

# **Internship Training Trainee Guide**

**Prepared by**

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**Name of trainee**.....

**Date of issue**.....

**Signature**.....

## **Contents**

<b>Preface</b>	
<b>Trainee Guide and its role</b>	<b>1</b>
Purpose of guide	
Constituent elements	
<b>Outcomes objectives of internship training</b>	<b>6</b>
General objectives	<b>7</b>
Specialty objectives in Medicine	<b>9</b>
Specialty objectives in Surgery	<b>12</b>
Specialty objectives in Obstetrics & Gynecology	<b>17</b>
Specialty objectives in Pediatrics	<b>20</b>
Specialty objectives in Primary Care	<b>24</b>
<b>Record of formative and summative evaluations</b>	<b>26</b>
Medicine, Surgery, Obstetrics & Gynecology, Pediatrics, Primary Care	
<b>Interaction cards</b>	<b>31</b>
<b>Trainee notes</b>	

## Preface

### internship year

On obtaining the MBChB or MBBS qualification from the medical school, the newly graduated doctors become eligible to receive a temporary license for the practice of medicine. During a one-year period from then on, termed the *internship* year, they engage in practice under close supervision. The intern (also called the *pre-registration house officer*, in some countries) enters rotations in medicine, surgery, obstetrics & gynecology and pediatrics, and under some programs, in primary care.

In Kuwait, the Kuwait Institute for Medical Specialization has been entrusted with the overall responsibility for administering internship training. This guide has been prepared with the aim of indicating the minimum competencies expected of the trainee before completing the internship. The trainees are encouraged to go beyond this target level, whenever opportunities permit.

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## Trainee Guide and its Role

### I. Purpose of Guide

This *Trainee Guide* indicates the competencies that interns are expected to acquire before completing the rotations during the internship year. Additionally, it provides a mechanism for recording a sample of the abilities that the intern gained, and the level at which they were completed. It also has a checklist for the procedures that the intern is expected to perform in each rotation.

### II. Constituent Elements

#### 1. Learning Objectives

A set of learning objectives has been listed for each rotation. They specify the abilities that the trainee is expected to possess by the time the attachment is completed. They are written as outcome objectives from the viewpoint of the learner, rather than what the teacher intends to do. Additionally, these expected competencies would fall into three broad categories: (i) knowledge, (ii) procedural skills, and (iii) attitudes and values. The guide, therefore, would benefit the trainee as well as the supervisor in planning and organizing the learning activities and assessing the performance.

## 2. Interaction Cards

Each Guide has 30 *interaction cards*. These cards enable the trainee to arrange for evaluation of his performance by the supervisor.

Page 1 of the card gives a format for evaluation of the trainee's performance by the supervisor. Six categories of clinical performances are listed, with room for an additional one. On any occasion, the evaluator would focus on one of the seven areas mentioned. A 5-point scale is given for rating the performance.

Page 2 of the card has space for the trainee to write the relevant patient notes.

### How to Use

The Trainee Division of KIMS would issue a copy of the Trainee Guide to every trainee at the time of registration in the internship training program. The trainee is expected to obtain evaluations of a minimum of 20 of his or her clinical encounters during each rotation. All evaluations need to be in relation to patients, and should reflect a variety of clinical conditions.

When the trainee is ready for an evaluation, he informs the supervisor or trainer of his wish so that an evaluation could be scheduled. The trainee then

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writes the essential data regarding the patient on page 2 of a card, and presents the card, without detaching it from the *Guide*, to the supervisor or trainer. The trainer fills in the relevant cages in Section I on page 1, and checks (J) in the appropriate spaces in Section II. *Comments on trainee performance* is for listing additional comments by the trainer.

On completing the evaluation, the trainer would conduct a review session with the trainee to show the latter's strengths and weaknesses. This encounter would constitute a *formative evaluation*, giving the trainee an opportunity to pay additional attention to topic areas that need to be improved. The *Guide* with the completed card is handed back to the trainee. Before completing the rotation, the trainee is required to show all the completed cards pertaining to the rotation to the designated supervisor so that a final meeting could be arranged at which the overall performance is discussed. This end-of-rotation summing up of abilities forms a *summative evaluation*. On this occasion, the supervisor averages the ratings of the previous performances, and records the data in the appropriate section (pages 26 to 30) in the *Trainee Guide*. The *Trainee Guide* with its cards are then forwarded, under confidential cover, to the Trainee Division of KIMS (Fig 1). The responsibility for sending them lies with the designated supervisor in the specialty at the hospital.

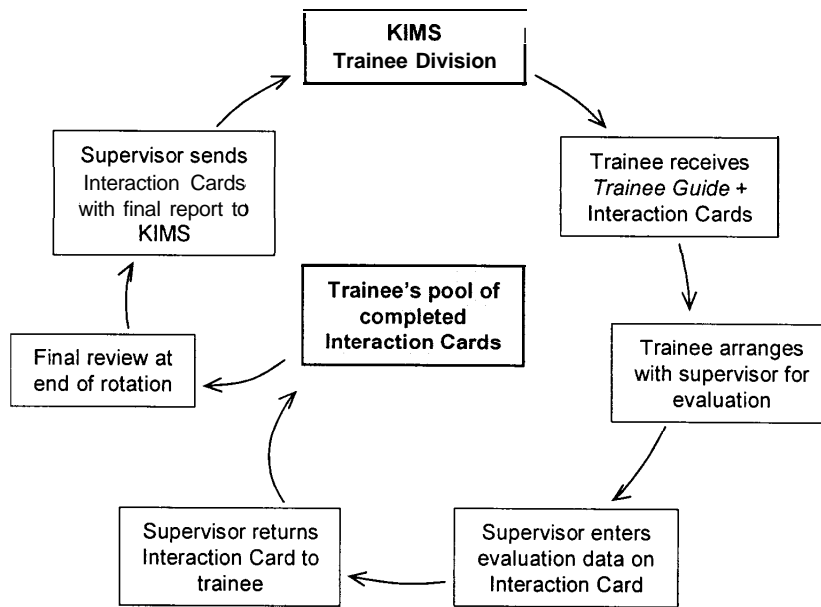


Fig. 1. Use of Interaction Cards

### 3. Trainee Notes

Space is provided at the end of the guide for the intern to make his own notes. These would help him to identify content areas that need special attention. The trainee would also mention skills that are common to more than one rotation, but which could not be mastered within the time allocated. Such recording would help him to use subsequent rotations to improve these skills.

## Outcome Objectives of Internship Training

The abilities that the trainees are expected to have gained by the time they complete internship training are described below as *outcome objectives*. They are grouped under two categories:

- *General objectives*, which are common to more than one specialty, and can therefore be achieved during multiple attachments (Some of these may appear again under specialty objectives);
- *Specialty objectives*, which are the expected outcomes in the individual specialties during the rotations;

In addition, under each specialty a set of procedures that the trainee is expected to perform satisfactorily is listed.

## General Objectives

At the end of internship training, the intern is expected to have a level of knowledge, skills, and attitudes and behaviors needed to embark on a career as a health care provider, or to pursue further training in a medical specialty.

On conclusion of internship training, the intern will:

1. Be aware of the implications of the principles of medical ethics, clinical epidemiology, outcomes of research and the patient's social and cultural background on medical decisions;
2. Be able to evaluate the quality of information, and to utilize analytical and data synthesizing skills appropriately;
3. Be able to interact effectively with patients, and all members of the health care team;
4. Understand the roles and relationships of primary care and specialty care providers;
5. Be able to outline the administrative procedures related to patient admissions, inpatient care, and discharge plan of patients;

6. Be aware of medico-legal issues in relation to births, mortality, abortion, and accidental injuries, with specific reference to the regulations of the Ministry of Health and the procedures in Kuwait;
7. Posses a sense of responsibility for patient care, and respect patient and family confidentiality;
8. Be able to make presentations on practical problems in medicine at clinical meetings, grand rounds, journal clubs and other similar gatherings, using appropriate media;
9. Be aware of own limitations, and be willing to ask for assistance when necessary.

### **Specialty Objectives in Medicine**

At the completion of the training program, the intern will:

1. Be able to clerk patients upon admission, which includes taking a relevant history and conducting an appropriate physical examination;
2. Be able to select and request for relevant diagnostic tools, and interpret the findings of investigations;
3. Be able to undertake problem identification and arrive at a logical differential diagnosis;
4. Be able to arrive at a working diagnosis and develop a management plan;
5. Be able to educate patients making them aware of their illnesses;
6. Be able to perform specified diagnostic and therapeutic procedures (to be listed);
7. Be able to manage acute medical patients under supervision, sharing in the concerned duties and responsibilities;
8. Be able to administer cardio-pulmonary resuscitation when needed;

9. Be able to provide emergency management in acute myocardial infarction, acute respiratory insufficiency, anaphylaxis, intoxication, status epilepticus, diabetic coma, pulmonary embolism, and septicemia/meningitis;
10. Be able to write relevant discharge summaries, medical reports and death certificates;
11. Be able to communicate effectively with patients and relatives and win their confidence;
12. Be motivated to engage in ethically acceptable medical practice;
13. Be motivated to establish productive and harmonious relationships with colleagues and other health professionals.

10

#### Procedural Skills in Medicine

**Instructions to assessor:** The procedures that the intern is expected to be able to perform satisfactorily in the specialty of Medicine are listed below. Check (J) against each item after observing directly.

Administering cardio-pulmonary resuscitation	<input type="checkbox"/>	Securing airway	<input type="checkbox"/>
Artificial ventilation	<input type="checkbox"/>	Endotracheal intubation	<input type="checkbox"/>
Insertion of central venous catheter	<input type="checkbox"/>	Arterial puncture for blood gas analysis	<input type="checkbox"/>
Treatment of tension pneumothorax	<input type="checkbox"/>	Insertion of thoracic drainage	<input type="checkbox"/>
Pericardiocentesis	<input type="checkbox"/>	Cardiac defibrillation	<input type="checkbox"/>
Needle aspiration of the knee joint	<input type="checkbox"/>		

**Laboratory procedures and special investigations that the intern is expected to be able to perform satisfactorily are listed below. Check (J) against each item after observing directly.**

Blood sampling	<input type="checkbox"/>	Microbiological sampling	<input type="checkbox"/>
Examination of blood film	<input type="checkbox"/>	Microscopic examination of microbiological specimens	<input checked="" type="checkbox"/>
Urine examination	<input type="checkbox"/>	Basic ECG interpretation	<input type="checkbox"/>
Basic X-ray interpretation	<input type="checkbox"/>		

11

## Specialty Objectives in Surgery

On completion of the training program, the intern will:

1. Be able to clerk the surgical patient, through relevant history taking and appropriate physical examination;
2. Be able to plan appropriate investigation protocols to assist in making a definitive diagnosis;
3. Be able to interpret the results of common radiographic and laboratory investigations, relating them to the clinical problem at hand;
4. Be able to describe the pre-operative preparation of patients for major surgical procedures;
5. Be able to assist in the pre- and post-operative management of surgical patients;
6. Be able to provide primary treatment of trauma wounds, and undertake suturing of wounds and removing sutures;
7. Be able to provide first aid, debridement, excision and dressing of wounds;

12

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8. Be able to provide emergency management of trauma, shock, and burns;
  9. Be able to provide emergency on call services, with assistance where necessary;
  10. Possess desirable bedside manners that would facilitate the clinical interaction with the patient and their relatives;
  11. Be able to use appropriate strategies when breaking bad news to the patient;
  12. Be able to write discharge summaries, medical reports, sick leave and death certificates;
  13. Be able to write admission notes, follow up notes, requests for investigations and their results, and notes for preoperative and postoperative care including prescription of relevant drugs;
  14. Be aware of investigations carried out in associated departments, e.g. in Radiology, Pathology, Gastroenterology;
  15. Value observing punctuality in discharging clinical and administrative duties;

13

16. Be able to write adequate clinical notes on patients seen on emergency duties for follow-up surgical management.

14

### Procedural Skills in Surgery

**Instructions to assessor: The procedures that the intern is expected to be able to perform satisfactorily, under supervision where necessary, in the specialty of Surgery are listed below. Check (J) against each item after observing directly.**

Examination of post-operative wounds	<input type="checkbox"/>	Treatment of ingrown toenail	<input type="checkbox"/>
Cardio pulmonary resuscitation	<input type="checkbox"/>	Irrigation of the ear	<input type="checkbox"/>
Collection of specimens for lab investigations	<input type="checkbox"/>	Insertion of intravenous line	<input checked="" type="checkbox"/>
Anorectoscopy, proctoscopy/sigmoidoscopy	<input type="checkbox"/>	Insertion of central venous catheter	<input type="checkbox"/>
Scrubbing, gowning and suturing	<input type="checkbox"/>	Insertion of Foley's catheter	<input type="checkbox"/>
Incision and closure	<input type="checkbox"/>	Intubation – drainage in OR	<input checked="" type="checkbox"/>
Tissue handling	<input type="checkbox"/>	Circumcision	<input type="checkbox"/>
Endotracheal intubation	<input type="checkbox"/>	Treatment of epistaxis	<input type="checkbox"/>
Assisting in minor and major operations	<input type="checkbox"/>	Venous cut-down	<input checked="" type="checkbox"/>
Indirect laryngoscopy	<input type="checkbox"/>	Removal of foreign body	<input type="checkbox"/>
Assisting in appendectomy	<input type="checkbox"/>	Catheterization – NGT	<input checked="" type="checkbox"/>
Performing appendectomy	<input type="checkbox"/>	Endotracheal intubation	<input type="checkbox"/>

15

Skin biopsies, excision of small lumps  
and removal of superficial tumors



Incision and drainage of abscesses,  
collection of suppurations



### **Specialty Objectives in Obstetrics & Gynecology**

On completion of the training program, the intern will:

1. Be able to take a relevant history and perform a basic physical examination in relation to obstetric & gynecological complaints;
2. Be able to perform a pelvic examination;
3. Be able to record the data obtained through history and physical examination in accepted format;
4. Be able to develop a plan of initial management of the patient, including appropriate investigations;
5. Be able to recognize abnormalities of labor and be familiar with their management;
6. Be able to diagnose and provide the initial management of common obstetric & gynecological conditions;
7. Be able to assist in common obstetric & gynecological operations and common gynecological procedures;

8. Be able to state the principles of pre-operative and post-operative care;
9. Be able to outline the management of common medical disorders of pregnancy (e.g. diabetes, hypertension, UTI);
10. Be able to provide antenatal care to low-risk pregnant patients and manage the common antenatal complaints;
11. Be able to state the management of patients after normal delivery and Caesarian section and undertake the management of puerperal complications;
12. Be able to function as a member of the team in providing care in obstetric emergency situations;
13. Be committed to engaging in medical practice, giving adequate consideration to the ethical and medico-legal aspects of obstetrics & gynecology.

#### **Procedural Skills in Obstetrics & Gynecology**

**Instructions to assessor:** The procedures that the intern is expected to be able to perform satisfactorily in the specialty are listed below. Check (J) against each item after observing directly.

- |                                 |                          |
|---------------------------------|--------------------------|
| High vaginal swab               | <input type="checkbox"/> |
| Collection of cervical smear    | <input type="checkbox"/> |
| Conduct normal deliveries       | <input type="checkbox"/> |
| Repair episiotomy               | <input type="checkbox"/> |
| Artificial rupture of membranes | <input type="checkbox"/> |
| Application of fetal electrodes | <input type="checkbox"/> |

## **Specialty Objectives in Pediatrics**

On completion of the clinical rotation in pediatrics, the intern will:

1. Be able to conduct a focused patient interview to obtain a relevant pediatric history;
  2. Be able to perform an accurate and appropriate physical examination of children including neonates;
  3. Be able to formulate a prioritized and comprehensive problem plan, including a clinical diagnosis;
  4. Be able to describe pertinent testing, conduct common bedside investigative procedures and interpret common laboratory investigations;
  5. Be able to outline plans of management for common pediatric problems;
  6. Be able to record the information collected and management plans in the form of an organized medical record;
  7. Be able to present the information in a succinct, focused oral discussion;
- 
8. Be able to assist the patient or family members to make informed decisions pertaining to medical recommendations and choices;
  9. Be able to describe normal growth and development during fetal life, neonatal period, childhood and adolescence and outline deviations from the normal;
  10. Be able to describe the epidemiology, etipathogenesis, clinical manifestations, diagnosis, rational therapy and rehabilitation of common pediatric disorders and emergencies;
  11. Be able to state age-related requirements of calories, nutrients, fluids, drugs, etc. in health and disease;
  12. Be able to outline the approaches and procedures used in pediatric advanced life support systems in pediatric and neonatal intensive care units;
  13. Be able to advise patients and their guardians on preventive strategies for common infectious disorders, malnutrition, genetic and metabolic disorders, poisoning, accidents and child abuse;
  14. Be able to outline the national immunization program;

15. Be able to recognize a child or adolescent at risk, and when to intervene;
16. Be able to recognize abnormal behavioral conditions in children and adolescents;
17. Be aware of parental and family opinions, attitudes, behavior and lifestyle different from his/her own, and of their effect on clinical interactions.

#### Procedural Skills in Pediatrics

Instructions to assessor: The procedures that the intern is expected to be able to perform satisfactorily in the specialty are listed below. Check (J) against each item after observing directly.

- |                                    |                          |   |                          |
|------------------------------------|--------------------------|---|--------------------------|
| Taking anthropometric measurements | <input type="checkbox"/> | Resuscitation                           | <input type="checkbox"/> |
| Starting an intravenous line       | <input type="checkbox"/> | Lumbar puncture                         | <input type="checkbox"/> |
| Inserting urethral catheter        | <input type="checkbox"/> | Pleural tap                             | <input type="checkbox"/> |
| Nasogastric feeding                | <input type="checkbox"/> | Common bedside investigative procedures | <input type="checkbox"/> |

15. Be able to recognize a child or adolescent at risk, and when to intervene;
16. Be able to recognize abnormal behavioral conditions in children and adolescents;
17. Be aware of parental and family opinions, attitudes, behavior and lifestyle different from his/her own, and of their effect on clinical interactions.

#### Procedural Skills in Pediatrics

**Instructions to assessor:** The procedures that the intern is expected to be able to perform satisfactorily in the specialty are listed below. Check (J) against each item after observing directly.

Taking anthropometric measurements	<input type="checkbox"/>	Resuscitation	<input type="checkbox"/>
Starting an intravenous line	<input type="checkbox"/>	Lumbar puncture	<input type="checkbox"/>
Inserting urethral catheter	<input type="checkbox"/>	Pleural tap	<input type="checkbox"/>
Nasogastric feeding	<input type="checkbox"/>	Common bedside investigative procedures	<input type="checkbox"/>

**Medicine**  
**Record of Formative and Summative Evaluations**

Instructions to assessor: At the end of each individual evaluation, record the rating assigned to it in a box under *Individual Evaluations* below. At the time of the final evaluation at the end of the rotation, calculate the average of all the ratings, and record this mean value against *Average Rating*.

**Individual Evaluations**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Average Rating

**Surgery**  
**Record of Formative and Summative Evaluations**

Instructions to assessor: At the end of each individual evaluation, record the rating assigned to it in a box under *Individual Evaluations* below. At the time of the final evaluation at the end of the rotation, calculate the average of all the ratings, and record this mean value against *Average Rating*.

**Individual Evaluations**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Average Rating

**Obstetrics & Gynecology**  
Record of Formative and Summative Evaluations

Instructions to assessor: At the end of each individual evaluation, record the rating assigned to it in a box under *Individual Evaluations* below. At the time of the final evaluation at the end of the rotation, calculate the average of all the ratings, and record this mean value against *Average Rating*.

**Individual Evaluations**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Average Rating

**Pediatrics**  
Record of Formative and Summative Evaluation

Instructions to assessor: At the end of each individual evaluation, record the rating assigned to it in a box under *Individual Evaluations* below. At the time of the final evaluation at the end of the rotation, calculate the average of all the ratings, and record this mean value against *Average Rating*.

**Individual Evaluations**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Average Rating

**Primary Care**  
Record of Formative and Summative Evaluation

Instructions to assessor: At the end of each individual evaluation, record the rating assigned to it in a box under *Individual Evaluations* below. At the time of the final evaluation at the end of the rotation, calculate the average of all the ratings, and record this mean value against *Average Rating*.

**Individual Evaluations**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Average Rating

**Interaction Cards**



I. Date 22 May 02 Trainee name: Ali Yousef Trainee I.D: .....

Evaluator's name: Dr. Abdullah Khaleel Evaluator's signature: [Signature]

Designation: Consultant  Faculty member  Senior Registrar  Registrar  Other..... (Specify)

Hospital, Mubarak Department: Medicine Unit .....

### EVALUATION OF PERFORMANCE

II. FOCUS OF INTERACTION (Give a rating from 1 to 5, using the scale given below for overall *rating*. Also check in the relevant box.):

- |  | YES                                 | NO                       |   |
|--|-------------------------------------|--------------------------|---|
| [A] <u>4</u> Clinical skills: History - Directly observed?                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | (D)..... Diagnosis (clinical judgment)              |
| ..... Clinical skills: Case sheet - Directly observed?                                       | <input type="checkbox"/>            | <input type="checkbox"/> | (E)..... Therapy (interpretation of investigations) |
| <u>2</u> Clinical skills: Physical exam - Directly observed?                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | (F)..... Handling of emergencies                    |
| (B)..... Professional behavior: Directly observed?   | <input type="checkbox"/>            | <input type="checkbox"/> | (G)..... Other (describe): .....                    |
| (C)..... Case presentation: written <input type="checkbox"/> verbal <input type="checkbox"/> |                                     |                          |   |

OVERALL RATING OF ENCOUNTER – PERFORMANCE RATED AS:

UNSATISFACTORY BELOW expected standard (1)      AT expected standard (3)      ABOVE expected standard (4)      EXCELLENT (5)

COMMENTS ON TRAINEE PERFORMANCE

need to improve abdominal examination

1

PATIENT NOTES

p & & i -

24 year old diabetic male admitted with  
lower quadrant abdominal pain of  
3 days' duration  
Tenderness lower quadrant of abdomen  
3 UTI

2