

**LIAQUAT INSTITUTE OF MEDICAL AND
HEALTH SCIENCES THATTA, SINDH,
PAKISTAN**

THIRD, FOURTH FINAL YEAR MBBS



STUDENT LOG BOOK
Medicine & Allied Subjects

Liaquat Institute of Medical & Health Sciences
(LIMHS), Thatta, Sindh, Pakistan
STUDENT LOG BOOK



**Third, Fourth Final Year
MBBS**

Medicine & Allied Subjects



Info of the student

Name of the student: Father`s

name:

Class:

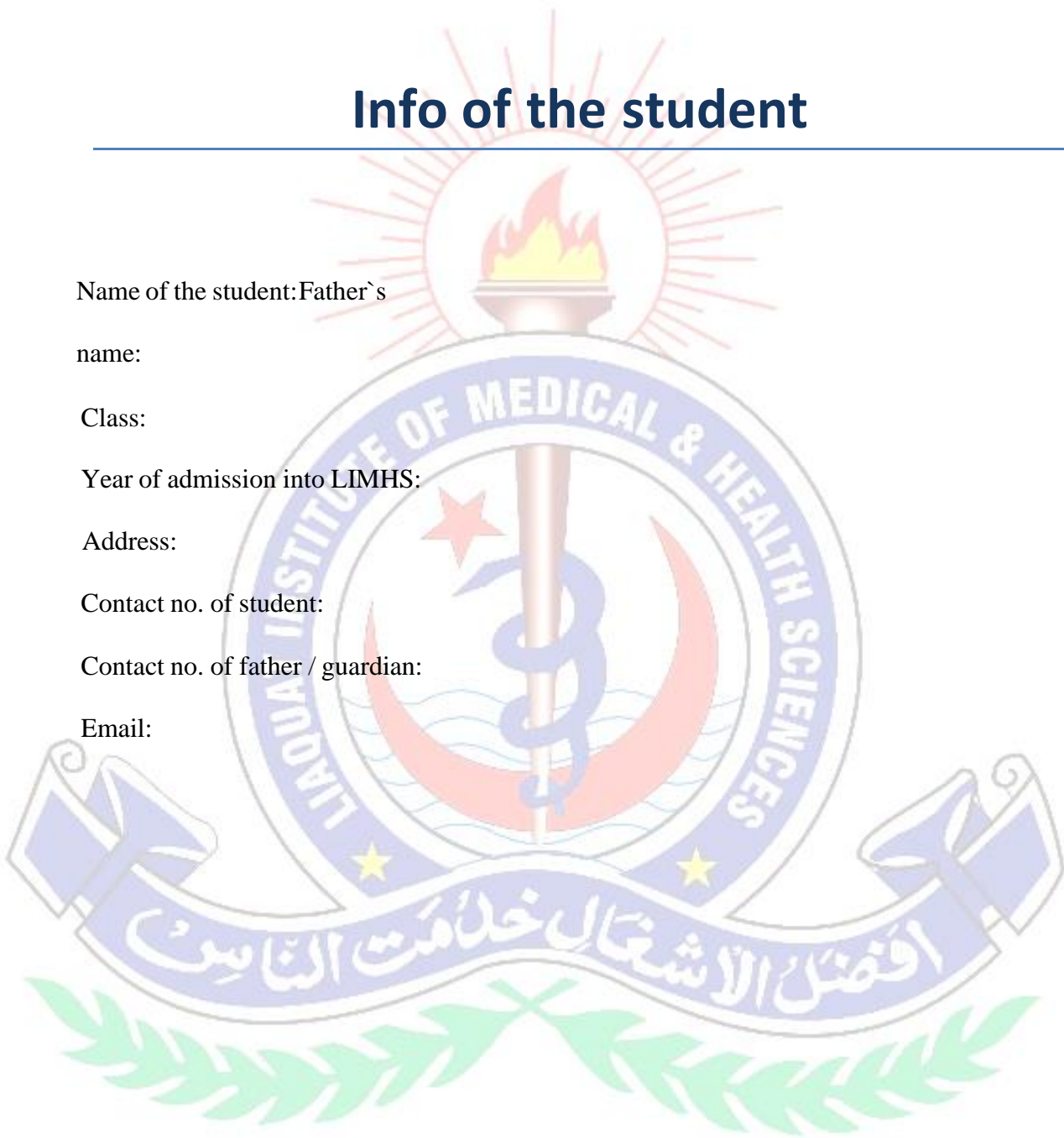
Year of admission into LIMHS:

Address:

Contact no. of student:

Contact no. of father / guardian:

Email:



MESSAGE FROM VICE CHANCELLOR, LUMHS

Liaquat Institute of Medical & Health Sciences, Thatta is a constituent Institute of Liaquat University of Medical and Health Sciences (LUMHS) Jamshoro, Sindh, Pakistan. It has been established with the intention to educate the male candidates to fill the gap of male medical graduate serving the rural areas in Sindh as females are reluctant to serve the rural population despite of their increasing ratio in admission in medical Institutes in Sindh comparing to male candidates.

LIMHS aims to provide quality education as per the guidelines of Pakistan Medical Commission (PM&DC) formerly called as Pakistan Medical and Dental Council (PM&DC) and Higher Education Commission (HEC) Pakistan under the umbrella of LIMHS. LIMHS followed the updated curriculum of LIMHS being a constituent institute of LIMHS but intends to bring innovation in its implementation regarding teaching/learning and assessment methods. Furthermore, it implements & started integrated modular hybrid curriculum from third batch.

The updated integrated modular hybrid curriculum covers the credit hours filling of log books prescribed by the PM&DC and HEC.

I believe the graduate of LIMHS will be competent to cater the healthcare needs of community.

Professor Dr. Ikram din Ujjan
Vice Chancellor, LUMHS

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Message from Administrative and Academic head of LIMHS

The observation and assessment of performance of medical students is an integral part of curriculum. It can be accomplished by different modalities of assessments. Similarly, exposing the students to different clinical activities during the undergraduate medical training is essential. Supervising these activities is mandatory. For that purpose, keeping record of these events is important for student's evaluation and inclusion of these activities in grading student's performance. Logbooks system is in use for many decades in the field of medicine 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 Liaquat Institute of Medical & Health Sciences, Thatta is introducing the LOG BOOK for students of 4th year and beyond 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.

Liaquat Institute of Medical & Health Sciences, Thatta
Administrative and Academic Head LIMHS

Purpose of Logbook

This Logbook is intended to develop, record, assess and certify student's activities during clinical and other rotations. These activities are based on the learning objectives defined in the curriculum document. Recording and certification of clinical and educational activities provides an objective evidence of assessment of student and evaluation of the overall performance of students. Adding reflection by students during activity log enhances the academic performance of students. A section of reflection has been added to this log book with the intent to convert this document into a reflective portfolio in future. Record of these activities will ultimately improve patient safety, as the students will be aware of their limits, duties and responsibilities.

Principal

Liaquat Institute of Medical & Health
Sciences, Thatta

Clinical Exposure

Clinical exposure is one of the integral parts of undergraduate medical education that usually start at 3rd year. However, in contemporary programs, rotations in clinical activities starts right at the start of training called as an early clinical exposure as part of integration attempt. This document will be extended in future amongst students of early years. Clinical skills learning requires the exposure of students into clinical environment. This exposure should be preceded by skill laboratory training, and should be gradual. It has to be according to the learning objectives defined in the curriculum.

The objectives of these rotations include:

- 1) Application of concepts in real life situations which is being presented in lectures, books and other reading materials
- 2) Acquisition of clinical skills relevant to the level and understanding of students
- 3) Understanding the concepts of patient safety, hospital organization and roles of doctors in clinical situations
- 4) Developing communication skills, counseling skills, patient management skills, team work, timemanagement skills, critical thinking skills, decision making skills and interdepartmental collaboration at workplace
- 5) Developing and enhancing professionalism in medical students

It is important to mention that this logbook is not only intended for the above- mentioned purposes, but include other activities and accomplishments of students like research, presentations and record of participation in co-curricular activities.

Director Medical Education

Liaquat Institute of Medical & Health Sciences, Thatta

How to use this Logbook

The log book is divided into sections according to the specialties and units whom the students visit. Rotation in each unit is represented into 3 parts; 1st part represents clinical skills required of students, 2nd part relates to other activities like knowledge imparted during rotation, record of history taking, field visits, assessment marks and student's reflection. The 3rd part includes attributes of communication skills and professionalism. All students are required to duly attest each activity in the log book. The log book also includes record of activities not related to clinical rotations. Those activities include, presentation skills, record of research publications, co-curricular activities and many others. At the end, there is record of student's attendance, and end of module assessment score that should be completed by the student affairs / examination section. This log book will have an important weightage in final assessments of students and students who fail to present this log book in final assessment will not be considered for promotion to next class. Students are advised to make a copy of all these activities so that it can be retrieved in times of loss of log book at the end of the year. It is important to mention that level of competence has been shown in individual rotations as follows:

Level A: Observer status

Level B: Assistant status

Level C: Performed part of the procedure under supervision

Level D: Performed whole procedure under supervision

Level E: Independent performance

Third year students will achieve only level A and B in most of the situations except a few where patient's safety is not endangered. Students of 4th and 5th year are required to achieve level C and D and in some cases level E (where patient safety is not endangered).

Methods of writing Reflection in the Logbook

Reflective thinking and writing demands that student recognizes that every student brings valuable knowledge to every experience. It helps students therefore to recognize and clarify the important connections between what student already knows and what student is learning. It is a way of helping student to become an active, aware and critical thinker and learner.

It is mandatory for students to write about his / her experience and reflective thinking of clinical rotation in each unit in the space given in logbook. The reflective document includes the description about the following points:

- 1) Description of an event (one paragraph)
- 2) Thinking and feeling of student (one paragraph)
- 3) Good and bad about the experience (one paragraph)
- 4) How to avoid bad experiences and pursue good experiences in future (a few words to a paragraph).

The whole reflection document should be about between 200-300 words

Contents of clinical rotations

In 3rd year, the MBBS students are rotated in following departments in groups of about students:

- 1) Medicine and Allied Departments
- 2) Surgery and Allied Departments
- 3) Skills laboratory

In 4th year, the MBBS students are rotated in following departments in groups of about students:

- 1) Medicine and Allied Departments
- 2) Surgery and Allied Departments
- 3) Obstetrics & Gynecology
- 4) Pediatrics
- 5) Skills laboratory

In Final year, the MBBS students are rotated in following departments in groups of about students:

- 1) Medicine and Allied Departments
- 2) Surgery and Allied Departments
- 3) Obstetrics & Gynecology
- 4) Pediatrics
- 5) Skills laboratory

THIRD YEAR M.B.B.S

**LIAQUAT INSTITUTE OF
MEDICAL & HEALTH
SCIENCES, THATTA**

Daily lessons for teachers & students for ward teaching in Medicine

Each group of students shall be posted in two medical units & each unit will teach history taking, GPE & four systems examination.

3RD YEAR WARD TEACHING: MEDICINE

- TOTAL DURATION OF POSTING = 4 months (84 days), 42 days for each ward (vacation included)
- 5 DAYS A WEEK
- 2 HOURS A DAY
- WORKING DAYS = 82
- TOTAL WORKING HOURS = 168

Each ward will deal with four systems along with history taking and general physical examination.

BREAK UP OF TOTAL TIME (42 DAYS/84 HOURS)

Components	Allotted Time
History Taking	12 hours/06 days
GPE	10 Hours/05 days
CHEST	10 Hours/05 days
ABDOMEN	10 Hours/05 days
CVS	10 Hours/05 days
CNS	10 Hours/05 days
Assessment	06 Hours/03 days
Supervised Test	06 Hours/03 days
Final Preparation	08 Hours/04 days
Final Test	Last day
Total	84 hours/42 days

3 days History taking & 3 days Symptomatology

DAY-01: LESSON 01

TOPIC: COMPONENTS OF HISTORY

Objectives: Students should be able to organize the components of history according to international standards.

Learning outcomes: at the end of the day each student will be able to write history in systemic way

Assessment tool: ASK the students to take history from their colleague.

Components of history

- Biodata
- Presenting complaints (P/C)
- HOPC
- Past History
- Family History
- Personal/Social History
- Treatment History
- Menstrual / Obstetric History
- Systemic Review

DAY-02: LESSON 02

TOPIC: MAIN SYMPTOMS

Objective: students should be able to take history according to the symptoms & he should be able to ask important questions regarding main symptoms.

Learning outcomes: at the end of the day each student will be able to ask proper questions regarding the symptoms of patient.

Assessment tool: Give different symptoms to small groups of students for history taking

A) GENERAL

- FEVER
- APPETITE
- WEIGHT LOSS
- FATIGUE
- SLEEP DISTURBANCE

B) G.I.T.

- NAUSEA/VOMITING
- ABDOMINAL PAIN
- DYSPEPSIA
- DIARRHEA
- CONSTIPATION
- DISTENSION
- JAUNDICE
- UPPER/LOWER G.I. BLEEDING

C) GENITOURINARY

- BURNING MICTURATION
- DYSURIA/NOCTURIA
- HEMETURIA
- POLYURIA
- FLANK PAIN
- EDEMA

DAY-03: LESSON 03

TOPIC: MAIN SYMPTOMS

Objective: students should be able to take history according to the symptoms & he should be able to ask important questions regarding main symptoms.

Learning Outcomes: at the end of the day each student should be able to ask proper questions regarding the symptoms of patient.

Assessment Tool: give different symptoms to small groups of the students for history taking.

D) CVS

- SOB
- ORTHOPNEA/PND
- CHEST PAIN
- EXERCISE TOLERANCE
- LEG EDEMA
- PALPITATION

E) CNS

- HEADACHE
- FITS
- ALTERED LEVEL OF CONSCIOUSNESS
- DIFFICULTY IN SPEECH
- WEAKNESS/PARALYSIS
- VERTIGO/GIDDINESS
- NUMBNESS/PARASTHESIA
- INVOLUNTARY MOVEMENTS
- ATAXIA

F) ENDOCRINE

- HEAT/COLD INTOLERANCE
- WEIGHT LOSS/WEIGHT GAIN

DAY 04: LESSON 04

TOPIC: MAIN SYMPTOMS

Objective: students should be able to take history according to the symptoms & he should be able to ask important questions regarding main symptoms.

Learning Outcomes: at the end of the day each student should be able to ask proper questions regarding the symptoms of patient.

Assessment Tool: give different symptoms to small groups of the students for history taking.

G) MSK

- JOINT PAIN
- STIFFNESS
- JOINT SWELLING
- BACKACHE

H) RESPIRATION

- COUGH/SPUTUM
- HEMOPTYSIS
- CHEST PAIN
- WHEEZE
- SOB

I) BLOOD/SKIN

- BLEEDING
- RASH
- LYMPH NODES
- ITCHING

DAY-05 LESSON: 05

TOPIC: WRITING AND OBTAINING HISTORY FROM THE PATIENT.

Objective: students should be able to take history from patient according to the symptoms in comprehensive manner.

Learning Outcomes: at the end of the day each student should be able to ask proper history & to write it on a paper in systemic way.

Assessment Tool: allot a patient to each student for history taking under supervision.

Day-06 Lesson: 06

Presentation of the history to the teacher.

DAY-07 LESSON: 07

TOPIC: GPE

Objective: students should be able to elicit physical signs.

Learning Outcomes: at the end of the day each student should be able to observe & elicit the physical sign.

Assessment Tool: allot a patient to a group of students to elicit physical sign under supervision.

- VITALS:
 - ✓ PULSE
 - ✓ B.P.
 - ✓ TEMPERATURE
 - ✓ R/R

DAY-08 LESSON: 08

TOPIC: GPE

Objective: students should be able to elicit physical signs.

Learning Outcomes: at the end of the day each student should be able to observe & elicit the physical sign.

Assessment Tool: allot a patient to a group of students to elicit physical sign under supervision.

- SUB VITALS:
 - ✓ FACEIS
 - ✓ PHYSIQUE/POSTURE
 - ✓ ANEMIA
 - ✓ JAUNDICE
 - ✓ CYANOSIS
 - ✓ DEHYDRATION
 - ✓ CLUBBING
 - ✓ KOILONYCHIA
 - ✓ LEUKONYCHIA
 - ✓ EDEMA
 - ✓ LYMPH NODES
 - ✓ THYROID

DAY-09 LESSON: 09

TOPIC: GPE

Objective: students should be able to elicit physical signs.

Learning Outcomes: at the end of the day each student should be able to observe & elicit the physical sign.

Assessment Tool: allot a patient to a group of students to elicit physical sign under supervision.

- PAROTIDS
- OSLER'S NODES
- SPLINTER HEMMORRHAGES

- SPIDER NEVEI
- DEFORMITIES OF RA
- ALOPECIA
- MUSCLE WASTING
- PALMER ERYTHEMA
- JVP
- CAROTIDS
- GYNECOMASTIA
- SACRAL EDEMA

DAY-10 LESSON: 10

TOPIC: ELICITING/DETECT PHYSICAL SIGNS

Objective: students should be able to elicit physical signs.

Learning Outcomes: at the end of the day each student should be able to observe & elicit the physical sign.

Assessment Tool: allot a patient to a group of students to elicit physical sign under supervision.

A **check list** of physical signs will be provided to each student who will get sign by teacher after observing/eliciting physical signs.

Day -11. Assessment

Assessment of GPE of all students.

DAY-12 LESSON: 12

TOPIC: INSPECTION OF CHEST

Objective: students should be able to inspect the chest properly.

Learning Outcomes: at the end of the day each student should be able to inspect the chest properly.

Assessment Tool: student will inspect the chest of a patient under supervision.

- HAND SHAKE
- INTRODUCTION/CONSENT
- POSITION/EXPOSURE
- GENERAL OBSERVATIONS
- SHAPE/ SYMMETRY
- TYPE/RATE OF RESPIRATION

- MOVEMENTS
- TRACHEA
- APEX BEAT
- PROMINENT VEINS / PULSATION
- SCAR/ PIGMENTATION

DAY-13 LESSON: 13

TOPIC: PALPATION OF CHEST

Objective: students should be able to Palpate the chest properly.

Learning Outcomes: at the end of the day each student should be able to palpate the chest properly.

Assessment Tool: student will palpate the chest of a patient under supervision.

- ASK TENDERNESS
- TRACHEA
- MOVEMENTS
- EXPANSION
- VOCAL FERMITUS
- APEX BEAT

DAY-14 LESSON: 14

TOPIC: AUSCULTATION OF CHEST

Objective: students should be able to percuss the chest properly.

Learning Outcomes: at the end of the day each student should be able to percuss the chest properly.

Assessment Tool: student will percuss the chest of a patient under supervision.

- ANTERIOR CHEST
- LATERAL CHEST
- POSTERIOR CHEST

DAY-15 LESSON: 15

TOPIC: AUSCULTATION OF CHEST

Objective: students should be able to auscultate the chest properly.

Learning Outcomes: at the end of the day each student should be able to auscultate the chest properly.

Assessment Tool: student will auscultate the chest of a patient under supervision

- BREATH SOUNDS (INTENSITY/ CHARACTER)
- ADDED SOUNDS (RHONCHI/CREPITATION)
- VOCAL RESONANCE
- PLEURAL RUB

DAY-16 LESSON: 16

TOPIC: STUDENT PRACTICE CHEST EXAMINATION

Objective: Student should be able to examine the chest properly.

Learning Outcome: At the end of day, each student should be able to examine the chest properly.

Assessment Tool: Student will examine chest of a patient in small groups under supervision

DAY-17 LESSON: 17

TOPIC: SURPRISE TEST OF CHEST EXAMINATION

At the completion of one system examination, student will undertake a surprise test conducted by a faculty.

DAY-18 LESSON: 18

TOPIC: INSPECTION OF ABDOMEN

Objective: Student should be able to inspect the abdomen properly.

Learning Outcome: At the end of day, each student should be able to inspect the abdomen properly.

Assessment Tool: Student will inspect abdomen of a patient under supervision.

- HAND SHAKE
- INTRODUCTION/CONSENT
- POSITION/EXPOSURE
- GENERAL OBSERVATIONS
- SHAPE/SYMMETRY
- UMBILICUS

- MOVEMENTS
- EPIGASTRIC PULSATIONS
- PROMINENT VEINS
- STRIAE/SCARS
- PIGMENTATION
- HERNIAL ORIFICES

DAY-19 LESSON: 19

TOPIC: PALPATION OF ABDOMEN

Objective: Student should be able to palpate the abdomen properly.

Learning Outcome: At the end of day, each student should be able to palpate the abdomen properly.

Assessment Tool: Student will palpate abdomen of a patient under supervision.

- SUPERFICIAL TENDERNESS
- DEEP TENDERNESS
- LIVER
- SPLEEN
- KIDNEYS
- AORTA
- PARA AORTIC NODES

DAY-20 LESSON: 20

TOPIC: PERCUSSION OF ABDOMEN

Objective: Student should be able to percuss the abdomen properly.

Learning Outcome: At the end of day, each student should be able to percuss the abdomen properly.

Assessment Tool: Student will percuss abdomen of a patient under supervision.

- SHIFTING DULLNESS
- FLUID THRILL
- PERCUSSION OF VISCERAS

DAY-21 LESSON: 21

TOPIC: AUSCULTATION OF ABDOMEN

Objective: Student should be able auscultate the abdomen properly.

Learning Outcome: At the end of day, each student should be able to auscultate the abdomen properly.

Assessment Tool: Student will auscultate the abdomen of a patient under supervision.

- BOWEL SOUNDS
- RENAL BRUIT
- LIVER BRUIT

DAY-22 LESSON: 22

TOPIC: STUDENT PRACTICE ABDOMEN EXAMINATION

Objective: Student should be able examine the abdomen properly.

Learning Outcome: At the end of day, each student should be able to examine the abdomen properly.

Assessment Tool: Student will examine the abdomen of a patient in small groups under supervision.

Day 23 LESSON 23

TOPIC: HIGHER MENTAL FUNCTIONS (HMF)

Objective: Students should be able asses HMF properly .

Learning outcomes: at the end of day each student will be able to record the HMF properly.

Assessment Tool: student will Examine HMF of a patient under supervision

- GLASGOW COMA SCALE GCS
- SPEECH (FLUENCY, COMPREHENSION, REPITITION, CALCULATION, READING, WRITING)
- ORIENTATION (PLACE, PERSON, TIME)
- MEMORY (IMMEDIATE, RECENT, REMOTE)
- HALLUCINATIONS/DELLUSIONS/ILLUSIONS
- M.M.E.

DAY-24 LESSON: 24

TOPIC: CRANIAL NERVES

Objective: Student should be able to examine the cranial nerves properly.

Learning Outcome: At the end of day, each student should be able to examine the cranial nerves properly.

Assessment Tool: Student will examine cranial nerves of a patient under supervision.

CRANIAL NERVES:

- I, II, III, IV, V, VI.

DAY-25 LESSON 25

TOPIC: CRANIAL NERVES

Objective: Student should be able to examine the cranial nerves properly.

Learning Outcome: At the end of day, each student should be able to examine the cranial nerves properly.

Assessment Tool: Student will examine cranial nerves of a patient under supervision.

Cranial nerves:

- VII, VIII, IX, X, XI, XII

DAY-26 LESSON: 26

TOPIC: MOTOR SYSTEM (UPPER LIMB/LOWER- LIMB)

Objective: Student should be able to examine the motor system properly.

Learning Outcome: At the end of day, each student should be able to examine the motor system properly.

Assessment Tool: Student will examine motor system of a patient under supervision.

- INSPECTION (BULK, FASCICULATIONS, ABNORMAL MOVEMENTS)
- PALPATION (TENDERNESS, FASCICULATIONS)
- TONE
- POWER
- REFLEXES
- CLONUS
- PLANTERS
- ABDOMINAL REFLEX
- GAIT

DAY-27 LESSON: 27

TOPIC: CEREBELLUM

Objective: Student should be able to examine the cerebellum properly.

learning Outcome: At the end of day, each student should be able to examine the cerebellum properly.

Assessment Tool: Student will examine cerebellum of a patient under supervision.

- NYSTAGMUS
- SCANNING SPEECH
- FINGER-NOSE TEST
- DYSDIODOKINESIA
- TONE
- PAST POINTING
- INTENTIONAL TREMORS
- PENDULAR KNEEJERKS
- HEEL SHIN TEST
- ATAXIC GAIT
- TENDEM WALK
- ROMBERG'S TEST

DAY—28 LESSON: 28

TOPIC: SENSORY SYSTEM (U.L & L.L)

Objective: Student should be able to examine the sensory system properly.

Learning Outcome: At the end of day, each student should be able to examine the sensory system properly.

Assessment Tool: Student will examine sensory system of a patient under supervision.

- LIGHT TOUCH
- PAIN
- TEMPERATURE
- CRUDE TOUCH
- JPS
- VIBRATION
- 2-POINT DISCRIMINATION
- STEREGNOSIS

DAY—29 LESSON: 29

TOPIC: SIGNS OF MENINGEAL IRRITATION

Objective: Student should be able to elicit signs of meningeal irritation properly.

Learning Outcome: At the end of day, each student should be able to elicit signs of meningeal irritation properly.

Assessment Tool: Student will elicit signs of meningeal irritation in a patient under supervision.

- NECK RIGIDITY
- KERNING'S SIGN
- BRUDINZKI'S SIGN
- S.L.R.

DAY-30 LESSON: 30

TOPIC: PRACTICE OF CNS EXAMINATION BEFORE FINAL TEST

Objective: Student should be able to examine CNS properly.

Learning Outcome: At the end of day, each student should be able to examine the CNS properly.

Assessment Tool: Student will examine CNS of a patient under supervision.

DAY 31: LESSON 31

TOPIC: REHEARSAL OF ALL COMPONENTS TAUGHT

CNS EXAM

DAY 31 & 33

Examination of the motor system of Upper Limb

DAY-34/35/36 LESSON: 34/ 35/36

DAY-37 LESSON: 37

TOPIC: INSPECTION OF PRECORDIUM

- HAND SHAKE
- INTRODUCTION/CONSENT
- POSITION/EXPOSURE
- APEX BEAT
- PRECORDIAL PULSATIONS
- CHEST DEFORMITY
- PROMINENT VEINS
- STERNOTOMY SCAR
- EPIGASTRIC PULSATION

DAY-38 LESSON: 38

Objective: Students should be able to palpate the pericardium properly .

Learning outcomes: at the end of day each student will be able to palpate the precordium properly.

Assessment Tool: student will palpate precordium of a patient under supervision

- APEX BEAT
- LPH
- THRILL

DAY-39 LESSON: 39

TOPIC: AUSCULTATION OF PRECORDIUM

Objective: Students should be able to auscultate the pericardium properly .

Learning outcomes: at the end of day each student will be able to auscultate the precordium properly.

Assessment Tool: student will auscultate precordium of a patient under supervision

- S1 & S2 (INTENSITY, SPLITTING)
- S3 & S4
- MURMUR (SITE, TIMING, INTENSITY, RADIATION, EFFECT OF RESPIRATION)
- PERICARDIAL RUB

DAY-40 LESSON: 40

TOPIC: STUDENT PRACTICE WHOLE CVS EXAMINATION

Objective: Students should be able to Examine the pericardium properly.

Learning outcomes: at the end of day each student will be able to Examine the precordium properly.

Assessment Tool: student will Examine precordium of a patient under supervision

DAY-41&42

GRAND TEST & VIVA

2 DAYS

General Physical Examination (GPE)

CHECK LIST OF PHYSICAL SIGNS FOR 3RD YEAR MBBS

Medical unit: _____ Ward _____

Student's Name: _____ Roll No _____ Group _____

S.No	Signs	CAN DETECT/ APPRECIATE/ ELICIT				Initials
		Good	Satisfactory	Average	Poor	
Pulse:						
1.	a) Rate					
	b) Rhythm					
	c) Volume					
	d) Paradox					
	e) Collapsing					
	f) R-R delay					
	g) R-F delay					
	h) Vessel Wall					
2	Temperature					
3	B.P					
4	Respiration					
5	Clubbing					
6	Cyanosis					
7	Anemia					
8	Jaundice					
9	Koilonychia					
10	Leukonychia					
11	Dehydration					

12	Edema					
13	Palmer Erythema					
Lyphnodes:						
14	a) Cervical					
	b) Axillary					
	c) Inguinal					
15	Ptosis					
16	Corneal arcus					
17	Xanthelesma					
18	Wasting of small muscles					

20	Parotid gland					
21	Deformities of RA					
22	Spider Nevei					
23	Striae					
24	Gynecomastia					
25	Purpura/Petechiae					
26	Splinter Hemorrhages					
27	Osler's Nodes					
28	Malar Flush					
29	Xanthomas					
30	Dupuytren's Contracture					
31	Flapping Tremors					
32	Angular stomatitis					

33	Aphthous ulcers					
34	Nicotine Marks					
35	Smooth Tongue					
36	Goiter					
37	Carotids					
38	Brachials					
39	Dorsalispedis					
40	Popliteals					
41	Posterior Tibial					
42	JVP					
43	Insulin Injection Marks					
44	Acanthosis Nigricans					

Teacher Name: _____ **Signature** _____

Co-Teacher Name: _____ **Signature** _____

Medical unit _____ **LIMHS, Thatta**

Gastrointestinal Tract (G.I.T) EXAMINATION

CHECK LIST OF PHYSICAL SIGNS FOR 3RD YEAR MBBS

Medical unit: _____ Ward _____

Student's Name: _____ Roll No _____ Group _____

S.No	Signs	CAN DETECT/ APPRECIATE/ ELICIT				Initials
		Good	Satisfactory	Average	Poor	
1	Cushingoid face					
2	Ecchymosis					
3	Tattoos					
4	Purpura/Petechiae					
5	E. Nodosum					
6	P. Gangrenosum					
7	Pigmentation					
8	Acanthosis Nigricans					
9	Bronze Skin					
10	Uremic Complexion					
11	Hepatic fetor					
12	Uremic fetor					
13	Uremic frost					
14	Hyperventilation					
15	Scleroderma facies					
16	Anemia					
17	Jaundice					
18	Clubbing					
19	Palmer Erythema					
20	Leukonychia					
21	Koilonychia					
22	$\frac{1}{2}$ & $\frac{1}{2}$ nails					

23	Dupuytren's Contracture					
24	Flapping Tremors					
25	Joint deformities					
26	Scratch Marks					
27	A-V Fistula					
28	Insulin Marks					
29	Epitrochlear Nodes					
30	B.P.					
31	Parotids					
32	Spider angiomas					
33	K-F ring					
34	Butterfly rash					
35	Circumoral Pigmentation					
36	Angular Stomatitis					
37	Cheilosis					
38	Telangiectasia					
39	Aphthous ulcers					
40	Gum Hypertrophy					
41	Dehydration					
42	Oral thrush					
43	Gynecomastia					
44	Axillary hair					
45	L. Nodes					
46	Bone Tenderness					
47	Umblicus					
48	Epigastric Pulsations					
49	Striae					

50	E. Ab igne					
51	Caput medusae:					
52	Superficial Tenderness					
53	Deep Tenderness					
54	Liver					
55	Spleen					
56	Kidneys					
57	Murphy's Sign					
58	Urinary bladder					
59	Aorta					
60	Para aortic nodes					
61	Inguinal nodes					
62	Hernial orifices					
63	Genitalia					
64	Shifting dullness					
65	Fluid Thrill					
66	Bowel sounds					
67	Renal bruit					
68	Murphy's Punch					
69	Spine Tenderness					

Teacher Name: _____ Signature _____

Co-Teacher Name: _____ Signature _____

Medical unit _____ LIMHS, Thatta

Respiratory Tract EXAMINATION

Examination of Chest

CHECK LIST OF PHYSICAL SIGNS FOR 3RD YEAR MBBS

Medical unit: _____ Ward _____

Student's Name: _____ Roll No _____ Group _____

S.No	Signs	CAN DETECT/ APPRECIATE/ ELICIT				Initials
		Good	Satisfactory	Average	Poor	
1	Posture /Physique					
2	Cyanosis					
3	Dyspnea					
4	Purse lips					
5	Nicotine marks					
6	Clubbing/HPOA					
7	Wheeze/hoarseness					
8	Flapping Tremors					
9	Wasting of small muscles					
10	Pallor/plethora					
11	Parotids					
12	Rash					
13	Homer's					
14	Sputum Mug					
15	O ₂ cylinder					
16	Nebulizer/inhaler					
Radials:						
17	a) Rate					

	b) Rhythm					
	c) Volume					
	d) Paradox					
18	Prominent Veins {SVC Obs)					
19	R/R					
20	Type of Resp.					
21	Shape/symmetry of chest					
22	Use of accessory muscles					
23	Indrawing of I/C spaces					
24	Chest Tenderness					
25	Trachea					
26	Apex beat					
27	Epigastric					
28	Crico Sternal space					
29	Tracheal Tug					
30	S/C Emphysema					
31	Chest Movements					
32	Expansion					
33	V.F					
34	Percussion					
35	Breath Sounds					
36	Added Sounds					
37	V.R					
38	Pleural rub					

Teacher Name: _____ **Signature** _____

Co-Teacher Name: _____ **Signature** _____

Medical unit: _____ **LIMHS, Thatta**

**ASSESSMENT FORM FOR 3RD YEAR PROMOTION
AT THE END OF WARD POSTING**

Student's Name: _____ **Roll No** _____ **Group** _____

Medical unit: _____ **Ward** _____

Date of Assessment: _____ **Teacher** _____ **Co-Teacher** _____

GRADES ACHIEVED IN LAST WARD

Abdomen	Performance/ grade	Suggestion for improvement	Date of next assessment	Cross examined by	Remarks after 2nd test
General Observation					
Inspection <ul style="list-style-type: none"> • Shape & Symmetry • Movements • Umblicus • Prominent Veins • Pulsations • Scars/Striae 					
Palpation: <ul style="list-style-type: none"> • Tenderness • Liver Spleen • Kidneys • Fluid Thrill • Aorta • Para aortic nodes • Inguinal nodes • Hernial Orifices 					
Percussion: <ul style="list-style-type: none"> • Shifting Dullness • Percussion for visceras 					
Auscultation: <ul style="list-style-type: none"> • Bowel Sounds • Renal Bruit • Hepatic Bruit 					

Grades of performance: 1= Poor, 2 = Average but not promoted, 3 = Satisfactory, needs some improvements but promoted, 4 = Good. Grade 1 & grade 2 achievers will have to retake the test.

Suggestion for improvement : 1= Reposting for 2 weeks, 2 = Reposting for few days for particular mistakes, 3 = Single day posting for rehearsal of all systems, 4 = Satisfactory.

2nd Test = Cross Examined by faculty member from other unit: _____

Signature of 1st Assessor

Signature of 2ND Assessor

Signature of HOD

**ASSESSMENT FORM FOR 3RD YEAR PROMOTION
AT THE END OF WARD POSTING**

Student's Name: _____ **Roll No** _____ **Group** _____

Medical unit: _____ **Ward** _____

Date of Assessment: _____ **Teacher** _____ **Co-Teacher** _____

GRADES ACHIEVED IN LAST WARD

Abdomen	Performance/ grade	Suggestion for improvement	Date of next assessment	Cross examined by	Remarks after 2 nd test
General Observation					
General Observation Inspection: <ul style="list-style-type: none"> • Shape, Symmetry • Movements • Prominent Veins/pulsation <ul style="list-style-type: none"> • Rate/Type of Resp • Trachea • Apex beat 					
Palpation: <ul style="list-style-type: none"> • Tenderness • S/C Emphysema • Trachea • Apex Beat • Movements • V. Fermitus • Expansion 					
Percussion:					

<ul style="list-style-type: none"> • Lungs • Upper liver border <p>Auscultation:</p> <ul style="list-style-type: none"> • Breath Sounds • Added Sounds • V. Resonance • Pleural Rub 					
---	--	--	--	--	--

Grades of performance: 1= Poor, 2 = Average but not promoted, 3 = Satisfactory, needs some improvements but promoted,4 = Good. Grade 1& grade 2 achievers will have to retake the test.

Suggestion for improvement :1= Reposting for 2 weeks,2 = Reposting for few days for particular mistakes, 3 = Single day posting for rehearsal of all systems, 4 = Satisfactory.

2nd Test = Cross Examined by faculty member from other unit: _____

Signature of 1st Assessor

Signature of 2st Assessor

Signature of HOD

NEUROLOGICAL EXAMINATION

CHECK LIST OF PHYSICAL SIGNS FOR 3RD YEAR MBBS

Medical unit: _____ Ward _____

Student's Name: _____ Roll No _____ Group _____

S.No	Signs	CAN DETECT/ APPRECIATE/ ELICIT				Initials
		Good	Satisfactory	Average	Poor	
1	Characteristic Facies					
2	Ptosis					
3	Proptosis					
4	Facial Tics					
5	Involuntary Movements					
Orientation:						
6	a) Time					
	b) Place					
	c) Person					
7	Hallucinations					
8	Delusions					
9	Illusions					
10	GCS					
Memory:						
11	a) Recent					
	b) Remote					
12	Intelligence					
13	Grasp reflex					
14	Sucking reflex					
15	Snout reflex					

16	Palmomental reflex					
17	Glabellar reflex					
18	Apraxia					
Aphasia:						
19	a) Motor					
	b) Sensory					
20	c) Conduction					
	d) Nominal					
	e) Acalculi					
	f) Dyslexia					
21	Dysarthria					
22	Olfactory Nerve					
Optic:						
23	a) Visual acuity					
	b) Color vision					

23	c) Field of vision.					
	d) Fundoscopy					
III/IV/VI Nerves:						
24	a) Movements					
	b) Nystagmus					
	c) Diplopia					
	d) Squint					
	e) Light reflex					
	f) Accommodation Reflex					

Trigeminal:						
25	a) Corneal reflex					
	b) Sensory part					
	c) Motor part					
	d)Jaw Jerk					
Facial Nerve:						
26	a) Inspection					
	b) Motor function					
	c) Taste sensation					
Vestibulocochlear:						
27	a) Rinnie's Test					
	b) Weber Test					
	c) Doll's Eye					
	d) Positional Vertigo					
IX/X Nerves:						
	a) Gag reflex					
	b) Aah Test					
Accessory:						
28	a) Trapezius					
	b) Sternomastoid					
29	Hypoglossal					
30	Fasciculations in muscles					
31	Measure Bulk					
32	Tone					
Power:						
33	a) Upper limb					
	b) Lower limb					

34	Knee jerk					
35	Ankle Jerk					
36	Planter reflex					
37	Triceps jerk					
38	Biceps jerk					
39	Supinator jerk					
40	Finger reflex					
41	Abdominal reflex					
42	Ankle clonus					
43	Patellar clonus					
44	Finger-Nose test					
45	Dysdiadokines ia					
46	Heel-shin test					
47	Gait					
48	Tandem walk					
49	Romberg's test					
50	Pain sensation					
51	Touch sensation					
52	Temperature					
53	JPS					
54	Vibration					
55	2 Point discrimination					
Cortical Functions:						
56	a) Localization					
	b) 2 point discrimination					
	c) Stereognosis					
	d) Graphasthesia					

	e) Sensory inattention					
57	Neck rigidity					
58	Kerning's sign					
59	Brudzinski's sign					
60	S.L.R.					

Teacher Name: _____ **Signature** _____

Co-Teacher Name: _____ **Signature** _____

Medical unit _____ **LIMHS, Thatta**

CARDIOVASCULAR EXAMINATION

CHECK LIST OF PHYSICAL SIGNS FOR 3RD YEAR MBBS

Medical unit: _____ Ward _____

Student's Name: _____ Roll No _____ Group _____

S.No	Signs	CAN DETECT/ APPRECIATE/ ELICIT				Initials
		Good	Satisfactory	Average	Poor	
1	Posture					
2	Cyanosis					
3	Malar Flush					
4	Chorea					
5	Nicotine marks					
6	Clubbing					
7	Splinter hemorrhages					
8	Osier's Nodes					
9	Janeway lesion					
10	Xanthomas					
11	Quinkie's sign					
Radials:						
12	e) Rate					
	f) Rhythm					
	g) Volume					
	h) Collapsing					
	i) Paradox					
	j) Pulsus Alternans					
	k) R-R delay					
	l) R-F delay					
13	Brachials					
14	B.P.					
15	Carotids					

16	J.V.P.					
17	Corneal arcus					
18	Muller's sign					
19	Sternotomy scar					
20	Prominent veins {SVC Obs.)					
21	Pulsations of Coarctation Aorta					
22	Epigastric pulsations					
23	Apex beat					
24	Left Parasternal heave					
25	Thrill					
26	S1 & S2					
27	S3 & S4					
28	Murmur					
29	Opening snap					
30	Pericardial rub					
31	Sacral edema					
32	Auscultation of lung bases					
33	Femorals					
34	Durozier murmur					
35	Popliteals					
36	Dorsalispedis					
37	Pedal edema					
38	Fundoscopy					

Teacher Name: _____ Signature _____

Co-Teacher Name: _____ Signature _____

Medical unit _____ LIMHS, Thatta

**ASSESSMENT FORM FOR 3RD YEAR PROMOTION
AT THE END OF WARD POSTING**

Student's Name: _____ **Roll No** _____ **Group** _____

Medical unit: _____ **Ward** _____

Date of Assessment: _____ **Teacher** _____ **Co-Teacher** _____

GRADES ACHIEVED IN LAST WARD

Abdomen	Performance/ grade	Suggestion for improvement	Date of next assessment	Cross examined by	Remarks after 2 nd test
General Observation					
Higher Mental Functions: <ul style="list-style-type: none"> • Appearance/Behavior • GCS • Orientation • Memory 					
Speech <ul style="list-style-type: none"> • Dysphasia • Dysarthria 					
Cranial Nerves: <ul style="list-style-type: none"> • I • II • III/IV/VI • V • VII • VIII • IX/X • XI • XII 					
Motor System: <ul style="list-style-type: none"> • Bulk/Tenderness • Involuntary Movements • Fasciculations • Tone • Power • Reflexes • Co ordination • Back • Gait 					
Sensory system: <ul style="list-style-type: none"> • Touch 					

<ul style="list-style-type: none"> • Pain • Temperature • JPS • Vibration 					
Signs of Meningeal Irritation: <ul style="list-style-type: none"> • Neck rigidity • Kerning's sign • Brudzinski's sign • S.L.R. 					

Grades of performance: 1= Poor, 2 = Average but not promoted, 3 = Satisfactory, needs some improvements but promoted, 4 = Good. Grade 1 & grade 2 achievers will have to retake the test.

Suggestion for improvement : 1= Reposting for 2 weeks, 2 = Reposting for few days for particular mistakes, 3 = Single day posting for rehearsal of all systems, 4 = Satisfactory.

2nd Test = Cross Examined by faculty member from other unit: _____

Signature of 1st Assessor

Signature of 2ND Assessor

Signature of HOD

**ASSESSMENT FORM FOR 3RD YEAR PROMOTION
AT THE END OF WARD POSTING**

Student's Name: _____ **Roll No** _____ **Group** _____

Medical unit: _____ **Ward** _____

Date of Assessment: _____ **Teacher** _____ **Co-Teacher** _____

GRADES ACHIEVED IN LAST WARD

CVS	Performance/ grade	Suggestion for improvement	Date of next assessment	Cross examined by	Remarks after 2 nd test
General Observation					
Inspection: <ul style="list-style-type: none"> • Patient's • Position • Symmetry of chest • J.V.P. • Prominent Vein/pulsation • Apex beat Palpation: • Apex Beat 					
Palpation: <ul style="list-style-type: none"> • Pulse • Apex Beat • Thrill • LPH 					
Percussion: <ul style="list-style-type: none"> • Heart 					
Auscultation: <ul style="list-style-type: none"> • S1 & S2 • S3 & S4 • Murmurs • Pericardial rub 					

Grades of performance: 1= Poor, 2 = Average but not promoted, 3 = Satisfactory, needs some improvements but promoted, 4 = Good. Grade 1 & grade 2 achievers will have to retake the test.

Suggestion for improvement : 1= Reposting for 2 weeks, 2 = Reposting for few days for particular mistakes, 3 = Single day posting for rehearsal of all systems, 4 = Satisfactory.

2nd Test = Cross Examined by faculty member from other unit: _____

Signature of 1st Assessor

Signature of 2ND Assessor

Signature of HOD

Details of other activities in Medicine & Allied Subjects

Competencies	Details	Supervisor`s comments / signature
Introduction to Common symptoms and diseases in ENT	Presented by:	
Details of history and examination * You have to write 2 histories in each ward along with examination, provisional diagnosis, relevant investigations, results of procedures, final diagnosis, treatment and follow-up protocol	*Mention 3 symptoms and system involved 1) 2) 3)	
Case Based Discussion (CBD)		
End of the ward assessment	Marks: _____ out of _____	
Any other event that you want to record during your stay in the unit (provide details)		
Reflection by student		

Comments about professionalism and behaviors of students in Medicine & Allied Subjects

(To be filled by the supervisor)

S. No	Statement	Supervisor comments		
		Yes	No	Any other point
1	Was polite with patients, nurses, paramedical staff, seniors and colleagues			
2	Was ready to take responsibility			
3	Kept calm in difficult situations			
4	Maintained an appropriate appearance / dress			
5	Avoided derogatory remarks in the unit			
6	Presentation skills were up to the mark			
7	Total attendance		Out of=	
7	Overall assessment of professional conduct	A: High		B: Moderate
				C: Low

Details of other activities in Medicine & Allied Subjects

Competencies	Details	Supervisor's comments / signature
Introduction to skill lab.	Presented by:	
	Conducted by:	
Any other event that you want to record during your stay in the unit (provide details)		
Reflection by student		

Comments about professionalism and behaviors of students in Medicine & Allied Subjects

(To be filled by the supervisor)

S. No	Statement	Supervisor comments			
		Yes	No	Any other point	
1	Was polite with staff, seniors and colleagues				
2	Was ready to take responsibility				
3	Kept calm in difficult situations				
4	Maintained an appropriate appearance / dress				
5	Avoided derogatory remarks in the unit				
6	Presentation skills were up to the mark				
7	Total attendance		Out of=		
7	Overall assessment of professional conduct	A: High		B: Moderate	C: Low

Other academic and co-curricular activities Medicine & Allied Subjects

List of presentations*

S. No	Title of presentation / lecture	Venue	Date	Signature of supervisor / organizer

*The student can paste photocopies of certificates of presentations on this page

List of certificates of participation in other academic and co-curricular activities*

Medicine & Allied Subjects

S. No	Name of activity / society / other	Position	From --- to (date)	Signature of organizer / in-charge

*Student can paste the proof / certificate / office order of the activities / events

For student affairs / examination section

Details of marks of internal assessments in Medicine & Allied Subjects

S. No	Assessment module	Marks obtained	Total marks	MCQ	SAQ	OSCE / viva / practical	%age	Pass / Fail	
	Total marks of all modules								
	Total marks of log book					Out of: 50			
	%age								

Deputy / Controller of examination

Director Medical Education

Sign_____

Sign_____

