1	10		2	10		
Interpreting the results of investigations	1	10		1	10		
Deciding and implementing appropriate treatment	1	10		1	10		
Approach to a patient with menstrual irregularities	1	10		1	10		
Approach to a patient with mass abdomen	1	10		1	10		
Approach to a patient with pain abdomen	1	10		1	10		
Management of early pregnancy loss	1	10		1	10		
Managing immediate complications	1	10		1	10		

Maintaining follow up	1	10		1	10		
Taking Pap smear	1	10		2	10		
Taking high vaginal swabs	1	10		1	10		
Arranging assessment by an anesthetist	1	10		1	10		

FIRST YEAR	9 Months			12 Months			Total Cases 1st Year	Signature of supervisor
Gynaecology Competencies	Level	Cases		Level	Cases	Achieved		
Gynecology (OPD & WARD)								
Eliciting pertinent history	3	10		4	10		40	
Performing physical examination	3	10		4	10		40	
Requesting appropriate investigations	3	10		4	10		40	
Interpreting the results of investigations	2	10		3	10		40	
Deciding and implementing appropriate treatment	1	10		2	10		40	
Approach to a patient with menstrual irregularities	1	10		2	10		40	
Approach to a patient with mass abdomen	1	10		2	10		40	
Approach to a patient with pain abdomen	1	10		2	0		40	
Management of early pregnancy loss	1	10		2	10		40	
Managing immediate complications	1	10		2	10		40	
Maintaining follow up	2	10		3	10		40	
Taking Pap smear	3	10		4	10		40	
Taking high vaginal swabs	2	10		3	10		40	
Arranging assessment by an anesthetist	2	10		3	10		40	

FIRST YEAR	3 Months			6 Months			Signature of Supervisor
Gynaecology Competencies	Level	Cases	Achieved	Level	Cases	Achieved	
Gynecology Operative Skills (B1 GENERAL SKILLS)							
Scrubbing, gowning and gloving	1	20		2	20		
Scrubbing and draping of patients in various Positions	1	20		2	20		
Opening and closing abdomen	1	20		2	20		
Gynecology Operative Skills (B2 Operations)							
Evacuation of Retained products of conception	1	20		1	20		
Dilatation and curettage	1	5		1	5		
STOP	1	5		1	5		
Pipelle biopsy	1	10		1	10		
Cervical Biopsy	-	-		-	-		
Polypectomy	1	5		1	5		
Marsupialization of Bartholin's Cyst	1	1		1	1		
Minilaparotomy (for tubal ligation)	1	3		1	3		
Drainage of abscess	1	3		1	3		

Postpartum tubal ligation	1	5		1	5		
Diagnostic laparoscopy	-	-		-	-		
Diagnostic hysteroscopy	-	-		-	-		
Ovarian Cystectomy	-	-		-	-		
Laparotomy for ectopic pregnancy	1	5		1	5		

FIRST YEAR	9 Months			12 Months			Total Cases 1st Year	Signature of supervisor
Gynaecology Competencies	Level	Cases	Achieved	Level	Cases	Achieved		
Gynecology Operative Skills (B1 GENERAL SKILLS)								
Scrubbing, gowning and gloving	3	20		4	20		80	
Scrubbing and draping of patients in various Positions	3	20		4	20		80	
Opening and closing abdomen	3	20		4	20		80	
Gynecology Operative Skills (B2 Operations)								
Evacuation of Retained products of conception	1	20		1	20		80	
Dilatation and curettage	1	5		1	5		20	
STOP	1	5		1	5		20	
Pipelle biopsy	1	10		2	10		40	
Cervical Biopsy	1	3		1	3		6	
Polypectomy	1	3		1	3		11	
Marsupialization of Bartholin's Cyst	1	3		1	3		12	
Minilaparotomy (for tubal ligation)	1	3		1	3		12	

Drainage of abscess	1	3		1	3		12	
Postpartum tubal ligation	1	10		1	10		40	
Diagnostic laparoscopy	1	3		1	3		6	
Diagnostic hysteroscopy	1	3		1	3		6	
Ovarian Cystectomy	1	10		1	10		30	
Laparotomy for ectopic pregnancy	1	5		1	5		10	
Myomectomy	1	1		1	1		2	
Abdominal hysterectomy	1	1		1	1		2	
Vaginal hysterectomy	1	1		1	1		2	
Anterior colporrhaphy	1	1		1	1		2	
Posterior colpoperineorrhaphy	1	1		1	1		2	
Staging Laparotomy	1	3		1	3		6	

SECOND YEAR	15 Months			18 Months			Signature of Supervisor
Obstetrics Competencies	**Level**	**Cases**	**Achieved**	Level	Cases	Achieved	
Obstetrics Antenatal (OPD & WARD)							
Eliciting pertinent history	4	30		4	30		
Performing physical examination	4	30		4	30		
Requesting appropriate investigations	4	30		4	30		
Interpreting the results of investigations	3	30		3	30		
Deciding and implementing appropriate treatment	2	30		2	30		
Initial management of obstetric complications	3	30		3	30		
Maintaining follow up	4	30		4	30		
Using ultrasound (basic)	3	30		3	30		
Fetal monitoring (including CTG)	4	30		4	30		
Amniocentesis Demonstration on videos							
Management of medical disorders in pregnancy	4	30		4	30		
Nutrition and physical activity advice	3	30		3	30		
Approach to a patient with abdominal pain in Pregnancy	3	30		4	30		

Management of medical disorders in pregnancy(diabetes, HTN, cardiac disease, epilepsy, renal diseases, thyroid disorders, liver disease, disorders of respiratory system)	2	30		2	30		
Management of PPROM and preterm labour	2	30		2	30		
Management of prolonged pregnancy	2	30		2	30		
Management of IUGR and abnormalities of amniotic fluid.	2	30		2	30		
Management of multiple pregnancy	2	30		2	30		
Management of Malpresentations.	2	30		2	30		
Management of Antepartum hemorrhage.	2	30		2	30		
Nutrition and physical activity advice	4	30		4	30		
Counseling of IUD	2	5		2	5		
Counseling of a congenitally abnormal fetus.	2	5		2	5		

SECOND YEAR	21 Months			24 Months				
Obstetrics Competencies	Level	Cases	Achieved	level	Cases	Achieved	Total Cases 2nd Year	Signature of supervisor
Obstetrics Antenatal (OPD & WARD)								
Eliciting pertinent history	4	30		4	30		120	
Performing physical examination	4	30		4	30		120	
Requesting appropriate investigations	4	30		4	30		120	
Interpreting the results of investigations	4	30		4	30		120	
Deciding and implementing appropriate treatment	4	30		4	30		120	
Initial management of obstetric complications	3	30		3	30		120	
Maintaining follow up	4	30		4	30		120	
Using ultrasound (basic)	3	30		4	30		120	
Fetal monitoring (including CTG)	4	30		4	30		120	
Management of medical disorders in pregnancy	4	30		4	30		120	
Nutrition and physical activity advice	4	30		4	30		120	
Approach to a patient with abdominal pain in Pregnancy	4	30		4	30		120	

Management of medical disorders in pregnancy(diabetes, HTN, cardiac disease, epilepsy, renal diseases, thyroid disorders, liver disease, disorders of respiratory system)	3	30		4	30		120	
Management of PPROM and preterm labour	3	30		4	30		120	
Management of prolonged pregnancy	3	30		4	30		120	
Management of IUGR and abnormalities of amniotic fluid.	3	30		4	30		120	
Management of multiple pregnancy	3	30		4	30		120	
Management of Malpresentations.	3	30		4	30		120	
Management of Antepartum hemorrhage.	3	30		4	30		120	
Counseling of IUD	3	10		4	10		30	
Counseling of a congenitally abnormal fetus.	3	10		4	10		30	

SECOND YEAR	15 Months			18 Months			21 Months			24 Months				Signature of supervisor
Obstetrics Competencies	Level	Cases	Achieved	level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved	Total Cases 2nd Year	
Obstetric Intrapartum (Labour room / Emergency)														
Assessment on admission/ Identification of high-risk factors	4	30		4	30		4	30		4	30		120	
Induction of labour/ Medical Termination of Pregnancy	4	30		4	30		4	30		4	30		120	
Surgical induction of labour	4	30		4	30		4	30		4	30		120	
Management of normal labour	4	30		4	30		4	30		4	30		120	
Performing and repairing episiotomy	3	30		2	30		3	30		3	30		120	
Repair of vaginal and perineal tears (excluding third degree tears)	2	30		2	30		3	30		4	30		120	
Repair of third degree	1	2		1	2		1	2		1	4		10	

Immediate management of postpartum haemorrhage	2	30		3	30		3	30		4	30		120	
Uterine packing	2	10		3	10		3	10		4	20		50	
Outlet forceps delivery	2	10		2	10		3	10		4	10		40	
Vacuum extraction	2	10		3	10		3	10		4	10		40	
Caesarean section	2	10		3	10		3	10		4	20		50	
Repair of ruptured uterus (Cases distributed in 12 months)	1	2		1	2		1	2		1	2		8	
Obstetric hysterectomy (Cases distributed in 12 months)	1	1		1	1		1	1		1	2		5	
Breech, twin delivery, etc	2	5		2	5		3	5		4	5		20	

SECOND YEAR	15 Months			18 Months			21 months			24 months			Total Cases 2nd Year	Supervisor signature
Obstetrics Competencies	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved		
Obstetrics Postnatal														
Resuscitation of neonate	3	30		3	30		4	30		4	30		120	
Contraception counseling/advice	4	40		4	40		4	40		4	40		160	
Insertion of IUCD	2	5		2	5		2	10		2	10		30	
Insertion of implant(if available)	2	5		2	5		2	5		2	5		20	
Lactation management	4	20		4	20		4	20		4	20		80	
Nutritional management (Anaemia, Obesity)	4	30		4	30		4	30		4	30		120	

SECOND YEAR	15 Months			18 Months			21 months			24 months				
Gynaecology Competencies	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved	Total Cases 2nd Year	Supervisor signature
Gynaecology (OPD & WARD)														
Eliciting pertinent history	4	30		4	30		4	30		4	30		120	
Performing physical examination	4	30		4	30		4	30		4	30		120	
Requesting appropriate investigations	4	30		4	30		4	30		4	30		120	
Interpreting the results of investigations	3	30		3	30		4	30		4	30		120	
Deciding and implementing appropriate treatment	2	30		2	30		3	30		4	30		120	
Approach to a patient with menstrual irregularities	2	5		2	5		3	5		4	5		20	
Approach to a patient with mass abdomen	2	5		2	5		3	5		4	5		20	
Approach to a patient with pain abdomen	2	10		2	10		3	10		4	10		40	
Management of early pregnancy loss	3	10		3	10		3	10		4	10		40	

Managing immediate complications	3	10		3	10		3	10		4	10		40	
Maintaining follow up	4	10		4	10		4	10		4	10		40	
Taking Pap smear	3	10		3	10		4	10		4	10		40	
Taking high vaginal swabs	4	10		4	10		4	10		4	10		40	
Colposcopy (if available)	1	5		1	5		1	5		1	5		20	
Management of infective causes of vaginal discharge	3	30		3	30		3	30		4	30		120	

SECOND YEAR	15 Months			18 Months			21 months			24 months			Total Cases 2nd Year	Supervisor Signature
Competencies	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved		
Gynaecology Operative Skills (B1 General Skills)														
Scrubbing, gowning and gloving	4	20		4	20		4	20		4	20		80	
Scrubbing and draping of patients in various positions	4	20		4	20		4	20		4	20		80	
Opening and closing abdomen	4	20		4	20		4	20		4	20		80	
Gynaecology Operative Skills (B2 Operations)														
Evacuation of Retained products of conception	2	5		2	5		3	5		4	5		20	
Dilatation and curettage	2	5		2	5		3	5		4	5		20	
Pipelle biopsy	2	5		2	5		3	5		4	4		20	
Cervical Biopsy	1	2		1	2		2	2		2	2		8	
Polypectomy	1	2		1	2		2	2		3	2		8	
Marsupialization of Bartholin's Cyst	1	1		1	1		2	1		3	1		4	

Diagnostic laparoscopy	1	1		1	1		1	1		1	1		4	
Operative laparoscopy	1	1		1	1		1	1		1	1		4	
Diagnostic hysteroscopy	1	1		1	1		1	1		1	1		4	
Ovarian Cystectomy	1	1		1	1		1	1		1	1		4	
Laparotomy for ectopic pregnancy	1	2		1	2		2	2		2	2		4	
Myomectomy	1	1		1	1		1	1		1	1		4	
Abdominal hysterectomy	1	1		1	1		1	1		1	1		4	
Vaginal hysterectomy	1	1		1	1		1	1		1	1		4	
Anterior colporrhaphy	1	1		1	1		1	1		1	1		4	
Posterior colpoperineorrhaphy	1	1		1	1		1	1		1	1		4	
Staging Laparotomy	1	1		1	1		1	1		1	1		4	

SECTION - B

(COMPONENTS OF FORMATIVE ASSESSMENT RECORD)

Session B-1

OSATS (Objective Structured assessment of technical skills)

GLOBAL RATING SCALE OF OPERATIVE PERFORMANCE

Please circle the number corresponding to the candidate's performance in each category, irrespective of training level

Respect for Tissue :

1	2	3	4	5
Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments		Careful handling of tissue but occasionally caused inadvertent damage		Consistent_____ appropriately with minimal damage

An external file that holds a picture, illustration, etc. Object name is 595_2012_313_Fig1_HTML.jpg

Time and Motion :

1	2	3	4	5
Many unnecessary moves		Efficient time/motion but some unneccessary moves		Clear economy of movement and maximum efficiency

Instrument Handling :

1	2	3	4	5
Repeatedly makes tentative or awkward moves with instruments by inappropriate use of instruments		Competent use of instruments but occasionally appeard stiff or awkward		Fluid moves with instruments and no awkwardness

Knowledge of Instruments :

1	2	3	4	5
Frequently asked for wrong instrument or used inappropriate instrument		Knew names of most instruments and used appropriate instrument		Obviously familiar with the instruments and their names

Flow of Operation :

1	2	3	4	5
Frequently stopped operating and seemed unsure of next move		Demonstrated some forward planning with reasonable progression of procedure		Obviously planned course of operation with effortless flow from one move to the next

Use of Assistants :

1	2	3	4	5

OSATS Supervised Learning Event (Adapted and modified from RCOG Proforma)

It is a formative tool designed to give feedback to the trainee about their performance in this procedure. Please provide specific, constructive feedback to the trainee in verbal and written forms in the box below that you feel will enhance training.

Trainee name: _____Year of training: _____

Date: _____ Patient Name/ Regd No _____

Facilitator Name: _____Designation:_____ Sign: _____

Procedure: _____ Clinical details and complexity: _____

_____

_____

Please comment on overall observed performance in the following areas as A,B and C.

Exceeds expectations (A),   Meets expectations (B),   Below expectation (C)

Communication with patients and/or relatives _____ Communication with staff_____

Peri-operative planning e.g. positioning _____Selection of instruments and equipment_____

Checking equipment/environment _____ Safety considerations _____

Dealing with problems and/or difficulties _____Technical ability_____

 Economy of movement _____ _____ Tissue handling _____

Use of assistants _____ Documentation_____

Forward planning _____Completion of task as appropriate_____

FEEDBACK BY FACILITATOR:

What went well?

_____

_____

_____

_____

What could have gone better?

_____

_____

_____

Learning Plan:

_____

_____

_____

Trainee signature: _____   **Trainee signature:** _____

Trainee Reflection:

_____

_____

_____

_____

_____

OSATS 1st year

Sr. No	OSATS to be assessed	Evaluation	Number of attempts	Remarks	Sign of supervisor
	1st Semester (0 to 3 Months)				
	IV line placement IV infusion prep, Labetalol & MgSo4				
	Urinary catheterization				
	Gloving, gowning scrubbing				
	SVD				
	Repair of episiotomy*				
	Evacuation and curettage				
	2nd Semester (3 to 6 Months)				
	Insertion of PPIUCD multi load / Cu T				
	Abdominal wall opening and closure				
	assist in diagnostic laparoscopy				

	Infected wound wash & dressing				
3rd Semester (6 to 9 Months)				
	Twin delivery				
	Breech delivery				
	LSCS (first Cesarean of patient)				
	Vacuum delivery				
	Wound debridement				
4th Semester (9 to 12 Months)				
	Forceps delivery				
	Amniodrainage / Craniocentesis				
	Insertion of PPIUCD multiload / Cu T				
	CVP line monitoring IV infusion prep, Labetalol & MgSo4				
	Assist in diagnostic laparoscopy				

OSATS (2nd year)

Sr. No	OSATS to be assessed	Evaluation	Number of attempts	Remarks	Sign of supervisor
5th Semester (12 to 15 Months)					
	Vacuum delivery				
	Forceps delivery				
	Amniocentesis / CVS				
	Marsupialization of Bartholin cyst				
	Cervical Cerclage				
6th Semester (16 to 18 Months)					
	Bilateral tubal ligation				
	surgical management of PPH B-lynch suture/ Balloon tamponade				
	ECV (external cephalic version)				
	Mirena insertion				
	Diagnostic laparoscopy				

7th Semester (19 to 21 Months)					
	Repair of cervical tear				
	Cesarean section(prev III and IV)				
	Polypectomy, D & C				
	Opening and closure of abdominal through midline incision				
	Laparotomy for ectopic pregnancy(salpingo oophorectomy				
8th Semester (22 to 24 Months)					
	Surgical management of PPH (uterine artery ligation)				
	Assist in cesarean hysterectomy				
	Perineal tear repair				
	Ovarian Cystectomy				
	Assist in operative laparoscopy				

SECTION B-2
Mini-clinical Evaluation Exercise (Mini-CEX)

Definition:

The Mini-CEX is a 10- to 20-minute direct observation assessment or "snapshot" of a trainee-patient interaction.

Mini-CEX FORM						
Assessor's Name and signature				Date : _ _ / _ _ /_ _ _ _		
Student's Name and signature				Registration No:		
Patient problem/diagnosis:						
Case Complexity:	• Low	• Moderate	• High			
Please rate the following areas (please circle one for each component of the exercise. All scores of 1 must be justified in the comments box. U/C if you have not observed the behavior and feel unable to comment						
				Below Expectations	Around expectations	Above Expectations	U/C
History Taking: Elicits history and allows patient to elaborate Asks relevant clinical questions Current treatment, allergies Past medical history and family history Social history Inc. risk factors				1	2	3	U/C
Physical Examination: Obtains verbal consent for physical examination							
Performs examination appropriately and competently				1	2	3	U/C

Uses relevant instruments in a competent manner				
Communication Skills: Uses clear understandable language Shows appropriate non verbal skills during the interview Shows appropriate rapport/empathy	1	2	3	U/C
Clinical Judgement: Uses relevant details to confirm or refute working Diagnoses Sets up acute management plan and explains problem prioritization Makes rational use of investigations to help identify pathophysiology Utilizes drug therapy safely and rationally	1	2	3	U/C
Professionalism: Checks patient's name and gives name Responds appropriately to patient perspectives	1	2	3	U/C
Organization/Efficiency: Exhibits well organized approach Sensible management of interview time and interaction	1	2	3	U/C
Overall Clinical Care: Makes appropriate long term management plan including team working where appropriate	1	2	3	U/C

Students Comments on Students Performance on this occasion

Assessors Comments on students' performance on this occasion Tick if excellent

Agreed Actions

Mini-CEX (FIRST YEAR)

Sr. No	Mini-CEX to be assessed	Evaluation	Number of attempts	Remarks	Sign of supervisor
	1st Semester (0 to 3 Months)				
	Obstetrics History Taking				
	General Physical Examination & systemic examination				
	Obstetrics Abdominal Examination				
	CTG interpretation				
	2nd Semester (3 to 6 Months)				
	Fill Partogram				
	Documentation: Discharge slips, operation notes, Delivery Notes, Blood transfusion notes, Call to other departments, Investigation slips, Referral letter to NOORI,				
	Breastfeeding counselling				

	3rd Semester (6 to 9 Months)				
	History of gynecological patient				
	General physical examination of gynecological patient				
	Gynecological examination				
	Systemic examination				
	4th Semester (9 to 12 Months)				
	Abdominal examination of a mass abdomen				
	Speculum examination & Pap smear				
	Bimanual Examination				

Mini-CEX Second Year

	5th Semester (12 to 15 Months)				
	Abdominal examination of obstetric patient with polyhydramnios/ twin pregnancy				
	Breaking the bad news in obsetricset.g IUD, anomalous baby				
	Obstetric ultrasound				
	6th Semester (16 to 18 Months)				
	Pipelle Sampling				
	Pap smear & colposcopy				I
	Examination of UV prolapse				
	7th Semester (19 to 21 Months)				
	Counselling for contraception methods				
	Counseling for post-operative complications e.g misplaced IUCD, burst abdomen etc				

	History taking of a sub fertile patient				
8th Semester (22 to 24 Months)					
	History taking of a case of amenorrhea				
	Gynecological ultrasound (TAS+TVS)				
	How to examine a case of urinary incontinence				
	Counseling of the case of gynecological malignancy				

SECTION B-3
NOTSS (NOn Technical Skills for Surgeons)

Royal College of Obstetricians & Gynaecologists

NOTSS Tool for Labour Ward

Hospital ………………………………….. Trainer Name ……………………………………….   Date …………………..

Number of Patients/Beds…………/……………   Trainee Name ……………………………………….   ST Level…………………

The following elements are suggested areas for assessment and are not designed to be exhaustive. Please feel free to comment on other relevant areas as appropriate.

Category	Element	Feedback on performance and debriefing notes
Situation Awareness	• Gathering information • Understanding information • Projecting and anticipating future state	
Decision Making	• Considering options • Selecting and communicating option • Implementing and reviewing decisions as appropriate	
Communication and Teamwork	• Exchanging pre, intra and post-operative information with team (and patient if awake) • Establishing a shared understanding • Co-ordinating team activities • Role clarity	
Leadership	• Setting and maintaining standards • Supporting others • Coping with pressure	

Adapted from Royal College of Obstetricians & Gynaecologists

SECTION B-4

MULTISOURCE FEEDBACK (360 DEGREE EVALUATION)

Assessment Records/Evaluation Proformas SHIFT TO MAIN LOG BOOK	Evidence of all available assessment records and six monthly 360 degree evaluation records should be mentioned in this section to have a reflection about resident's medical knowledge, patient care, communication skills, system based learning, practice based learning and professionalism. Copies of the result cards/assessment records should be attached as evidence.

Proforma available on RMU website as well : www.rmu.com.pk

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MENTOR / SUPERVISOR EVALUATION OF TRAINEE

Resident's Name: _____

Evaluator's Name(s): _____

Hospital Name: _____

Date of Evaluation: _____

☐ Traditional Track (10% Clinic)   ☐ Primary Care Track (20% Clinic)

1	Unsatisfactory
2	Below Average
3	Average
4	Good
5	Superior

Please circle the appropriate number for each item using the scale above.

Patient Care	Scale
1. Demonstrates sound clinical judgment	1 2 3 4 5
2. Presents patient information case concisely without significant omissions or digressions	1 2 3 4 5
3. Able to integrate the history and physical findings with the clinical data and identify all of the patient's major problems using a logical thought process	1 2 3 4 5
4. Develops a logical sequence in planning for diagnostic tests and procedures and Formulates an appropriate treatment plan to deal with the patient's major problems	1 2 3 4 5
5. Able to perform commonly used office procedures	1 2 3 4 5
6. Follows age appropriate preventative medicine guidelines in patient care	1 2 3 4 5

Medical Knowledge	Scale
1. Uses current terminology	1 2 3 4 5
2. Understands the meaning of the patient's abnormal findings	1 2 3 4 5
3. Utilizes the appropriate techniques of physical examination	1 2 3 4 5
4. Develops a pertinent and appropriate differential diagnosis for each patient	1 2 3 4 5
5. Demonstrates a solid base of knowledge of ambulatory medicine	1 2 3 4 5
6. Can discuss and apply the applicable basic and clinically supportive sciences	1 2 3 4 5

Professionalism	Scale
1. Demonstrates consideration for the patient's comfort and modesty	1 2 3 4 5
2. Arrives to clinic on time and follows clinic policies and procedures	1 2 3 4 5
3. Works effectively with clinic staff and other health professionals	1 2 3 4 5
4. Able to gain the patient's cooperation and respect	1 2 3 4 5
5. Demonstrates compassion and empathy for the patient	1 2 3 4 5
6. Demonstrates sensitivity to patient's culture, age, gender, and disabilities	1 2 3 4 5
7. Discusses end-of-life issues (DPOA, advanced directives, etc.) when appropriate	1 2 3 4 5

Interpersonal and Communication Skills	Scale
1. Demonstrates appropriate patient/physician relationship	1 2 3 4 5
2. Uses appropriate and understandable layman's terminology in discussions with patients	1 2 3 4 5
3. Patient care documentation is complete, legible, and submitted in timely manner	1 2 3 4 5
4. Recognizes need for behavioral health services and understands resources available	1 2 3 4 5

Systems-based Practice	Scale
1. Spends appropriate time with patient for the complexity of the problem	1 2 3 4 5
2. Able to discuss the costs, risks and benefits of clinical data and therapy	1 2 3 4 5
3. Recognizes the personal, financial, and health system resources required to carry out the prescribed care plan	1 2 3 4 5
4. Demonstrates effective coordination of care with other health professionals	1 2 3 4 5
5. Recognizes the patient's barriers to compliance with treatment plan such as age, gender, ethnicity, socioeconomic status, intelligence, dementia, etc.	1 2 3 4 5
6. Demonstrates knowledge of risk management issues associated with patient's case	1 2 3 4 5
7. Works effectively with other residents in clinic as if a member of a group practice	1 2 3 4 5

Practice-Based Learning and Improvement	Scale
1. Locates, appraises, and assimilates evidence from scientific studies	1 2 3 4 5
2. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies to assess diagnostic and therapeutic effectiveness of treatment plan	1 2 3 4 5
3. Uses information technology to access information to support diagnosis and treatment	1 2 3 4 5

Comments

Total Score _____/165

_____ _____   _____ _____
Resident's Signature   Date   Evaluator's Signature   Date

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Patient Medical Record / Chart Evaluation Proforma

Name of Resident

Location of Care or Interaction
(OPD/Ward/Emergency/Endoscopy Department)

S#		Poor	Fair	Good	V. Good	Excellent
1.	Basic Data on Front Page Recorded	O	O	O	O	O
2.	Presenting Complaints written in chronological order	O	O	O	O	O
3.	Presenting Complaints Evaluation Done	O	O	O	O	O
4.	Systemic review Documented	O	O	O	O	O
5.	All Components of History Documented	O	O	O	O	O
6.	Complete General Physical Examination done	O	O	O	O	O
7.	Examination of all systems documented	O	O	O	O	O
8.	Differential Diagnosis framed	O	O	O	O	O
9.	Relevant and required investigations documented	O	O	O	O	O
10.	Management Plan framed	O	O	O	O	O
11.	Notes are properly written and eligible	O	O	O	O	O
12.	Progress notes written in organized manner	O	O	O	O	O
13.	Daily progress is written	O	O	O	O	O
14.	Chart is organized no loose paper	O	O	O	O	O
15.	Investigations properly pasted	O	O	O	O	O
16.	Abnormal findings in investigations encircled	O	O	O	O	O
17.	Procedures done on patient documented properly	O	O	O	O	O
18.	Medicine written in capital letter	O	O	O	O	O
19.	I/v fluids orders are proper with rate of infusion mentioned	O	O	O	O	O
20.	All columns of chart complete	O	O	O	O	O

Poor: 0, Fair: 1, Good: 2, V.Good: 3, Excellent: 4

TOTAL SCORE _____ /80

Preview Form

RESIDENT EVALUATION BY NURSE / STAFF

Please take a few minutes to complete this evaluation form. All information is confidential and will be used constructively. You need not answer all the questions

Name of Resident*

Location of care or interaction: *(OPD/Ward/Emergency/Endoscopy Department)*

Your position (Nurse, Ward Servant, Endoscopy Attendant)

S#	PROFESSIONALISM	Poor	Fair	Good	V Good	Excellent	Insufficient Contact
1.	Resident is Honest and Trustworthy	O	O	O	O	O	O
2.	Resident treats patients and families with courtesy, compassion and respect	O	O	O	O	O	O
3.	Resident treats me and other member of the team with courtesy and respect	O	O	O	O	O	O
4.	Resident shows regard for my opinions	O	O	O	O	O	O
5.	Resident maintains a professional manner and appearance	O	O	O	O	O	O
	INTERPERSONAL AND COMMUNICATIONS SKILLS						
6.	Resident communicates well with patients, families, and members of the healthcare team	O	O	O	O	O	O
7.	Resident provides legible and timely documentation	O	O	O	O	O	O
8.	Resident respect differences in religion, culture age, gender sexual orientation and disability	O	O	O	O	O	O
	SYSTEMS BASED PRACTICE						
9.	Resident works effectively with nurses and other professionals to improve patient care.	O	O	O	O	O	O
	PATIENT CARE						
10.	Resident respects patient preferences	O	O	O	O	O	O
11.	Resident is reasonable accessible to patients	O	O	O	O	O	O
12.	Resident take care of patient comfort and dignity during procedures.	O	O	O	O	O	O
	PRACTICE BASED LEARNING AND IMPROVEMENT						
13.	Resident facilitates the learning of students and other professionals	O	O	O	O	O	O
	COMMENTS						
14.	Please describe any praises or concerns or information about specific incidents	O	O	O	O	O	O

THANK YOU for your time and thoughtful input. You play a vital role in the education and training of the internal medicine residents.

Poor: 0, Fair: 1, Good: 2, V. Good: 3, Excellent: 4   **Total Score** _____ **/56**

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4

Patient Evaluation of Trainee

Trainee Name: _____

Date of Evaluation: _____

1	Strongly Disagree
2	Disagree
3	Neutral
4	Agree
5	Strongly Agree

Please circle the appropriate number for each item using this scale. Please provide any relevant comments on the back of this form.

	This Trainee:	Scale
1.	Introduces him/herself and greets me in a way that makes me feel comfortable. ڈاکٹر صاحب نے خود کو متعارف کرایا اور خوش اسلوبی سے پیش آئے	1 2 3 4 5
2.	Manages his/her time well and is respectful of my time. ڈاکٹر صاحب نے میرے اور اپنے وقت کا خیال رکھا۔	1 2 3 4 5
3.	Is truthful, upfront, and does not keep things from me that I believe I should know. ڈاکٹر صاحب نے میرے مرض کی صورتحال پوری سچائی سے بیان کی۔	1 2 3 4 5
4.	Talks to me in a way that I can understand, while also being respectful. ڈاکٹر صاحب نے میرے احساسات کا خیال رکھا اور عزت سے میرا علاج کیا۔	1 2 3 4 5
5.	Understands how my health affects me, based on his/her understanding of the details of my life. ڈاکٹر صاحب نے میرے علاج میں میری صحت پر ذاتی زندگی کو مدِ نظر رکھا۔	1 2 3 4 5
6.	Takes time to explain my treatment options, including benefits and risks. ڈاکٹر صاحب نے میرے مرض کے علاج کے فوائد اور نقصانات کو تفصیلاً بیان کیا۔	1 2 3 4 5

Total Score _____ /30

Resident/Fellow Evaluation of Faculty Teaching

Evaluator: _____

Evaluation of: _____

Date:_____

Evaluation information entered here will be anonymous and made available only in aggregated form.

S#		Strongly Disagree	Disagree Moderately	Disagree Slightly	Agree Slightly	Agree Moderately	Strongly Agree
	PATIENT CARE						
1.	Teaches current scientific evidence for daily patient management*						
2.	Explains rationale behind clinical judgements/decisions*						
3.	Teaches clear diagnostic algorithms*						
4.	Teaches clear treatment algorithms*						
	PATIENT CARE - OPERATIVE AND PROCEDURAL SKILLS						
5.	Teaches operative/procedural skills during cases*						
6.	Allows learners to perform operative/procedural skills when appropriate*						
	MEDICAL KNOWLEDGE						
7.	Teaches relevant pathophysiology needed to evaluate patient medical conditions*						
8.	Teaches how/when to use-order-perform procedures/tests*						
9.	Teaching content adds significantly to my medical knowledge						
10.	Teaches the use of literature / evidence based medicine to support clinical decisions/teaching points*						

	PRACTICE-BASED LEARNING & IMPROVEMENT/TEACHING						
11.	Asks questions about differential diagnosis*						
12.	Teaches trainees when to consider referrals/consults with other specialists*						
13.	Actively teaches trainees in clinical settings/labs*						
	INTERPERSONAL & COMMUNICATION SKILLS						
14.	Motivates learners to expand medical knowledge*						
15.	Stimulates critical thinking*						
16.	Encourages questions*						
17.	Teaches at the appropriate level for the trainee*						
18.	Provides feedback specific enough to be helpful*						
	PROFESSIONALISM						
19.	Demonstrates respect for trainees of all levels*						
20.	Does not belittle/ publicly humiliate learners*						
21.	Teaches professional behavior with respect to patient care.*						
22.	Exhibits professional behavior with respect to patient care*						
23.	Role models professional behavior*						
	SYSTEMS-BASED PRACTICE						
24.	Teaches cost/benefit decision making*						
25.	Teaches how to call on resources in the system to provide optimal health care*						
26.	Role models the necessity of working in inter-professional teams to enhance patient safety/outcomes.*						

Strongly Disagree: 0, Disagree Moderately: 1, Disagree Slightly: 2,
Agree Slightly: 3, Agree Moderately: 4, Strongly Agree: 5

Total Score _____ / 130

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FINAL Evaluation Scoring Sheet

Name of Resident	Name of Supervisor	Year of Training

Date _____

Duration of Assessment _____

Specialty _____

Hospital _____

Unit _____

	Faculty #1 (165)	Faculty #2 (165)	Faculty #3 (165)	Average Score		Patient #1 (30)	Patient #2 (30)	Patient #3 (30)	Medical Record Performa #1 (80)	Medical Record Performa #2 (80)	Medical Record Performa #3 (80)	Staff #1 (56)	Staff #2 (56)	Staff #3 (56)
Medical Patient Care (30)				___/30										
Medical Knowledge (30)				___/30										
Professionalism (35)				___/35										
Interpersonal and Communication Skills (20)				___/20										
System Based Practice (35)				___/35										
Practice Based Learning and Improvement (15)				___/15										
Overall Rating														
Average:				_____/165				___/30			___/80			___/56

Grand Total
_____/331

RAWALPINDI MEDICAL UNIVERSITY

Logbook   complete ☐   incomplete ☐

Portfolio   complete ☐   incomplete ☐

Leave /absentees: _____

Comments

_____

_____

_____

_____

Supervisor Name (1) _____ Supervisor Name (2) _____ Head of Unit _____

Sign & Stamp _____ Sign & Stamp _____ Sign & Stamp _____

RAWALPINDI MEDICAL UNIVERSITY

RESIDENT SELF-ASSESSMENT PROFORMA

Resident Name_____ Date _____

Year of Training _____ Hospital Name_____ Unit _____

□ NA	□ 1	□ 2	□ 3	□ 4
Not Applicable	I rarely demonstrates (<25% of the time)	I do this Sometimes (25-50% of the time)	I do this most of the time (50-75% of the time)	I do this all the time (>75% of time)

#						
1.	I am able to acquire accurate and relevant histories from my patients in an efficient, prioritized and hypothesis driven fashion.	□ NA	□ 1	□ 2	□ 3	□ 4
2.	I am able to seek and obtain appropriate, verified, and prioritized data from secondary sources (e.g. family, records and pharmacy)	□ NA	□ 1	□ 2	□ 3	□ 4
3.	I am able to perform accurate physical examinations that are appropriately targeted to the patient's complaints.	□ NA	□ 1	□ 2	□ 3	□ 4
4.	I am able to synthesize all available data, including interview, physical exam, and preliminary lab data to define each patient's central clinical problem.	□ NA	□ 1	□ 2	□ 3	□ 4
5.	I am able to develop prioritized differential diagnoses, evidence based diagnostic and therapeutic plans for common conditions in Internal Medicine patients.	□ NA	□ 1	□ 2	□ 3	□ 4
6.	I am able to recognize situations with a need for urgent or emergent medical care, including life threatening conditions.	□ NA	□ 1	□ 2	□ 3	□ 4
7.	I am able to recognize when to seek additional guidance.	□ NA	□ 1	□ 2	□ 3	□ 4
8.	I am able to provide appropriate preventive care.	□ NA	□ 1	□ 2	□ 3	□ 4
9.	I am able to manage patients with common clinical disorders in the practice of outpatient internal medicine with minimal supervision.	□ NA	□ 1	□ 2	□ 3	□ 4
10.	I have performed several invasive procedures and documented them in my New Innovations log.	□ NA	□ 1	□ 2	□ 3	□ 4
11.	I demonstrate sufficient knowledge to diagnose and treat common conditions that require hospitalization.	□ NA	□ 1	□ 2	□ 3	□ 4
12.	I understand the indications for and the basic interpretation of common diagnostic tests.	□ NA	□ 1	□ 2	□ 3	□ 4
13.	I have reviewed my in service exam scores and believe my medical knowledge is where it should be for my level of training.	□ NA	□ 1	□ 2	□ 3	□ 4
14.	I am able to identify clinical questions as they emerge	□ NA	□ 1	□ 2	□ 3	□ 4

RAWALPINDI MEDICAL UNIVERSITY

#						
	in patient care activities.					
15.	I am responsive to feedback from all members of the healthcare team including faculty, residents, students, nurses, allied health professionals, patients and their advocates.	□ NA	□ 1	□ 2	□ 3	□ 4
16.	I am an active participant in teaching rounds and intern report.	□ NA	□ 1	□ 2	□ 3	□ 4
17.	I effectively use verbal and non verbal skills to create rapport with patients and their advocates.	□ NA	□ 1	□ 2	□ 3	□ 4
18.	I communicate effectively with other caregivers to ensure safe transitions in care.	□ NA	□ 1	□ 2	□ 3	□ 4
19.	My patient presentations on rounds are organized, complete and succinct.	□ NA	□ 1	□ 2	□ 3	□ 4
20.	I am able to communicate the plan of care to all the members of the healthcare team.	□ NA	□ 1	□ 2	□ 3	□ 4
21.	My documentation in the medical record is accurate, complete and timely.	□ NA	□ 1	□ 2	□ 3	□ 4
22.	I accept personal errors and honestly acknowledge them.	□ NA	□ 1	□ 2	□ 3	□ 4
23.	I demonstrate compassion and respect to all patients.	□ NA	□ 1	□ 2	□ 3	□ 4
24.	I complete my clinical, administrative and academic tasks promptly.	□ NA	□ 1	□ 2	□ 3	□ 4
25.	I maintain patient confidentiality	□ NA	□ 1	□ 2	□ 3	□ 4
26.	I log my duty hours regularly and make every effort not to violate the rules	□ NA	□ 1	□ 2	□ 3	□ 4
27.	When I feel I am too fatigued to work safely, I understand that I can call the chief medical residents for back-up.	□ NA	□ 1	□ 2	□ 3	□ 4
28.	I understand the unique roles and services provided by the workers in the local health delivery system (social workers, case managers, dept of public health etc...)	□ NA	□ 1	□ 2	□ 3	□ 4
29.	I am able to identify, reflect on, and learn from critical incidents and preventable medical errors.	□ NA	□ 1	□ 2	□ 3	□ 4
30.	I do my best to minimize unnecessary care including tests, procedures, therapies and consultations.	□ NA	□ 1	□ 2	□ 3	□ 4

Please identify three specific clinical skills that you have improved over the past six months:

Please set three specific goals for the next six months:

Signature _____ Date _____

Rawalpindi Medical University

8

DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)

Please complete the questions using a cross ☒   Please use black ink and CAPITAL LETTERS

Doctor's Name: _____

PMDC Number: _____

Clinical setting:	A&E ☐	OPD ☐	In-patient ☐	Acute Admission ☐	Other

Procedure number ☐☐

Assessors position:	Consultant ☐	SpSR ☐	SpR ☐	Specialty doctor ☐	Nurse ☐	Other ☐

Number of previous DOPS observed by assessor with any trainee	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5-9 ☐	>9 ☐

Number of times procedure performed by trainee:	0 ☐	1-4 ☐	5-9 ☐	>10 ☐	Difficulty of procedure:		Low ☐	Average ☐	High ☐

Please grade the following areas	Well below expectations 1	Below Expectations 2	Borderline 3	Meets Expectations 4	Above Expectations 5	Well above expectations 6	U/C*
1 Demonstrate understanding of indications, relevant anatomy, technique of procedure	C:\Users\khurram\AppData\Local\Temp\~DEST\SCAN0000.jpg					☐	☐
2 Obtains informed consent	☐	☐	☐	☐	☐	☐	☐
3 Demonstrates appropriate preparation pre-procedure	☐	☐	☐	☐	☐	☐	☐
4 Appropriate analgesia or preparation pre-procedure	☐	☐	☐	☐	☐	☐	☐
5 Technical ability safe sedation	☐	☐	☐	☐	☐	☐	☐
6 Aseptic technique	☐	☐	☐	☐	☐	☐	☐
7 Seeks help where appropriate	☐	☐	☐	☐	☐	☐	☐
8 Post procedure management	☐						
9 Communication skills	☐	☐	☐	☐	☐	☐	☐
10 Consideration of Patient/professionalism	☐	☐	☐	☐	☐	☐	☐
11 Overall ability to perform procedure	☐	☐	☐	☐	☐	☐	☐

* U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment.

Please use this space to record areas of strength or any suggested development

Anything especially good?	Suggestions for development:

Have you had training in the use of this assessment tool?   ☐ Face to face   ☐ Have read guidelines   ☐ Web/ CD-Rom

Time taken for observation: (in minutes) ☐☐

Time taken for feedback ☐☐

Assessors signature:

Date (mm/yy) ☐☐ / ☐☐

Assessor's Name: _____

*if appropriate   Please note failure of return of all completed forms to your administrator is a probity issue

Acknowledgement: Adapted with permission of the American Board of internal Medicine

SpSR - Specialty Senior Registrar
SpR - Specialty Registrar

CASE BASED CLINICAL EVALUATION OF TRAINEE

Resident's Name: _____

Evaluator's Name(s): _____

Hospital Name: _____

Date of Evaluation: _____

☐ Traditional Track (10% Clinic)   ☐ Primary Care Track (20% Clinic)

1	Unsatisfactory
2	Below Average
3	Average
4	Good
5	Superior

Please circle the appropriate number for each item using the scale above.

History	Scale				
1. Introduces himself and greet the patient.	1	2	3	4	5
2. Listen to the patient problems.	1	2	3	4	5
3. Shows politeness and empathy	1	2	3	4	5
4. Gathers proper information of present and past history	1	2	3	4	5
Physical Examination	**Scale**				
1. Physical examination done correctly	1	2	3	4	5
2. Pick physical signs correctly	1	2	3	4	5
3. Relevant examination done in detail	1	2	3	4	5
4. Interpret physical signs correctly	1	2	3	4	5
Assessment Plans	**Scale**				
1. Can list a logical differential diagnosis	1	2	3	4	5
2. Defend the diagnosis logically	1	2	3	4	5
3. Identifies patient active problems	1	2	3	4	5
Interpretation and Correlation of Laboratory and Imaging Data	**Scale**				
1. Can order logical and relevant investigations	1	2	3	4	5
2. Correctly interpret investigations (Laboratory and Imaging)	1	2	3	4	5
3. Formulate a logical management plan	1	2	3	4	5
4. Treatment plan is logical and relevant	1	2	3	4	5
5. Able to write a proper prescription	1	2	3	4	5

Counseling and Follow Up	Scale				
1. Counseling of relevant problems done	1	2	3	4	5
2. Counseling is done empathically and logically	1	2	3	4	5
3. Followup plan discussed with patient.	1	2	3	4	5
4. Followup appointment given	1	2	3	4	5

Total Score _____ /100

_____   _____   _____   _____
Resident's Signature   Date   Evaluator's Signature   Date

SECTION B-5

Mandatory workshops by Rawalpindi Medical University

Synopsis writing	**Communication Skills**	**Computer Skills and IT**	**Research Methodology and Bio Stat**

Mandatory workshops by Obs/Gynae Department

Neonatal Resuscitation

Basic Surgical Technique

Obs Emergencies

Mandatory workshops by RMU for DGO Trainees

Date	Year of training	Workshop attended (mandatory by RMU)	Facilitator	Sign by supervisor
Date	Year of training	Workshop attended (mandatory by Obs/Gynae Dept)	Facilitator	Sign by supervisor

RESEARCH

Statistical analysis of a disease

Road Map of Research for DGO Trainees

URTMC & RESEARCH UNIT

(1 - 6 months)

o Research Registration ID Synopsis topic assignment

by supervisor

o Synopsis topic submission in research unit

(13 - 18 months)

o Data Collection

o Data Analysis

o Thesis writing

(7 - 12 months)

o Submission of synopsis Technical committee evaluation RF/ERB synopsis approval

o BASR Synopsis approval

(18 - 24 months)

o BASR – Thesis Approval

o Thesis completion Certification (DME)

Statistical analysis of a disease

University Residency Program 2021
Rawalpindi Medical University
Research Assignment Y1/Y2
Report: Statistical Analysis

SUBMITTED BY: Dr. ………

(UNIVERSITY RESIDENT DGO -SPECIALTY)

SUPERVISED BY: Prof. Dr. …………………………………………………………………………………………………….

DEPARTMENT OF ………..

HOSPITAL ……...

Date of submission:……....

Report Writing:

A STATISTICAL ANALYSIS OF A DISEASE

Before you start conducting your analysis of a disease, you must develop an outline to find what you are looking for. Select in consultation with your supervisor any disease (patients) study site from where you will get data and develop a data collection Proforma which must include demographic variables (age, gender, name, contact number, socioeconomic status, patient hospital no., some quantitative variables related to patient history, symptoms, signs, duration of disease, duration of symptoms, and treatment, development of complications, improvement in symptoms and so on.(these are a few examples for variables). You have to choose minimum 05(five) demographic variables and minimum 05 (five) quantitative (disease related) variables for your analysis

You have to determine appropriate one (01) measure of central tendency and measure of dispersion for each variable

Measure of central tendency	Measure of dispersion
● Mean ● Mode ● Median	● Range ● Sample standard deviation ● Variance

Determine appropriate graphs and tables for your results with a few words description.

Types of graphs	Types of tables
● Pie chart ● Bar chart ● Histogram	● Frequency tables ● Relative frequency table ● Grouped frequency table

Formatting your report

A good report should be completed in 200 -500 words. Use standard font "Times New Roman" or "Arial" in 12 point-size, single space lines, one inch margins all around on a standard A4 size paper and use of footers for page numbers. Writing style should be in third person.
The report should have a

      i. Title page (as shown in fig: 1)
      ii. Content page (section with page number)

Must include sub-headers:

      1. Introduction (scope and Background of the disease)
      2. Materials Methods: Inclusion and exclusion criteria
      3. Sampling site, sample number (30-50 patients)
      4. Data collection on a properly designed Performa
      5. Descriptive data analysis
      5. Inferential test analysis (if applicable)
      6. Detailed results or findings in the form of description/tables/graphs
      7. Conclusion and recommendations
      8. Discuss any issue or problem
      9. References
      10. Anexxure Performa used to collect data

Title of the report Submitted to Research Unit RMU:_____

Report prepared by Resident of (specialty): _____

Under Supervision: _____

Date:_____

SECTION B- 7

ATTENDANCE

80% attendance / year

04 weeks leave / year allowed

1 maternity (90 days) in 2 years

Extra leaves will be compensated by the candidate

Attendance and Leave record

Sr No	Year of training	Casual leaves (total days)	Maternity leave (total days)	Sign by Mentor/SR	Sign by supervisor

Diploma program monitoring

OFFICE OF THE VICE CHANCELLOR
RAWALPINDI MEDICAL UNIVERSITY
RAWALPINDI.
Ph.051-9290360, 051-9290358
Fax No.051-9290519, 051-9280462
No. /2649 /RMU, Dated:13-05-2022

M-25

SUBJECT: RMU DIPLOMA PROGRAM MONITORING

The focal person of Diploma in Gynaecology & Obstetric (DGO) is directed to submit 1 pager monitoring report of concerned diploma including 3 monthly attendance record, leave record, log book monitoring, formative assessment record, research plan and summative assessment plan as per given schedule.

Report-1   01-08-2022
Report-2   01-11-2022
Report-3   01-02-2023
Report-4   01-05-2023
Report-5   01-08-2023
Report-6   01-11-2023
Report-7   01-02-2024

Your co-operation in this regard will be highly appreciated.

Prof. Muhammad Umar
Vice Chancellor
Rawalpindi Medical University
Rawalpindi

Copy To:
1. Director DME
2. DGO Focal Person
3. Dr. Rabbia Khalid QEC
4. Mrs. Sundus Iqbal Assistant Registrar
5. Master File

S.NO	NAME OF RESIDENT	Name of Supervisor	Name of Mentor	Training Year	Joining Date	completion date	Attendance - - / 77 days	Leaves/ Absentees	CPC	Ward allocation	University Workshops (UW)	UW Pending	Department workshops	Topic assigned	Log book entries	case presentation	Special academic activities	Mini-CEX	OSATS	NOTSS	Monthly test %	Long case	Sumattive assessment
1																							
2																							
3																							
4																							

Progress report of DGO trainees (3 months)

SECTION B-9

Counseling session of trainee by mentor, supervisor, dean, research or ethical committee

Date	Year of training	Issue discussed	Sign of counselor	Sign by supervisor
1				
2				
3				
4				
5				
6				
7				
8				

SECTION B-10

Comments of supervisor on portfolio

_____

_____

_____

_____

_____

_____

SECTION B-11

Comments of supervisor on long case log book

(Total 24 cases: 14 Obstetrical and 10 Gynecological cases separately mentioned in log book)

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SECTION B -12

Comments of supervisor on rotation log book

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SECTION B-13

Comments of supervisor on research elective log books

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_____

SECTION C

SUMMATIVE ASSESSMENT

SECTION C-1

Summative Assessment (1st year)

Content		Assessment tools	%
Obstetrics 60%	Normal obstetrics (antenatal, intrapartum and postnatal care, neonatology and breast feeding)	20 MCQs	20
	Obstetrics complication	15 MCQs	15
	Medical complications	15 MCQs	15
	Obstetrics procedures	10 MCQs	10
Gynecology 40%	Basic gynaecological concepts (embryology, anatomy, physiology, history taking, examination, investigations, professionalism and statistic)	15 MCQs	15
	Menstrual disorders	15 MCQs	15
	Early pregnancy complications	10 MCQs	10
Total			100

Summative Assessment (Second year)

Content		Assessment tools			%
		MCQ	SAQ	TOACS	
Obstetrics 50%	Normal obstetrics (antenatal, intrapartum and postnatal care, neonatology and breast feeding)	5	2	3	10
	Obstetrics complication	8	3	4	15
	Medical complications	5	5	5	15
	Obstetrics procedures	5	3	2	10
Gynecology 50%	Basic gynecological concepts (embryology, anatomy, physiology, history taking, examination, investigations, professionalism and statistic)	8	2	-	10
	Menstrual disorders	4	2	4	10
	Early pregnancy complications	5	2	3	10
	Genital tract infections	5	3	2	10
	Gynaecological tumors	2	1	2	05
	Gynecological procedures	3	2	-	05
Total		50	25	25	100

(Summative Assessment)

Year of training	MCQ score	SAQ score	TOACs score	Long Case (OBS)	Long Case (GYN)	One disease analysis	Comments	Sign of supervisor
1st year								
2nd year								