



# MCM Peshawar



Budni Road, Yaseen Abad, Peshawar



091-2614151 / 091-2614174



## 4<sup>th</sup> Professional MBBS-2026 General & Allied Surgery Logbook

| STUDENT DETAILS |         |   |  |   |
|-----------------|---------|---|--|---|
| Student Name:   | Gender: | M |  | F |
| Email address:  |         |   |  |   |
| Roll No:        |         |   |  |   |
| Batch:          |         |   |  |   |



## MESSAGE BY CEO

The observation and assessment of performance of medical students is an integral part of curriculum. It can be accomplished by different modalities of assessments at different times.

Similarly, exposing the students to different clinical activities during undergraduate medical training is essential. Supervising these activities is mandatory. For that purpose, keeping record of these events is important for student evaluation and inclusion of these activities in grading student's performance. Logbooks system is in use for many decades in the field of Surgery throughout the world, and has some weaknesses like falsification of data, but still it is considered to be a useful checklist in assessing the performance of students and record keeping of different activities.

For this purpose, the Muhammad College of Surgery is introducing the LOG BOOK for students of 3rd, 4th and 5th year to help the students as well as the faculty in streamlining the teaching, assessment and certification of student's performance. This activity will ensure structuring and recording student's activities during their clinical rotations based on the learning objectives assigned, and will help the faculty in assessing student's performance. The logbook system will be converted to a portfolio system in future.



## **MESSAGE BY PRINCIPAL**

*I wish to underscore the significance of your clinical rotation, a pivotal phase in your journey towards becoming proficient healthcare professionals.*

*The clinical rotation serves as a foundation, providing you with hands-on experiences, exposure to various specialties, and the opportunity to apply theoretical knowledge in real-life patient. At MCM and MTH, we place utmost emphasis on this phase, recognizing its paramount importance in shaping your future practice.*

*During your clinical rotation, I urge you to approach each day with unwavering dedication, interest, and a commitment to learning. Embrace the challenges you encounter as invaluable learning experiences, and endeavor to uphold the highest standards of ethics, empathy, and professionalism.*

*Remember, each patient interaction offers not only a chance to learn but also an opportunity to make a positive impact on someone's life. Treat each patient with the respect, compassion, and care they deserve, for it is through these interactions that you will truly understand the essence of being a healthcare provider.*

*Our esteemed faculty and staff are dedicated to guiding and supporting you throughout this phase of your education. Do not hesitate to seek their guidance, ask questions, and actively engage in your learning process.*

*Your journey through clinical rotation is not just about acquiring clinical skills; it is about cultivating a mindset of lifelong learning, resilience, and integrity that will serve as the foundation of your medical career.*

*All the Best.*



## **PURPOSE OF THE LOGBOOK**

This Logbook serves as a comprehensive tool designed to facilitate, document, evaluate, and certify student activities throughout clinical and other rotations during the final year of study. It is structured around the predefined learning objectives delineated in the curriculum document.

The primary aim of this Logbook is to meticulously record and certify both clinical and educational engagements, furnishing an objective record pivotal for assessing individual student performance and appraising the institution and curriculum as a whole. Additionally, the inclusion of a reflective section empowers students to enhance their academic proficiency through introspection and critical analysis.

Moreover, this Logbook is envisioned to evolve into a reflective portfolio, fostering a platform for students to encapsulate their growth and learning journey. The compilation of these reflective insights will contribute to continuous improvement, benefitting patient safety by instilling in students an acute awareness of their boundaries, obligations, and accountabilities.

Ultimately, the meticulous documentation within this Logbook not only benefits individual academic growth but also amplifies the caliber of future healthcare professionals, thereby elevating standards and ensuring enhanced patient safety and care.



# G. SURGERY

4th Professional MBBS-2026

Case-01

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

Age: \_\_\_\_\_ PRG#: \_\_\_\_\_

Ward #: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

## CLINICAL HISTORY

### MAJOR COMPLAINTS:

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### HISTORY OF PRESENTING COMPLAINTS:

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### PAST SURGICAL HISTORY: (

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## TRAVEL HISTORY

**PERSONAL HISTORY:**

### HOME SITUATION:

**FAMILY HISTORY:**

**MEDICATION HISTORY:**

[illegible]



## INVESTIGATIONS & MANAGEMENT

### **DIAGNOSIS:**

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### **BASELINE INVESTIGATIONS;**

Bedside:

Bloods:

Imaging:

Other:

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### **SPECIFIC INVESTIGATIONS;**

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### **TREATMENT / OPERATION PLAN:**

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## GENERAL SURGERY DEPARTMENT

| S. No | Date | Competencies                                  | Level              |                     |                                                      |                                                |                            | HOD/Focal Person Signature |
|-------|------|-----------------------------------------------|--------------------|---------------------|------------------------------------------------------|------------------------------------------------|----------------------------|----------------------------|
|       |      |                                               | A: Observer status | B: Assistant status | C: Performed part of the procedure under supervision | D: Performed whole procedure under supervision | E: Independent performance |                            |
|       |      |                                               | A                  | B                   | C                                                    | D                                              | E                          |                            |
| 1.    |      | History taking from a patient in medical unit |                    |                     |                                                      |                                                |                            |                            |
| 2.    |      | General physical examination                  |                    |                     |                                                      |                                                |                            |                            |
|       |      | • Pulse                                       |                    |                     |                                                      |                                                |                            |                            |
|       |      | • BP                                          |                    |                     |                                                      |                                                |                            |                            |
|       |      | • Temperature                                 |                    |                     |                                                      |                                                |                            |                            |
|       |      | • Respiratory rate                            |                    |                     |                                                      |                                                |                            |                            |
|       |      | • Others (specify)                            |                    |                     |                                                      |                                                |                            |                            |
| 3.    |      | Systemic examination                          |                    |                     |                                                      |                                                |                            |                            |
|       |      | • GIT                                         |                    |                     |                                                      |                                                |                            |                            |
|       |      | • CVS                                         |                    |                     |                                                      |                                                |                            |                            |
|       |      | • Respiratory system                          |                    |                     |                                                      |                                                |                            |                            |
|       |      | • Nervous system                              |                    |                     |                                                      |                                                |                            |                            |
|       |      | • Other (specify)                             |                    |                     |                                                      |                                                |                            |                            |
| 4.    |      | Pulse Oximeter placement                      |                    |                     |                                                      |                                                |                            |                            |
| 5.    |      | Nasogastric tube insertion                    |                    |                     |                                                      |                                                |                            |                            |
| 6.    |      | Foley's catheter insertion                    |                    |                     |                                                      |                                                |                            |                            |
| 7.    |      | Fluid aspirations                             |                    |                     |                                                      |                                                |                            |                            |
|       |      | • Ascitic:                                    |                    |                     |                                                      |                                                |                            |                            |
|       |      | • Pleural:                                    |                    |                     |                                                      |                                                |                            |                            |
|       |      | • CSF:                                        |                    |                     |                                                      |                                                |                            |                            |
|       |      | • Joint fluid:                                |                    |                     |                                                      |                                                |                            |                            |
|       |      | • Others (specify)                            |                    |                     |                                                      |                                                |                            |                            |
|       |      |                                               |                    |                     |                                                      |                                                |                            |                            |

Doctor's Signature:.....

Name:.....



## DOPS (Direct Observation of Procedural Skills)

Student Name: \_\_\_\_\_ Year / Program: 4th Year

Department / Unit: \_\_\_\_\_ Date: \_\_\_\_\_

### Procedure Details

Procedure Observed: \_\_\_\_\_ Clinical Indication: \_\_\_\_\_

Setting:

☐ OPD    ☐ Ward    ☐ Emergency    ☐ OT    ☐ Skills Lab

### Performance Checklist)

| Step                               | Satisfactory | Needs Improvement | Not Done |
|------------------------------------|--------------|-------------------|----------|
| Obtained informed consent          |              |                   |          |
| Hand hygiene and aseptic technique |              |                   |          |
| Appropriate patient positioning    |              |                   |          |
| Correct procedural technique       |              |                   |          |
| Proper instrument handling         |              |                   |          |
| Ensured patient safety             |              |                   |          |
| Post-procedure care and advice     |              |                   |          |
| Effective communication            |              |                   |          |
| Professional attitude and conduct  |              |                   |          |

### Feedback to Student

Strengths): \_\_\_\_\_  
\_\_\_\_\_

Areas for Improvement): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Level of Supervision Required for Future Practice

☐ Requires direct supervision    ☐ Requires indirect supervision    ☐ Independent (competent to perform unsupervised)

Assessor Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## TRAVEL HISTORY

**PERSONAL HISTORY:**

### HOME SITUATION:

**FAMILY HISTORY:**

**MEDICATION HISTORY:**

[illegible]



## INVESTIGATIONS & MANAGEMENT

### **DIAGNOSIS:**

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### **BASELINE INVESTIGATIONS;**

Bedside:

Bloods:

Imaging:

Other:

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### **SPECIFIC INVESTIGATIONS;**

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### **TREATMENT / OPERATION PLAN:**

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Doctor's Signature:.....

Name:.....



## GENERAL SURGERY DEPARTMENT

| S. No | Date | Competencies                                  | Level<br>A: Observer status<br>B: Assistant status<br>C: Performed part of the procedure under supervision<br>D: Performed whole procedure under supervision<br>E: Independent performance |   |   |   |   | HOD/Focal Person Signature |
|-------|------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|----------------------------|
|       |      |                                               | A                                                                                                                                                                                          | B | C | D | E |                            |
| 8.    |      | History taking from a patient in medical unit |                                                                                                                                                                                            |   |   |   |   |                            |
| 9.    |      | General physical examination                  |                                                                                                                                                                                            |   |   |   |   |                            |
|       |      | • Pulse                                       |                                                                                                                                                                                            |   |   |   |   |                            |
|       |      | • BP                                          |                                                                                                                                                                                            |   |   |   |   |                            |
|       |      | • Temperature                                 |                                                                                                                                                                                            |   |   |   |   |                            |
|       |      | • Respiratory rate                            |                                                                                                                                                                                            |   |   |   |   |                            |
|       |      | • Others (specify)                            |                                                                                                                                                                                            |   |   |   |   |                            |
| 10.   |      | Systemic examination                          |                                                                                                                                                                                            |   |   |   |   |                            |
|       |      | • GIT                                         |                                                                                                                                                                                            |   |   |   |   |                            |
|       |      | • CVS                                         |                                                                                                                                                                                            |   |   |   |   |                            |
|       |      | • Respiratory system                          |                                                                                                                                                                                            |   |   |   |   |                            |
|       |      | • Nervous system                              |                                                                                                                                                                                            |   |   |   |   |                            |
|       |      | • Other (specify)                             |                                                                                                                                                                                            |   |   |   |   |                            |
| 11.   |      | Pulse Oximeter placement                      |                                                                                                                                                                                            |   |   |   |   |                            |
| 12.   |      | Nasogastric tube insertion                    |                                                                                                                                                                                            |   |   |   |   |                            |
| 13.   |      | Foley`s catheter insertion                    |                                                                                                                                                                                            |   |   |   |   |                            |
| 14.   |      | Fluid aspirations                             |                                                                                                                                                                                            |   |   |   |   |                            |
|       |      | • Ascitic:                                    |                                                                                                                                                                                            |   |   |   |   |                            |
|       |      | • Pleural:                                    |                                                                                                                                                                                            |   |   |   |   |                            |
|       |      | • CSF:                                        |                                                                                                                                                                                            |   |   |   |   |                            |
|       |      | • Joint fluid:                                |                                                                                                                                                                                            |   |   |   |   |                            |
|       |      | • Others (specify)                            |                                                                                                                                                                                            |   |   |   |   |                            |
|       |      |                                               |                                                                                                                                                                                            |   |   |   |   |                            |

Doctor's Signature:.....

Name:.....



### 4th Year Surgery: Mini-Cex

|                                         |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------------|-------------|
| <b>Patient Name:</b>                    |                                                                                                                                                                                                                                                  | <b>Diagnosis:</b>                                                                                               |                 |                  | <b>Date:</b>                      |             |
| <b>Competencies</b>                     |                                                                                                                                                                                                                                                  | <b>EXPECTED LEVEL OF COMPETENCE</b><br><b>1. Below Expectation</b><br><b>2. Adequate</b><br><b>3. Excellent</b> |                 |                  | <b>Teacher to sign &amp; date</b> |             |
| <b>History / Exam / Management Plan</b> |                                                                                                                                                                                                                                                  | <b>Below expectation</b>                                                                                        | <b>Adequate</b> | <b>Excellent</b> | <b>Sign</b>                       | <b>Date</b> |
| <b>1</b>                                | Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.                                                                                        |                                                                                                                 |                 |                  |                                   |             |
| <b>2</b>                                | Perform complete physical examination, with detailed examination of the involved organ System                                                                                                                                                    |                                                                                                                 |                 |                  |                                   |             |
| <b>3</b>                                | Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion. |                                                                                                                 |                 |                  |                                   |             |
| <b>4</b>                                | Arrange a focused list of differential diagnosis                                                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>5</b>                                | Prepare a diagnostic plan, selecting investigations appropriate for the Patient.                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>Good points</b>                      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Suggestions for improvement</b>      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Sign/ Date</b>                       |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |



## DOPS (Direct Observation of Procedural Skills)

Student Name: \_\_\_\_\_ Year / Program: 4th Year

Department / Unit: \_\_\_\_\_ Date: \_\_\_\_\_

### Procedure Details

Procedure Observed: \_\_\_\_\_ Clinical Indication: \_\_\_\_\_

Setting:

☐ OPD    ☐ Ward    ☐ Emergency    ☐ OT    ☐ Skills Lab

### Performance Checklist)

| Step                               | Satisfactory | Needs Improvement | Not Done |
|------------------------------------|--------------|-------------------|----------|
| Obtained informed consent          |              |                   |          |
| Hand hygiene and aseptic technique |              |                   |          |
| Appropriate patient positioning    |              |                   |          |
| Correct procedural technique       |              |                   |          |
| Proper instrument handling         |              |                   |          |
| Ensured patient safety             |              |                   |          |
| Post-procedure care and advice     |              |                   |          |
| Effective communication            |              |                   |          |
| Professional attitude and conduct  |              |                   |          |

### Feedback to Student

Strengths): \_\_\_\_\_  
\_\_\_\_\_

Areas for  
Improvement): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Level of Supervision Required for Future Practice

☐ Requires direct supervision    ☐ Requires indirect supervision    ☐ Independent (competent to perform unsupervised)

Assessor Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# G. SURGERY

4th Professional MBBS-2026

Case-03

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

Age: \_\_\_\_\_ PRG#: \_\_\_\_\_

Ward #: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

## CLINICAL HISTORY

### MAJOR COMPLAINTS:

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### HISTORY OF PRESENTING COMPLAINTS:

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### PAST SURGICAL HISTORY: (

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**PERSONAL HISTORY:**

### HOME SITUATION:

**FAMILY HISTORY:**

**MEDICATION HISTORY:**[illegible]



INVESTIGATIONS & MANAGEMENT

DIAGNOSIS:

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BASELINE INVESTIGATIONS;

Bedside:

Bloods:

Imaging:

Other:

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SPECIFIC INVESTIGATIONS;

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TREATMENT / OPERATION PLAN:

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Doctor’s Signature:.....

Name:.....



## DOPS (Direct Observation of Procedural Skills)

Student Name: \_\_\_\_\_ Year / Program: 4th Year

Department / Unit: \_\_\_\_\_ Date: \_\_\_\_\_

### Procedure Details

Procedure Observed: \_\_\_\_\_ Clinical Indication: \_\_\_\_\_

Setting:

☐ OPD    ☐ Ward    ☐ Emergency    ☐ OT    ☐ Skills Lab

### Performance Checklist)

| Step                               | Satisfactory | Needs Improvement | Not Done |
|------------------------------------|--------------|-------------------|----------|
| Obtained informed consent          |              |                   |          |
| Hand hygiene and aseptic technique |              |                   |          |
| Appropriate patient positioning    |              |                   |          |
| Correct procedural technique       |              |                   |          |
| Proper instrument handling         |              |                   |          |
| Ensured patient safety             |              |                   |          |
| Post-procedure care and advice     |              |                   |          |
| Effective communication            |              |                   |          |
| Professional attitude and conduct  |              |                   |          |

### Feedback to Student

Strengths): \_\_\_\_\_  
\_\_\_\_\_

### Areas for

Improvement): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Level of Supervision Required for Future Practice

☐ Requires direct supervision    ☐ Requires indirect supervision    ☐ Independent (competent to perform unsupervised)

Assessor Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## TRAVEL HISTORY

**PERSONAL HISTORY:**

### HOME SITUATION:

**FAMILY HISTORY:**

**MEDICATION HISTORY:**

[illegible]



## INVESTIGATIONS & MANAGEMENT

### **DIAGNOSIS:**

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### **BASELINE INVESTIGATIONS;**

Bedside:

Bloods:

Imaging:

Other:

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### **SPECIFIC INVESTIGATIONS;**

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### **TREATMENT / OPERATION PLAN:**

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Doctor's Signature:.....

Name:.....



### 4th Year Surgery: Mini-Cex

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|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------------|-------------|
| <b>Patient Name:</b>                    |                                                                                                                                                                                                                                                  | <b>Diagnosis:</b>                                                                                               |                 |                  | <b>Date:</b>                      |             |
| <b>Competencies</b>                     |                                                                                                                                                                                                                                                  | <b>EXPECTED LEVEL OF COMPETENCE</b><br><b>1. Below Expectation</b><br><b>2. Adequate</b><br><b>3. Excellent</b> |                 |                  | <b>Teacher to sign &amp; date</b> |             |
| <b>History / Exam / Management Plan</b> |                                                                                                                                                                                                                                                  | <b>Below expectation</b>                                                                                        | <b>Adequate</b> | <b>Excellent</b> | <b>Sign</b>                       | <b>Date</b> |
| <b>1</b>                                | Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.                                                                                        |                                                                                                                 |                 |                  |                                   |             |
| <b>2</b>                                | Perform complete physical examination, with detailed examination of the involved organ System                                                                                                                                                    |                                                                                                                 |                 |                  |                                   |             |
| <b>3</b>                                | Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion. |                                                                                                                 |                 |                  |                                   |             |
| <b>4</b>                                | Arrange a focused list of differential diagnosis                                                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>5</b>                                | Prepare a diagnostic plan, selecting investigations appropriate for the Patient.                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>Good points</b>                      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Suggestions for improvement</b>      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Sign/ Date</b>                       |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |



## DOPS (Direct Observation of Procedural Skills)

**Student Name:** \_\_\_\_\_ **Year / Program:** 4th Year \_\_\_\_\_  
**Department / Unit:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Procedure Details

**Procedure Observed:** \_\_\_\_\_ **Clinical Indication:** \_\_\_\_\_

**Setting:**

☐ OPD    ☐ Ward    ☐ Emergency    ☐ OT    ☐ Skills Lab

### Performance Checklist)

| Step                               | Satisfactory | Needs Improvement | Not Done |
|------------------------------------|--------------|-------------------|----------|
| Obtained informed consent          |              |                   |          |
| Hand hygiene and aseptic technique |              |                   |          |
| Appropriate patient positioning    |              |                   |          |
| Correct procedural technique       |              |                   |          |
| Proper instrument handling         |              |                   |          |
| Ensured patient safety             |              |                   |          |
| Post-procedure care and advice     |              |                   |          |
| Effective communication            |              |                   |          |
| Professional attitude and conduct  |              |                   |          |

### Feedback to Student

**Strengths):** \_\_\_\_\_  
\_\_\_\_\_

**Areas for Improvement):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Level of Supervision Required for Future Practice

☐ Requires direct supervision    ☐ Requires indirect supervision    ☐ Independent (competent to perform unsupervised)

**Assessor Name:** \_\_\_\_\_ **Designation:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# G. SURGERY

4th Professional MBBS-2026

Case-05

## CLINICAL HISTORY

### MAJOR COMPLAINTS:

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### HISTORY OF PRESENTING COMPLAINTS:

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### PAST SURGICAL HISTORY: (

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

Age: \_\_\_\_\_ PRG#: \_\_\_\_\_

Ward #: \_\_\_\_\_

Date of Admission: \_\_\_\_\_



## TRAVEL HISTORY

**PERSONAL HISTORY:**

### HOME SITUATION:

**FAMILY HISTORY:**

**MEDICATION HISTORY:**

[illegible]



## INVESTIGATIONS & MANAGEMENT

### **DIAGNOSIS:**

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### **BASELINE INVESTIGATIONS;**

Bedside:

Bloods:

Imaging:

Other:

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### **SPECIFIC INVESTIGATIONS;**

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### **TREATMENT / OPERATION PLAN:**

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Doctor's Signature:.....

Name:.....



## 4th Year Surgery: Mini-Cex

|                                         |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------------|-------------|
| <b>Patient Name:</b>                    |                                                                                                                                                                                                                                                  | <b>Diagnosis:</b>                                                                                               |                 |                  | <b>Date:</b>                      |             |
| <b>Competencies</b>                     |                                                                                                                                                                                                                                                  | <b>EXPECTED LEVEL OF COMPETENCE</b><br><b>1. Below Expectation</b><br><b>2. Adequate</b><br><b>3. Excellent</b> |                 |                  | <b>Teacher to sign &amp; date</b> |             |
| <b>History / Exam / Management Plan</b> |                                                                                                                                                                                                                                                  | <b>Below expectation</b>                                                                                        | <b>Adequate</b> | <b>Excellent</b> | <b>Sign</b>                       | <b>Date</b> |
| <b>1</b>                                | Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.                                                                                        |                                                                                                                 |                 |                  |                                   |             |
| <b>2</b>                                | Perform complete physical examination, with detailed examination of the involved organ System                                                                                                                                                    |                                                                                                                 |                 |                  |                                   |             |
| <b>3</b>                                | Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion. |                                                                                                                 |                 |                  |                                   |             |
| <b>4</b>                                | Arrange a focused list of differential diagnosis                                                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>5</b>                                | Prepare a diagnostic plan, selecting investigations appropriate for the Patient.                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>Good points</b>                      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Suggestions for improvement</b>      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Sign/ Date</b>                       |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |



## DOPS (Direct Observation of Procedural Skills)

Student Name: \_\_\_\_\_ Year / Program: 4th Year

Department / Unit: \_\_\_\_\_ Date: \_\_\_\_\_

### Procedure Details

Procedure Observed: \_\_\_\_\_ Clinical Indication: \_\_\_\_\_

Setting:

☐ OPD    ☐ Ward    ☐ Emergency    ☐ OT    ☐ Skills Lab

### Performance Checklist)

| Step                               | Satisfactory | Needs Improvement | Not Done |
|------------------------------------|--------------|-------------------|----------|
| Obtained informed consent          |              |                   |          |
| Hand hygiene and aseptic technique |              |                   |          |
| Appropriate patient positioning    |              |                   |          |
| Correct procedural technique       |              |                   |          |
| Proper instrument handling         |              |                   |          |
| Ensured patient safety             |              |                   |          |
| Post-procedure care and advice     |              |                   |          |
| Effective communication            |              |                   |          |
| Professional attitude and conduct  |              |                   |          |

### Feedback to Student

Strengths): \_\_\_\_\_  
\_\_\_\_\_

Areas for Improvement): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Level of Supervision Required for Future Practice

☐ Requires direct supervision    ☐ Requires indirect supervision    ☐ Independent (competent to perform unsupervised)

Assessor Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# G. SURGERY

4th Professional MBBS-2026

Case-06

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

Age: \_\_\_\_\_ PRG#: \_\_\_\_\_

Ward #: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

## CLINICAL HISTORY

### MAJOR COMPLAINTS:

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### HISTORY OF PRESENTING COMPLAINTS:

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### PAST SURGICAL HISTORY: (

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### HOME SITUATION:

**FAMILY HISTORY:**

**MEDICATION HISTORY:**

[illegible]



## INVESTIGATIONS & MANAGEMENT

### **DIAGNOSIS:**

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### **BASELINE INVESTIGATIONS;**

Bedside:

Bloods:

Imaging:

Other:

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### **SPECIFIC INVESTIGATIONS;**

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### **TREATMENT / OPERATION PLAN:**

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Doctor's Signature:.....

Name:.....



### 4th Year Surgery: Mini-Cex

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|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------------|-------------|
| <b>Patient Name:</b>                    |                                                                                                                                                                                                                                                  | <b>Diagnosis:</b>                                                                                               |                 |                  | <b>Date:</b>                      |             |
| <b>Competencies</b>                     |                                                                                                                                                                                                                                                  | <b>EXPECTED LEVEL OF COMPETENCE</b><br><b>1. Below Expectation</b><br><b>2. Adequate</b><br><b>3. Excellent</b> |                 |                  | <b>Teacher to sign &amp; date</b> |             |
| <b>History / Exam / Management Plan</b> |                                                                                                                                                                                                                                                  | <b>Below expectation</b>                                                                                        | <b>Adequate</b> | <b>Excellent</b> | <b>Sign</b>                       | <b>Date</b> |
| <b>1</b>                                | Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.                                                                                        |                                                                                                                 |                 |                  |                                   |             |
| <b>2</b>                                | Perform complete physical examination, with detailed examination of the involved organ System                                                                                                                                                    |                                                                                                                 |                 |                  |                                   |             |
| <b>3</b>                                | Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion. |                                                                                                                 |                 |                  |                                   |             |
| <b>4</b>                                | Arrange a focused list of differential diagnosis                                                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>5</b>                                | Prepare a diagnostic plan, selecting investigations appropriate for the Patient.                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>Good points</b>                      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Suggestions for improvement</b>      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Sign/ Date</b>                       |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |



# G. SURGERY

4th Professional MBBS-2026

Case-07

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

Age: \_\_\_\_\_ PRG#: \_\_\_\_\_

Ward #: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

## CLINICAL HISTORY

### MAJOR COMPLAINTS:

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### HISTORY OF PRESENTING COMPLAINTS:

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### PAST SURGICAL HISTORY: (

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## TRAVEL HISTORY

**PERSONAL HISTORY:**

### HOME SITUATION:

**FAMILY HISTORY:**

**MEDICATION HISTORY:**

[illegible]



INVESTIGATIONS & MANAGEMENT

DIAGNOSIS:

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BASELINE INVESTIGATIONS;

Bedside:

Bloods:

Imaging:

Other:

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SPECIFIC INVESTIGATIONS;

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TREATMENT / OPERATION PLAN:

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Doctor’s Signature:.....

Name:.....



### 4th Year Surgery: Mini-Cex

|                                         |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------------|-------------|
| <b>Patient Name:</b>                    |                                                                                                                                                                                                                                                  | <b>Diagnosis:</b>                                                                                               |                 |                  | <b>Date:</b>                      |             |
| <b>Competencies</b>                     |                                                                                                                                                                                                                                                  | <b>EXPECTED LEVEL OF COMPETENCE</b><br><b>1. Below Expectation</b><br><b>2. Adequate</b><br><b>3. Excellent</b> |                 |                  | <b>Teacher to sign &amp; date</b> |             |
| <b>History / Exam / Management Plan</b> |                                                                                                                                                                                                                                                  | <b>Below expectation</b>                                                                                        | <b>Adequate</b> | <b>Excellent</b> | <b>Sign</b>                       | <b>Date</b> |
| <b>1</b>                                | Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.                                                                                        |                                                                                                                 |                 |                  |                                   |             |
| <b>2</b>                                | Perform complete physical examination, with detailed examination of the involved organ System                                                                                                                                                    |                                                                                                                 |                 |                  |                                   |             |
| <b>3</b>                                | Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion. |                                                                                                                 |                 |                  |                                   |             |
| <b>4</b>                                | Arrange a focused list of differential diagnosis                                                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>5</b>                                | Prepare a diagnostic plan, selecting investigations appropriate for the Patient.                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>Good points</b>                      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Suggestions for improvement</b>      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Sign/ Date</b>                       |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |



## DOPS (Direct Observation of Procedural Skills)

Student Name: \_\_\_\_\_ Year / Program: 4th Year

Department / Unit: \_\_\_\_\_ Date: \_\_\_\_\_

### Procedure Details

Procedure Observed: \_\_\_\_\_ Clinical Indication: \_\_\_\_\_

Setting:

☐ OPD    ☐ Ward    ☐ Emergency    ☐ OT    ☐ Skills Lab

### Performance Checklist)

| Step                               | Satisfactory | Needs Improvement | Not Done |
|------------------------------------|--------------|-------------------|----------|
| Obtained informed consent          |              |                   |          |
| Hand hygiene and aseptic technique |              |                   |          |
| Appropriate patient positioning    |              |                   |          |
| Correct procedural technique       |              |                   |          |
| Proper instrument handling         |              |                   |          |
| Ensured patient safety             |              |                   |          |
| Post-procedure care and advice     |              |                   |          |
| Effective communication            |              |                   |          |
| Professional attitude and conduct  |              |                   |          |

### Feedback to Student

Strengths): \_\_\_\_\_  
\_\_\_\_\_

Areas for Improvement): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Level of Supervision Required for Future Practice

☐ Requires direct supervision    ☐ Requires indirect supervision    ☐ Independent (competent to perform unsupervised)

Assessor Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# G. SURGERY

4th Professional MBBS-2026

Case-08

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

Age: \_\_\_\_\_ PRG#: \_\_\_\_\_

Ward #: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

## CLINICAL HISTORY

### MAJOR COMPLAINTS:

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### HISTORY OF PRESENTING COMPLAINTS:

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### PAST SURGICAL HISTORY: (

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**PERSONAL HISTORY:**

## HOME SITUATION:

**FAMILY HISTORY:**

**MEDICATION HISTORY:**[illegible]



**INVESTIGATIONS & MANAGEMENT**

**DIAGNOSIS:**

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**BASELINE INVESTIGATIONS;**

Bedside:

Bloods:

Imaging:

Other:

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**SPECIFIC INVESTIGATIONS;**

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**TREATMENT / OPERATION PLAN:**

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Doctor’s Signature:.....

Name:.....



### 4th Year Surgery: Mini-Cex

|                                         |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------------|-------------|
| <b>4th Year Surgery: Mini-Cex</b>       |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Patient Name:</b>                    |                                                                                                                                                                                                                                                  | <b>Diagnosis:</b>                                                                                               |                 | <b>Date:</b>     |                                   |             |
| <b>Competencies</b>                     |                                                                                                                                                                                                                                                  | <b>EXPECTED LEVEL OF COMPETENCE</b><br><b>1. Below Expectation</b><br><b>2. Adequate</b><br><b>3. Excellent</b> |                 |                  | <b>Teacher to sign &amp; date</b> |             |
| <b>History / Exam / Management Plan</b> |                                                                                                                                                                                                                                                  | <b>Below expectation</b>                                                                                        | <b>Adequate</b> | <b>Excellent</b> | <b>Sign</b>                       | <b>Date</b> |
| <b>1</b>                                | Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.                                                                                        |                                                                                                                 |                 |                  |                                   |             |
| <b>2</b>                                | Perform complete physical examination, with detailed examination of the involved organ System                                                                                                                                                    |                                                                                                                 |                 |                  |                                   |             |
| <b>3</b>                                | Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion. |                                                                                                                 |                 |                  |                                   |             |
| <b>4</b>                                | Arrange a focused list of differential diagnosis                                                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>5</b>                                | Prepare a diagnostic plan, selecting investigations appropriate for the Patient.                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>Good points</b>                      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Suggestions for improvement</b>      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Sign/ Date</b>                       |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |



## DOPS (Direct Observation of Procedural Skills)

**Student Name:** \_\_\_\_\_ **Year / Program:** 4th Year \_\_\_\_\_  
**Department / Unit:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Procedure Details

**Procedure Observed:** \_\_\_\_\_ **Clinical Indication:** \_\_\_\_\_

**Setting:**

☐ OPD    ☐ Ward    ☐ Emergency    ☐ OT    ☐ Skills Lab

### Performance Checklist)

| Step                               | Satisfactory | Needs Improvement | Not Done |
|------------------------------------|--------------|-------------------|----------|
| Obtained informed consent          |              |                   |          |
| Hand hygiene and aseptic technique |              |                   |          |
| Appropriate patient positioning    |              |                   |          |
| Correct procedural technique       |              |                   |          |
| Proper instrument handling         |              |                   |          |
| Ensured patient safety             |              |                   |          |
| Post-procedure care and advice     |              |                   |          |
| Effective communication            |              |                   |          |
| Professional attitude and conduct  |              |                   |          |

### Feedback to Student

**Strengths):** \_\_\_\_\_  
\_\_\_\_\_

**Areas for Improvement):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Level of Supervision Required for Future Practice

☐ Requires direct supervision    ☐ Requires indirect supervision    ☐ Independent (competent to perform unsupervised)

**Assessor Name:** \_\_\_\_\_ **Designation:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## G. SURGERY

## 4th Professional MBBS-2026

## Case-09

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

Age: \_\_\_\_\_ PRG#: \_\_\_\_\_

Ward #: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

## CLINICAL HISTORY

**MAJOR COMPLAINTS:**

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**HISTORY OF PRESENTING COMPLAINTS:**

[illegible]

**PAST SURGICAL HISTORY:** (

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**PERSONAL HISTORY:**

### HOME SITUATION:

**FAMILY HISTORY:**

**MEDICATION HISTORY:**

[illegible]



## INVESTIGATIONS & MANAGEMENT

### DIAGNOSIS:

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### BASELINE INVESTIGATIONS;

Bedside:

Bloods:

Imaging:

Other:

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### SPECIFIC INVESTIGATIONS;

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### TREATMENT / OPERATION PLAN:

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Doctor's Signature:.....

Name:.....



## DOPS (Direct Observation of Procedural Skills)

Student Name: \_\_\_\_\_ Year / Program: 4th Year \_\_\_\_\_  
Department / Unit: \_\_\_\_\_ Date: \_\_\_\_\_

### Procedure Details

Procedure Observed: \_\_\_\_\_ Clinical Indication: \_\_\_\_\_

#### Setting:

☐ OPD    ☐ Ward    ☐ Emergency    ☐ OT    ☐ Skills Lab

### Performance Checklist)

| Step                               | Satisfactory | Needs Improvement | Not Done |
|------------------------------------|--------------|-------------------|----------|
| Obtained informed consent          |              |                   |          |
| Hand hygiene and aseptic technique |              |                   |          |
| Appropriate patient positioning    |              |                   |          |
| Correct procedural technique       |              |                   |          |
| Proper instrument handling         |              |                   |          |
| Ensured patient safety             |              |                   |          |
| Post-procedure care and advice     |              |                   |          |
| Effective communication            |              |                   |          |
| Professional attitude and conduct  |              |                   |          |

### Feedback to Student

Strengths): \_\_\_\_\_  
\_\_\_\_\_

#### Areas for

Improvement): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Level of Supervision Required for Future Practice

☐ Requires direct supervision    ☐ Requires indirect supervision    ☐ Independent (competent to perform unsupervised)

Assessor Name: \_\_\_\_\_ Designation: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# G. SURGERY

4th Professional MBBS-2026

Case-10

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

Age: \_\_\_\_\_ PRG#: \_\_\_\_\_

Ward #: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

## CLINICAL HISTORY

### MAJOR COMPLAINTS:

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### HISTORY OF PRESENTING COMPLAINTS:

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### PAST SURGICAL HISTORY: (

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## TRAVEL HISTORY

**PERSONAL HISTORY:**

### HOME SITUATION:

**FAMILY HISTORY:**

**MEDICATION HISTORY:**

[illegible]



## INVESTIGATIONS & MANAGEMENT

### DIAGNOSIS:

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### BASELINE INVESTIGATIONS;

Bedside:

Bloods:

Imaging:

Other:

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### SPECIFIC INVESTIGATIONS;

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### TREATMENT / OPERATION PLAN:

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Doctor's Signature:.....

Name:.....



## 4th Year Surgery: Mini-Cex

|                                         |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------------|-------------|
| <b>Patient Name:</b>                    |                                                                                                                                                                                                                                                  | <b>Diagnosis:</b>                                                                                               |                 |                  | <b>Date:</b>                      |             |
| <b>Competencies</b>                     |                                                                                                                                                                                                                                                  | <b>EXPECTED LEVEL OF COMPETENCE</b><br><b>1. Below Expectation</b><br><b>2. Adequate</b><br><b>3. Excellent</b> |                 |                  | <b>Teacher to sign &amp; date</b> |             |
| <b>History / Exam / Management Plan</b> |                                                                                                                                                                                                                                                  | <b>Below expectation</b>                                                                                        | <b>Adequate</b> | <b>Excellent</b> | <b>Sign</b>                       | <b>Date</b> |
| <b>1</b>                                | Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.                                                                                        |                                                                                                                 |                 |                  |                                   |             |
| <b>2</b>                                | Perform complete physical examination, with detailed examination of the involved organ System                                                                                                                                                    |                                                                                                                 |                 |                  |                                   |             |
| <b>3</b>                                | Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion. |                                                                                                                 |                 |                  |                                   |             |
| <b>4</b>                                | Arrange a focused list of differential diagnosis                                                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>5</b>                                | Prepare a diagnostic plan, selecting investigations appropriate for the Patient.                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>Good points</b>                      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Suggestions for improvement</b>      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Sign/ Date</b>                       |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |



## DOPS (Direct Observation of Procedural Skills)

Student Name: \_\_\_\_\_ Year / Program: 4th Year

Department / Unit: \_\_\_\_\_ Date: \_\_\_\_\_

### Procedure Details

Procedure Observed: \_\_\_\_\_ Clinical Indication: \_\_\_\_\_

Setting:

☐ OPD    ☐ Ward    ☐ Emergency    ☐ OT    ☐ Skills Lab

### Performance Checklist)

| Step                               | Satisfactory | Needs Improvement | Not Done |
|------------------------------------|--------------|-------------------|----------|
| Obtained informed consent          |              |                   |          |
| Hand hygiene and aseptic technique |              |                   |          |
| Appropriate patient positioning    |              |                   |          |
| Correct procedural technique       |              |                   |          |
| Proper instrument handling         |              |                   |          |
| Ensured patient safety             |              |                   |          |
| Post-procedure care and advice     |              |                   |          |
| Effective communication            |              |                   |          |
| Professional attitude and conduct  |              |                   |          |

### Feedback to Student

Strengths): \_\_\_\_\_  
\_\_\_\_\_

### Areas for

Improvement): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Level of Supervision Required for Future Practice

☐ Requires direct supervision    ☐ Requires indirect supervision    ☐ Independent (competent to perform unsupervised)

Assessor Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# ALLIED. SURGERY

4th Professional MBBS-2026

case-01

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

Age: \_\_\_\_\_ PRG#: \_\_\_\_\_

Ward #: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

## CLINICAL HISTORY

### MAJOR COMPLAINTS:

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### HISTORY OF PRESENTING COMPLAINTS:

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### PAST SURGICAL HISTORY: (

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## TRAVEL HISTORY

**PERSONAL HISTORY:**

### HOME SITUATION:

**FAMILY HISTORY:**

**MEDICATION HISTORY:**

[illegible]



## INVESTIGATIONS & MANAGEMENT

### **DIAGNOSIS:**

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### **BASELINE INVESTIGATIONS;**

Bedside:

Bloods:

Imaging:

Other:

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### **SPECIFIC INVESTIGATIONS;**

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### **TREATMENT / OPERATION PLAN:**

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Doctor's Signature:.....

Name:.....



### 4th Year Allied Surgery: Mini-Cex

|                                         |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------------|-------------|
| <b>Patient Name:</b>                    |                                                                                                                                                                                                                                                  | <b>Diagnosis:</b>                                                                                               |                 |                  | <b>Date:</b>                      |             |
| <b>Competencies</b>                     |                                                                                                                                                                                                                                                  | <b>EXPECTED LEVEL OF COMPETENCE</b><br><b>1. Below Expectation</b><br><b>2. Adequate</b><br><b>3. Excellent</b> |                 |                  | <b>Teacher to sign &amp; date</b> |             |
| <b>History / Exam / Management Plan</b> |                                                                                                                                                                                                                                                  | <b>Below expectation</b>                                                                                        | <b>Adequate</b> | <b>Excellent</b> | <b>Sign</b>                       | <b>Date</b> |
| <b>1</b>                                | Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.                                                                                        |                                                                                                                 |                 |                  |                                   |             |
| <b>2</b>                                | Perform complete physical examination, with detailed examination of the involved organ System                                                                                                                                                    |                                                                                                                 |                 |                  |                                   |             |
| <b>3</b>                                | Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion. |                                                                                                                 |                 |                  |                                   |             |
| <b>4</b>                                | Arrange a focused list of differential diagnosis                                                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>5</b>                                | Prepare a diagnostic plan, selecting investigations appropriate for the Patient.                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>Good points</b>                      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Suggestions for improvement</b>      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Sign/ Date</b>                       |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |



# ALLIED. SURGERY

4th Professional MBBS-2026

Case-01

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

Age: \_\_\_\_\_ PRG#: \_\_\_\_\_

Ward #: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

Department: \_\_\_\_\_

## CLINICAL HISTORY

### MAJOR COMPLAINTS:

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### HISTORY OF PRESENTING COMPLAINTS:

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### PAST SURGICAL HISTORY: (

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**PERSONAL HISTORY:**

### HOME SITUATION:

**FAMILY HISTORY:**

**MEDICATION HISTORY:**

[illegible]



**INVESTIGATIONS & MANAGEMENT**

**DIAGNOSIS:**

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**BASELINE INVESTIGATIONS;**

Bedside:

Bloods:

Imaging:

Other:

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**SPECIFIC INVESTIGATIONS;**

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**TREATMENT / OPERATION PLAN:**

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Doctor’s Signature:.....

Name:.....



### 4th Year Allied Surgery: Mini-Cex

|                                         |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------------|-------------|
| <b>Patient Name:</b>                    |                                                                                                                                                                                                                                                  | <b>Diagnosis:</b>                                                                                               |                 |                  | <b>Date:</b>                      |             |
| <b>Competencies</b>                     |                                                                                                                                                                                                                                                  | <b>EXPECTED LEVEL OF COMPETENCE</b><br><b>1. Below Expectation</b><br><b>2. Adequate</b><br><b>3. Excellent</b> |                 |                  | <b>Teacher to sign &amp; date</b> |             |
| <b>History / Exam / Management Plan</b> |                                                                                                                                                                                                                                                  | <b>Below expectation</b>                                                                                        | <b>Adequate</b> | <b>Excellent</b> | <b>Sign</b>                       | <b>Date</b> |
| <b>1</b>                                | Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.                                                                                        |                                                                                                                 |                 |                  |                                   |             |
| <b>2</b>                                | Perform complete physical examination, with detailed examination of the involved organ System                                                                                                                                                    |                                                                                                                 |                 |                  |                                   |             |
| <b>3</b>                                | Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion. |                                                                                                                 |                 |                  |                                   |             |
| <b>4</b>                                | Arrange a focused list of differential diagnosis                                                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>5</b>                                | Prepare a diagnostic plan, selecting investigations appropriate for the Patient.                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>Good points</b>                      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Suggestions for improvement</b>      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Sign/ Date</b>                       |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |





**PAST SURGICAL HISTORY: (**

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**TRAVEL HISTORY**

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**PERSONAL HISTORY:**

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**HOME SITUATION:**

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**FAMILY HISTORY:**

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**MEDICATION HISTORY:**

| Medication Name | Dose | Frequency | Formulation | Duration of Treatment |
|-----------------|------|-----------|-------------|-----------------------|
|                 |      |           |             |                       |
|                 |      |           |             |                       |
|                 |      |           |             |                       |
|                 |      |           |             |                       |
|                 |      |           |             |                       |



# INVESTIGATIONS & MANAGEMENT

## **DIAGNOSIS:**

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## **BASELINE INVESTIGATIONS:**

Bedside:

Bloods:

Imaging:

Other:

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## **SPECIFIC INVESTIGATIONS:**

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## **TREATMENT / OPERATION PLAN:**

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Doctor's Signature:.....

Name:.....



### 4th Year Surgery: Mini-Cex

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|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------------|-------------|
| <b>Patient Name:</b>                    |                                                                                                                                                                                                                                                  | <b>Diagnosis:</b>                                                                                               |                 |                  | <b>Date:</b>                      |             |
| <b>Competencies</b>                     |                                                                                                                                                                                                                                                  | <b>EXPECTED LEVEL OF COMPETENCE</b><br><b>1. Below Expectation</b><br><b>2. Adequate</b><br><b>3. Excellent</b> |                 |                  | <b>Teacher to sign &amp; date</b> |             |
| <b>History / Exam / Management Plan</b> |                                                                                                                                                                                                                                                  | <b>Below expectation</b>                                                                                        | <b>Adequate</b> | <b>Excellent</b> | <b>Sign</b>                       | <b>Date</b> |
| <b>1</b>                                | Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.                                                                                        |                                                                                                                 |                 |                  |                                   |             |
| <b>2</b>                                | Perform complete physical examination, with detailed examination of the involved organ System                                                                                                                                                    |                                                                                                                 |                 |                  |                                   |             |
| <b>3</b>                                | Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion. |                                                                                                                 |                 |                  |                                   |             |
| <b>4</b>                                | Arrange a focused list of differential diagnosis                                                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>5</b>                                | Prepare a diagnostic plan, selecting investigations appropriate for the Patient.                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>Good points</b>                      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Suggestions for improvement</b>      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Sign/ Date</b>                       |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |



# ALLIED. SURGERY

4th Professional MBBS-2026

Case-04

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

Age: \_\_\_\_\_ PRG#: \_\_\_\_\_

Ward #: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

Department: \_\_\_\_\_

## CLINICAL HISTORY

### MAJOR COMPLAINTS:

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### HISTORY OF PRESENTING COMPLAINTS:

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### PAST SURGICAL HISTORY: (

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### HOME SITUATION:

**FAMILY HISTORY:**

**MEDICATION HISTORY:**

[illegible]



## INVESTIGATIONS & MANAGEMENT

### **DIAGNOSIS:**

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### **BASELINE INVESTIGATIONS;**

Bedside:

Bloods:

Imaging:

Other:

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### **SPECIFIC INVESTIGATIONS;**

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### **TREATMENT / OPERATION PLAN:**

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Doctor's Signature:.....

Name:.....



### 4th Year Surgery: Mini-Cex

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|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------------|-------------|
| <b>Patient Name:</b>                    |                                                                                                                                                                                                                                                  | <b>Diagnosis:</b>                                                                                               |                 |                  | <b>Date:</b>                      |             |
| <b>Competencies</b>                     |                                                                                                                                                                                                                                                  | <b>EXPECTED LEVEL OF COMPETENCE</b><br><b>1. Below Expectation</b><br><b>2. Adequate</b><br><b>3. Excellent</b> |                 |                  | <b>Teacher to sign &amp; date</b> |             |
| <b>History / Exam / Management Plan</b> |                                                                                                                                                                                                                                                  | <b>Below expectation</b>                                                                                        | <b>Adequate</b> | <b>Excellent</b> | <b>Sign</b>                       | <b>Date</b> |
| <b>1</b>                                | Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.                                                                                        |                                                                                                                 |                 |                  |                                   |             |
| <b>2</b>                                | Perform complete physical examination, with detailed examination of the involved organ System                                                                                                                                                    |                                                                                                                 |                 |                  |                                   |             |
| <b>3</b>                                | Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion. |                                                                                                                 |                 |                  |                                   |             |
| <b>4</b>                                | Arrange a focused list of differential diagnosis                                                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>5</b>                                | Prepare a diagnostic plan, selecting investigations appropriate for the Patient.                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>Good points</b>                      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Suggestions for improvement</b>      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Sign/ Date</b>                       |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |



# ALLIED. SURGERY

4th Professional MBBS-2026

Case-04

Department: \_\_\_\_\_

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

Age: \_\_\_\_\_ PRG#: \_\_\_\_\_

Ward #: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

## CLINICAL HISTORY

### MAJOR COMPLAINTS:

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### HISTORY OF PRESENTING COMPLAINTS:

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### PAST SURGICAL HISTORY: (

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## TRAVEL HISTORY

**PERSONAL HISTORY:**

### HOME SITUATION:

**FAMILY HISTORY:**

**MEDICATION HISTORY:**

[illegible]



## INVESTIGATIONS & MANAGEMENT

### **DIAGNOSIS:**

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### **BASELINE INVESTIGATIONS;**

Bedside:

Bloods:

Imaging:

Other:

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### **SPECIFIC INVESTIGATIONS;**

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### **TREATMENT / OPERATION PLAN:**

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Doctor's Signature:.....

Name:.....



# ALLIED. SURGERY

4th Professional MBBS-2026

Case-005

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

Age: \_\_\_\_\_ PRG#: \_\_\_\_\_

Ward #: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

## CLINICAL HISTORY

### MAJOR COMPLAINTS:

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### HISTORY OF PRESENTING COMPLAINTS:

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### PAST SURGICAL HISTORY: (

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**PERSONAL HISTORY:**

## HOME SITUATION:

**FAMILY HISTORY:**

**MEDICATION HISTORY:**[illegible]



INVESTIGATIONS & MANAGEMENT

DIAGNOSIS:

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BASELINE INVESTIGATIONS;

Bedside:

Bloods:

Imaging:

Other:

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SPECIFIC INVESTIGATIONS;

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TREATMENT / OPERATION PLAN:

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Doctor’s Signature:.....

Name:.....



### 4th Year Allied Surgery: Mini-Cex

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|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------------|-------------|
| <b>Patient Name:</b>                    |                                                                                                                                                                                                                                                  | <b>Diagnosis:</b>                                                                                               |                 |                  | <b>Date:</b>                      |             |
| <b>Competencies</b>                     |                                                                                                                                                                                                                                                  | <b>EXPECTED LEVEL OF COMPETENCE</b><br><b>1. Below Expectation</b><br><b>2. Adequate</b><br><b>3. Excellent</b> |                 |                  | <b>Teacher to sign &amp; date</b> |             |
| <b>History / Exam / Management Plan</b> |                                                                                                                                                                                                                                                  | <b>Below expectation</b>                                                                                        | <b>Adequate</b> | <b>Excellent</b> | <b>Sign</b>                       | <b>Date</b> |
| <b>1</b>                                | Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.                                                                                        |                                                                                                                 |                 |                  |                                   |             |
| <b>2</b>                                | Perform complete physical examination, with detailed examination of the involved organ System                                                                                                                                                    |                                                                                                                 |                 |                  |                                   |             |
| <b>3</b>                                | Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion. |                                                                                                                 |                 |                  |                                   |             |
| <b>4</b>                                | Arrange a focused list of differential diagnosis                                                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>5</b>                                | Prepare a diagnostic plan, selecting investigations appropriate for the Patient.                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>Good points</b>                      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Suggestions for improvement</b>      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Sign/ Date</b>                       |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |



# ALLIED. SURGERY

4th Professional MBBS-2026

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

Age: \_\_\_\_\_ PRG#: \_\_\_\_\_

Ward #: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

## CLINICAL HISTORY

### MAJOR COMPLAINTS:

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### HISTORY OF PRESENTING COMPLAINTS:

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### PAST SURGICAL HISTORY: (

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**PERSONAL HISTORY:**

## HOME SITUATION:

**FAMILY HISTORY:**

**MEDICATION HISTORY:**[illegible]



## INVESTIGATIONS & MANAGEMENT

### DIAGNOSIS:

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### BASELINE INVESTIGATIONS;

Bedside:

Bloods:

Imaging:

Other:

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### SPECIFIC INVESTIGATIONS;

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### TREATMENT / OPERATION PLAN:

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Doctor's Signature:.....

Name:.....



### 4th Year Allied Surgery: Mini-Cex

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|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------------|-------------|
| <b>Patient Name:</b>                    |                                                                                                                                                                                                                                                  | <b>Diagnosis:</b>                                                                                               |                 |                  | <b>Date:</b>                      |             |
| <b>Competencies</b>                     |                                                                                                                                                                                                                                                  | <b>EXPECTED LEVEL OF COMPETENCE</b><br><b>1. Below Expectation</b><br><b>2. Adequate</b><br><b>3. Excellent</b> |                 |                  | <b>Teacher to sign &amp; date</b> |             |
| <b>History / Exam / Management Plan</b> |                                                                                                                                                                                                                                                  | <b>Below expectation</b>                                                                                        | <b>Adequate</b> | <b>Excellent</b> | <b>Sign</b>                       | <b>Date</b> |
| <b>1</b>                                | Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.                                                                                        |                                                                                                                 |                 |                  |                                   |             |
| <b>2</b>                                | Perform complete physical examination, with detailed examination of the involved organ System                                                                                                                                                    |                                                                                                                 |                 |                  |                                   |             |
| <b>3</b>                                | Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion. |                                                                                                                 |                 |                  |                                   |             |
| <b>4</b>                                | Arrange a focused list of differential diagnosis                                                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>5</b>                                | Prepare a diagnostic plan, selecting investigations appropriate for the Patient.                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>Good points</b>                      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Suggestions for improvement</b>      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Sign/ Date</b>                       |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |



# ALLIED. SURGERY

4th Professional MBBS-2026

Case-06

Department: \_\_\_\_\_

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

Age: \_\_\_\_\_ PRG#: \_\_\_\_\_

Ward #: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

## CLINICAL HISTORY

### MAJOR COMPLAINTS:

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### HISTORY OF PRESENTING COMPLAINTS:

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### PAST SURGICAL HISTORY: (

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## TRAVEL HISTORY

**PERSONAL HISTORY:**

### HOME SITUATION:

**FAMILY HISTORY:**

**MEDICATION HISTORY:**

[illegible]



## INVESTIGATIONS & MANAGEMENT

### **DIAGNOSIS:**

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### **BASELINE INVESTIGATIONS;**

Bedside:

Bloods:

Imaging:

Other:

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### **SPECIFIC INVESTIGATIONS;**

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### **TREATMENT / OPERATION PLAN:**

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Doctor's Signature:.....

Name:.....



### 4th Year Allied Surgery: Mini-Cex

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|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------------|-------------|
| <b>Patient Name:</b>                    |                                                                                                                                                                                                                                                  | <b>Diagnosis:</b>                                                                                               |                 |                  | <b>Date:</b>                      |             |
| <b>Competencies</b>                     |                                                                                                                                                                                                                                                  | <b>EXPECTED LEVEL OF COMPETENCE</b><br><b>1. Below Expectation</b><br><b>2. Adequate</b><br><b>3. Excellent</b> |                 |                  | <b>Teacher to sign &amp; date</b> |             |
| <b>History / Exam / Management Plan</b> |                                                                                                                                                                                                                                                  | <b>Below expectation</b>                                                                                        | <b>Adequate</b> | <b>Excellent</b> | <b>Sign</b>                       | <b>Date</b> |
| <b>1</b>                                | Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.                                                                                        |                                                                                                                 |                 |                  |                                   |             |
| <b>2</b>                                | Perform complete physical examination, with detailed examination of the involved organ System                                                                                                                                                    |                                                                                                                 |                 |                  |                                   |             |
| <b>3</b>                                | Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion. |                                                                                                                 |                 |                  |                                   |             |
| <b>4</b>                                | Arrange a focused list of differential diagnosis                                                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>5</b>                                | Prepare a diagnostic plan, selecting investigations appropriate for the Patient.                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>Good points</b>                      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Suggestions for improvement</b>      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Sign/ Date</b>                       |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |

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**PERSONAL HISTORY:**

### HOME SITUATION:

**FAMILY HISTORY:**

**MEDICATION HISTORY:**

[illegible]



**INVESTIGATIONS & MANAGEMENT**

**DIAGNOSIS:**

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**BASELINE INVESTIGATIONS;**

Bedside:

Bloods:

Imaging:

Other:

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**SPECIFIC INVESTIGATIONS;**

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**TREATMENT / OPERATION PLAN:**

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Doctor’s Signature:.....

Name:.....



### 4th Year Allied Surgery: Mini-Cex

|                                         |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------------|-------------|
| <b>Patient Name:</b>                    |                                                                                                                                                                                                                                                  | <b>Diagnosis:</b>                                                                                               |                 |                  | <b>Date:</b>                      |             |
| <b>Competencies</b>                     |                                                                                                                                                                                                                                                  | <b>EXPECTED LEVEL OF COMPETENCE</b><br><b>1. Below Expectation</b><br><b>2. Adequate</b><br><b>3. Excellent</b> |                 |                  | <b>Teacher to sign &amp; date</b> |             |
| <b>History / Exam / Management Plan</b> |                                                                                                                                                                                                                                                  | <b>Below expectation</b>                                                                                        | <b>Adequate</b> | <b>Excellent</b> | <b>Sign</b>                       | <b>Date</b> |
| <b>1</b>                                | Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.                                                                                        |                                                                                                                 |                 |                  |                                   |             |
| <b>2</b>                                | Perform complete physical examination, with detailed examination of the involved organ System                                                                                                                                                    |                                                                                                                 |                 |                  |                                   |             |
| <b>3</b>                                | Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion. |                                                                                                                 |                 |                  |                                   |             |
| <b>4</b>                                | Arrange a focused list of differential diagnosis                                                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>5</b>                                | Prepare a diagnostic plan, selecting investigations appropriate for the Patient.                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>Good points</b>                      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Suggestions for improvement</b>      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Sign/ Date</b>                       |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |



# ALLIED. SURGERY

4th Professional MBBS-2026

Case-08

Department: \_\_\_\_\_

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

Age: \_\_\_\_\_ PRG#: \_\_\_\_\_

Ward #: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

## CLINICAL HISTORY

### MAJOR COMPLAINTS:

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### HISTORY OF PRESENTING COMPLAINTS:

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### PAST SURGICAL HISTORY: (

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**PERSONAL HISTORY:**

## HOME SITUATION:

**FAMILY HISTORY:**

**MEDICATION HISTORY:**[illegible]



**INVESTIGATIONS & MANAGEMENT**

**DIAGNOSIS:**

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**BASELINE INVESTIGATIONS;**

Bedside:

Bloods:

Imaging:

Other:

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**SPECIFIC INVESTIGATIONS;**

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**TREATMENT / OPERATION PLAN:**

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Doctor’s Signature:.....

Name:.....



### 4th Year Allied Surgery: Mini-Cex

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|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------------|-------------|
| <b>Patient Name:</b>                    |                                                                                                                                                                                                                                                  | <b>Diagnosis:</b>                                                                                               |                 |                  | <b>Date:</b>                      |             |
| <b>Competencies</b>                     |                                                                                                                                                                                                                                                  | <b>EXPECTED LEVEL OF COMPETENCE</b><br><b>1. Below Expectation</b><br><b>2. Adequate</b><br><b>3. Excellent</b> |                 |                  | <b>Teacher to sign &amp; date</b> |             |
| <b>History / Exam / Management Plan</b> |                                                                                                                                                                                                                                                  | <b>Below expectation</b>                                                                                        | <b>Adequate</b> | <b>Excellent</b> | <b>Sign</b>                       | <b>Date</b> |
| <b>1</b>                                | Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.                                                                                        |                                                                                                                 |                 |                  |                                   |             |
| <b>2</b>                                | Perform complete physical examination, with detailed examination of the involved organ System                                                                                                                                                    |                                                                                                                 |                 |                  |                                   |             |
| <b>3</b>                                | Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion. |                                                                                                                 |                 |                  |                                   |             |
| <b>4</b>                                | Arrange a focused list of differential diagnosis                                                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>5</b>                                | Prepare a diagnostic plan, selecting investigations appropriate for the Patient.                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>Good points</b>                      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Suggestions for improvement</b>      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Sign/ Date</b>                       |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |



# ALLIED. SURGERY

4th Professional MBBS-2026

Case-09

Department: \_\_\_\_\_

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

Age: \_\_\_\_\_ PRG#: \_\_\_\_\_

Ward #: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

## CLINICAL HISTORY

### MAJOR COMPLAINTS:

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### HISTORY OF PRESENTING COMPLAINTS:

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### PAST SURGICAL HISTORY: (

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## TRAVEL HISTORY

**PERSONAL HISTORY:**

### HOME SITUATION:

**FAMILY HISTORY:**

**MEDICATION HISTORY:**

[illegible]



## INVESTIGATIONS & MANAGEMENT

### **DIAGNOSIS:**

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### **BASELINE INVESTIGATIONS;**

Bedside:

Bloods:

Imaging:

Other:

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### **SPECIFIC INVESTIGATIONS;**

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### **TREATMENT / OPERATION PLAN:**

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Doctor's Signature:.....

Name:.....



### 4th Year Allied Surgery: Mini-Cex

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|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------------|-------------|
| <b>Patient Name:</b>                    |                                                                                                                                                                                                                                                  | <b>Diagnosis:</b>                                                                                               |                 |                  | <b>Date:</b>                      |             |
| <b>Competencies</b>                     |                                                                                                                                                                                                                                                  | <b>EXPECTED LEVEL OF COMPETENCE</b><br><b>1. Below Expectation</b><br><b>2. Adequate</b><br><b>3. Excellent</b> |                 |                  | <b>Teacher to sign &amp; date</b> |             |
| <b>History / Exam / Management Plan</b> |                                                                                                                                                                                                                                                  | <b>Below expectation</b>                                                                                        | <b>Adequate</b> | <b>Excellent</b> | <b>Sign</b>                       | <b>Date</b> |
| <b>1</b>                                | Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.                                                                                        |                                                                                                                 |                 |                  |                                   |             |
| <b>2</b>                                | Perform complete physical examination, with detailed examination of the involved organ System                                                                                                                                                    |                                                                                                                 |                 |                  |                                   |             |
| <b>3</b>                                | Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion. |                                                                                                                 |                 |                  |                                   |             |
| <b>4</b>                                | Arrange a focused list of differential diagnosis                                                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>5</b>                                | Prepare a diagnostic plan, selecting investigations appropriate for the Patient.                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>Good points</b>                      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Suggestions for improvement</b>      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Sign/ Date</b>                       |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |



# ALLIED. SURGERY

4th Professional MBBS-2026

Case-10

Department: \_\_\_\_\_

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

Age: \_\_\_\_\_ PRG#: \_\_\_\_\_

Ward #: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

## CLINICAL HISTORY

### MAJOR COMPLAINTS:

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### HISTORY OF PRESENTING COMPLAINTS:

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### PAST SURGICAL HISTORY: (

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## TRAVEL HISTORY

**PERSONAL HISTORY:**

### HOME SITUATION:

**FAMILY HISTORY:**

**MEDICATION HISTORY:**

[illegible]



## INVESTIGATIONS & MANAGEMENT

### **DIAGNOSIS:**

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### **BASELINE INVESTIGATIONS;**

Bedside:

Bloods:

Imaging:

Other:

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### **SPECIFIC INVESTIGATIONS;**

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### **TREATMENT / OPERATION PLAN:**

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Doctor's Signature:.....

Name:.....

# ALLIED. SURGERY

## 4th Professional MBBS-2026

## Case-11

Department: \_\_\_\_\_

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

Age: \_\_\_\_\_ PRG#: \_\_\_\_\_

Ward #: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

## CLINICAL HISTORY

**MAJOR COMPLAINTS:**

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**HISTORY OF PRESENTING COMPLAINTS:**

[illegible]

**PAST SURGICAL HISTORY:** (

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**PERSONAL HISTORY:**

## HOME SITUATION:

**FAMILY HISTORY:**

**MEDICATION HISTORY:**[illegible]



INVESTIGATIONS & MANAGEMENT

DIAGNOSIS:

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BASELINE INVESTIGATIONS;

Bedside:

Bloods:

Imaging:

Other:

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SPECIFIC INVESTIGATIONS;

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TREATMENT / OPERATION PLAN:

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Doctor’s Signature:.....

Name:.....



### 4th Year Allied Surgery: Mini-Cex

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|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------------|-------------|
| <b>Patient Name:</b>                    |                                                                                                                                                                                                                                                  | <b>Diagnosis:</b>                                                                                               |                 |                  | <b>Date:</b>                      |             |
| <b>Competencies</b>                     |                                                                                                                                                                                                                                                  | <b>EXPECTED LEVEL OF COMPETENCE</b><br><b>1. Below Expectation</b><br><b>2. Adequate</b><br><b>3. Excellent</b> |                 |                  | <b>Teacher to sign &amp; date</b> |             |
| <b>History / Exam / Management Plan</b> |                                                                                                                                                                                                                                                  | <b>Below expectation</b>                                                                                        | <b>Adequate</b> | <b>Excellent</b> | <b>Sign</b>                       | <b>Date</b> |
| <b>1</b>                                | Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.                                                                                        |                                                                                                                 |                 |                  |                                   |             |
| <b>2</b>                                | Perform complete physical examination, with detailed examination of the involved organ System                                                                                                                                                    |                                                                                                                 |                 |                  |                                   |             |
| <b>3</b>                                | Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion. |                                                                                                                 |                 |                  |                                   |             |
| <b>4</b>                                | Arrange a focused list of differential diagnosis                                                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>5</b>                                | Prepare a diagnostic plan, selecting investigations appropriate for the Patient.                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>Good points</b>                      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Suggestions for improvement</b>      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Sign/ Date</b>                       |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |



# ALLIED. SURGERY

4th Professional MBBS-2026

Case-12

Department: \_\_\_\_\_

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

Age: \_\_\_\_\_ PRG#: \_\_\_\_\_

Ward #: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

## CLINICAL HISTORY

### MAJOR COMPLAINTS:

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### HISTORY OF PRESENTING COMPLAINTS:

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### PAST SURGICAL HISTORY: (

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**PERSONAL HISTORY:**

### HOME SITUATION:

**FAMILY HISTORY:**

**MEDICATION HISTORY:**[illegible]



## INVESTIGATIONS & MANAGEMENT

### DIAGNOSIS:

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### BASELINE INVESTIGATIONS;

Bedside:

Bloods:

Imaging:

Other:

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### SPECIFIC INVESTIGATIONS;

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### TREATMENT / OPERATION PLAN:

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Doctor's Signature:.....

Name:.....

# ALLIED. SURGERY

## 4th Professional MBBS-2026

## Case-13

Department: \_\_\_\_\_

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

Age: \_\_\_\_\_ PRG#: \_\_\_\_\_

Ward #: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

## CLINICAL HISTORY

**MAJOR COMPLAINTS:**

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**HISTORY OF PRESENTING COMPLAINTS:**

[illegible]

**PAST SURGICAL HISTORY:** (

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**PERSONAL HISTORY:**

## HOME SITUATION:

**FAMILY HISTORY:**

**MEDICATION HISTORY:**[illegible]



INVESTIGATIONS & MANAGEMENT

DIAGNOSIS:

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BASELINE INVESTIGATIONS;

Bedside:

Bloods:

Imaging:

Other:

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SPECIFIC INVESTIGATIONS;

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TREATMENT / OPERATION PLAN:

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Doctor’s Signature:.....

Name:.....



# ALLIED. SURGERY

4th Professional MBBS-2026

Case-14

Department: \_\_\_\_\_

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

Age: \_\_\_\_\_ PRG#: \_\_\_\_\_

Ward #: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

## CLINICAL HISTORY

### MAJOR COMPLAINTS:

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### HISTORY OF PRESENTING COMPLAINTS:

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### PAST SURGICAL HISTORY: (

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**PERSONAL HISTORY:**

## HOME SITUATION:

**FAMILY HISTORY:**

**MEDICATION HISTORY:**[illegible]



## INVESTIGATIONS & MANAGEMENT

### DIAGNOSIS:

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### BASELINE INVESTIGATIONS;

Bedside:

Bloods:

Imaging:

Other:

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### SPECIFIC INVESTIGATIONS;

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### TREATMENT / OPERATION PLAN:

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Doctor's Signature:.....

Name:.....



### 4th Year Allied Surgery: Mini-Cex

|                                         |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------------|-------------|
| <b>Patient Name:</b>                    |                                                                                                                                                                                                                                                  | <b>Diagnosis:</b>                                                                                               |                 |                  | <b>Date:</b>                      |             |
| <b>Competencies</b>                     |                                                                                                                                                                                                                                                  | <b>EXPECTED LEVEL OF COMPETENCE</b><br><b>1. Below Expectation</b><br><b>2. Adequate</b><br><b>3. Excellent</b> |                 |                  | <b>Teacher to sign &amp; date</b> |             |
| <b>History / Exam / Management Plan</b> |                                                                                                                                                                                                                                                  | <b>Below expectation</b>                                                                                        | <b>Adequate</b> | <b>Excellent</b> | <b>Sign</b>                       | <b>Date</b> |
| <b>1</b>                                | Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.                                                                                        |                                                                                                                 |                 |                  |                                   |             |
| <b>2</b>                                | Perform complete physical examination, with detailed examination of the involved organ System                                                                                                                                                    |                                                                                                                 |                 |                  |                                   |             |
| <b>3</b>                                | Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion. |                                                                                                                 |                 |                  |                                   |             |
| <b>4</b>                                | Arrange a focused list of differential diagnosis                                                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>5</b>                                | Prepare a diagnostic plan, selecting investigations appropriate for the Patient.                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>Good points</b>                      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Suggestions for improvement</b>      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Sign/ Date</b>                       |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |

**DOPS (Direct Observation of Procedural Skills)**



Student Name: \_\_\_\_\_ Year / Program: 4th Year

Department / Unit: \_\_\_\_\_ Date: \_\_\_\_\_

## Procedure Details

Procedure Observed: \_\_\_\_\_ Clinical Indication: \_\_\_\_\_

### Setting:

☐ OPD    ☐ Ward    ☐ Emergency    ☐ OT    ☐ Skills Lab

## Performance Checklist)

| Step                               | Satisfactory | Needs Improvement | Not Done |
|------------------------------------|--------------|-------------------|----------|
| Obtained informed consent          |              |                   |          |
| Hand hygiene and aseptic technique |              |                   |          |
| Appropriate patient positioning    |              |                   |          |
| Correct procedural technique       |              |                   |          |
| Proper instrument handling         |              |                   |          |
| Ensured patient safety             |              |                   |          |
| Post-procedure care and advice     |              |                   |          |
| Effective communication            |              |                   |          |
| Professional attitude and conduct  |              |                   |          |

## Feedback to Student

Strengths): \_\_\_\_\_

\_\_\_\_\_

### Areas for

Improvement): \_\_\_\_\_

\_\_\_\_\_

## Level of Supervision Required for Future Practice

☐ Requires direct supervision    ☐ Requires indirect supervision    ☐ Independent (competent to perform unsupervised)

Assessor Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# ALLIED. SURGERY

4th Professional MBBS-2026

Case-15

Department: \_\_\_\_\_

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

Age: \_\_\_\_\_ PRG#: \_\_\_\_\_

Ward #: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

## CLINICAL HISTORY

### MAJOR COMPLAINTS:

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### HISTORY OF PRESENTING COMPLAINTS:

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### PAST SURGICAL HISTORY: (

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## **TRAVEL HISTORY**

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## **PERSONAL HISTORY:**

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## **HOME SITUATION:**

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## **FAMILY HISTORY:**

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## **MEDICATION HISTORY:**

| Medication Name | Dose | Frequency | Formulation | Duration of Treatment |
|-----------------|------|-----------|-------------|-----------------------|
|                 |      |           |             |                       |
|                 |      |           |             |                       |
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|                 |      |           |             |                       |

## **INVESTIGATIONS & MANAGEMENT**



**DIAGNOSIS:**

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**BASELINE INVESTIGATIONS;**

Bedside:

Bloods:

Imaging:

Other:

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**SPECIFIC INVESTIGATIONS;**

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**TREATMENT / OPERATION PLAN:**

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Doctor's Signature:.....

Name:.....



# ALLIED. SURGERY

4th Professional MBBS-2026

Case-16

Department: \_\_\_\_\_

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

Age: \_\_\_\_\_ PRG#: \_\_\_\_\_

Ward #: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

## CLINICAL HISTORY

### MAJOR COMPLAINTS:

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### HISTORY OF PRESENTING COMPLAINTS:

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### PAST SURGICAL HISTORY:

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## TRAVEL HISTORY

**PERSONAL HISTORY:**

### HOME SITUATION:

**FAMILY HISTORY:**

**MEDICATION HISTORY:**

[illegible]



## INVESTIGATIONS & MANAGEMENT

### **DIAGNOSIS:**

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---

### **BASELINE INVESTIGATIONS;**

Bedside:

Bloods:

Imaging:

Other:

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### **SPECIFIC INVESTIGATIONS;**

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### **TREATMENT / OPERATION PLAN:**

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Doctor's Signature:.....

Name:.....



### 4th Year Allied Surgery: Mini-Cex

|                                         |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------------|-------------|
| <b>Patient Name:</b>                    |                                                                                                                                                                                                                                                  | <b>Diagnosis:</b>                                                                                               |                 |                  | <b>Date:</b>                      |             |
| <b>Competencies</b>                     |                                                                                                                                                                                                                                                  | <b>EXPECTED LEVEL OF COMPETENCE</b><br><b>1. Below Expectation</b><br><b>2. Adequate</b><br><b>3. Excellent</b> |                 |                  | <b>Teacher to sign &amp; date</b> |             |
| <b>History / Exam / Management Plan</b> |                                                                                                                                                                                                                                                  | <b>Below expectation</b>                                                                                        | <b>Adequate</b> | <b>Excellent</b> | <b>Sign</b>                       | <b>Date</b> |
| <b>1</b>                                | Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.                                                                                        |                                                                                                                 |                 |                  |                                   |             |
| <b>2</b>                                | Perform complete physical examination, with detailed examination of the involved organ System                                                                                                                                                    |                                                                                                                 |                 |                  |                                   |             |
| <b>3</b>                                | Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion. |                                                                                                                 |                 |                  |                                   |             |
| <b>4</b>                                | Arrange a focused list of differential diagnosis                                                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>5</b>                                | Prepare a diagnostic plan, selecting investigations appropriate for the Patient.                                                                                                                                                                 |                                                                                                                 |                 |                  |                                   |             |
| <b>Good points</b>                      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Suggestions for improvement</b>      |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |
| <b>Sign/ Date</b>                       |                                                                                                                                                                                                                                                  |                                                                                                                 |                 |                  |                                   |             |



## DOPS (Direct Observation of Procedural Skills)

Student Name: \_\_\_\_\_ Year / Program: 4th Year

Department / Unit: \_\_\_\_\_ Date: \_\_\_\_\_

### Procedure Details

Procedure Observed: \_\_\_\_\_ Clinical Indication: \_\_\_\_\_

Setting:

☐ OPD    ☐ Ward    ☐ Emergency    ☐ OT    ☐ Skills Lab

### Performance Checklist)

| Step                               | Satisfactory | Needs Improvement | Not Done |
|------------------------------------|--------------|-------------------|----------|
| Obtained informed consent          |              |                   |          |
| Hand hygiene and aseptic technique |              |                   |          |
| Appropriate patient positioning    |              |                   |          |
| Correct procedural technique       |              |                   |          |
| Proper instrument handling         |              |                   |          |
| Ensured patient safety             |              |                   |          |
| Post-procedure care and advice     |              |                   |          |
| Effective communication            |              |                   |          |
| Professional attitude and conduct  |              |                   |          |

### Feedback to Student

Strengths): \_\_\_\_\_  
\_\_\_\_\_

Areas for Improvement): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Level of Supervision Required for Future Practice

☐ Requires direct supervision    ☐ Requires indirect supervision    ☐ Independent (competent to perform unsupervised)

Assessor Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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[illegible]

### 3. Action plan? when I visit a ward again?



## Clinical Placement Feedback

(To be filled by specified departmental personnel)

Name of student: \_\_\_\_\_

Professional attitude on placement? Y ☐ N ☐

Maintaining Dress Code on placement? Y ☐ N ☐

Progress seen during placement? Y ☐ N ☐

Any feedback, comments, concerns:

**HAS STUDENT ATTENDANCE BEEN SATISFACTORY ?**

**YES**

**NO**

Supervisor Name:

Signature:

Stamp:

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### For DME Use;

Name of Student \_\_\_\_\_

Date of submission of Portfolio \_\_\_\_\_

Attendance record certificate signed; **Yes/No**

Daily Logs complete: **Yes / No**

Signature of Assistant Professor DME \_\_\_\_\_