



## CLINICAL ACTIVITY LOG BOOK



## Medical Teaching Institute Bacha Khan Medical College, Mardan

Name Of Student: \_\_\_\_\_

Roll Number: \_\_\_\_\_ Class \_\_\_\_\_ year MBBS

Session: \_\_\_\_\_

**GENERAL INSTRUCTIONS/SOPs for \_\_\_\_\_ Department.**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
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4. \_\_\_\_\_  
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5. \_\_\_\_\_  
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6. \_\_\_\_\_  
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7. \_\_\_\_\_  
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8. \_\_\_\_\_  
\_\_\_\_\_
9. \_\_\_\_\_  
\_\_\_\_\_
10. \_\_\_\_\_  
\_\_\_\_\_
11. \_\_\_\_\_  
\_\_\_\_\_
12. \_\_\_\_\_  
\_\_\_\_\_

Progress Card for \_\_\_\_\_Year MBBS

Items	Total	Obtained	Remarks	Sign
Attendance				
Histories				
Procedures				
OSCES				
OSLERS				

Remarks:

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## OUTCOMES FOR CLINICAL ROTATION

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

**Session:** \_\_\_\_\_

**Clinical Rotation: Form** \_\_\_\_\_ **to** \_\_\_\_\_

Days	Activities	Facilitator Name	Facilitator Sign
___/___/2023			
___/___/2023			
___/___/2023			
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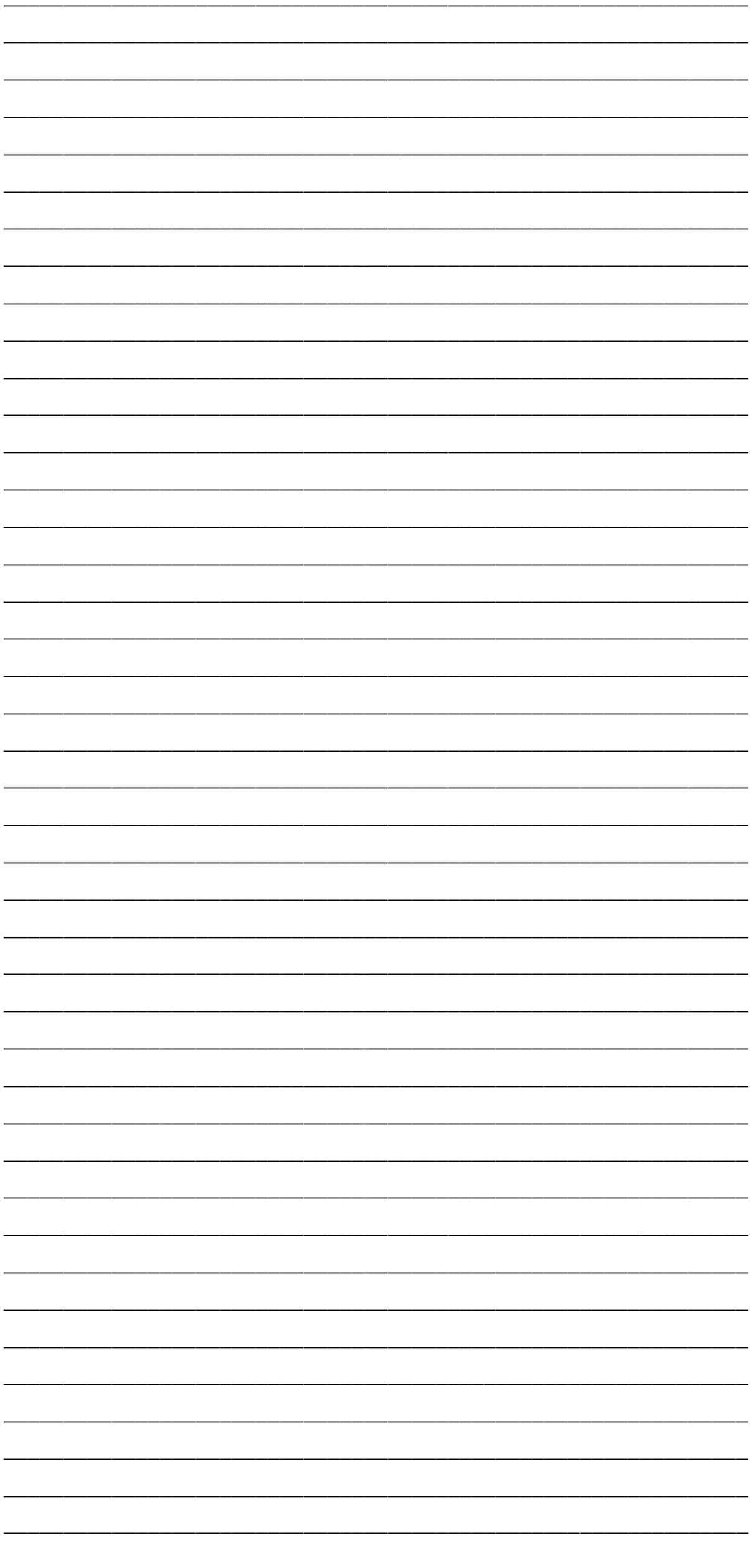


















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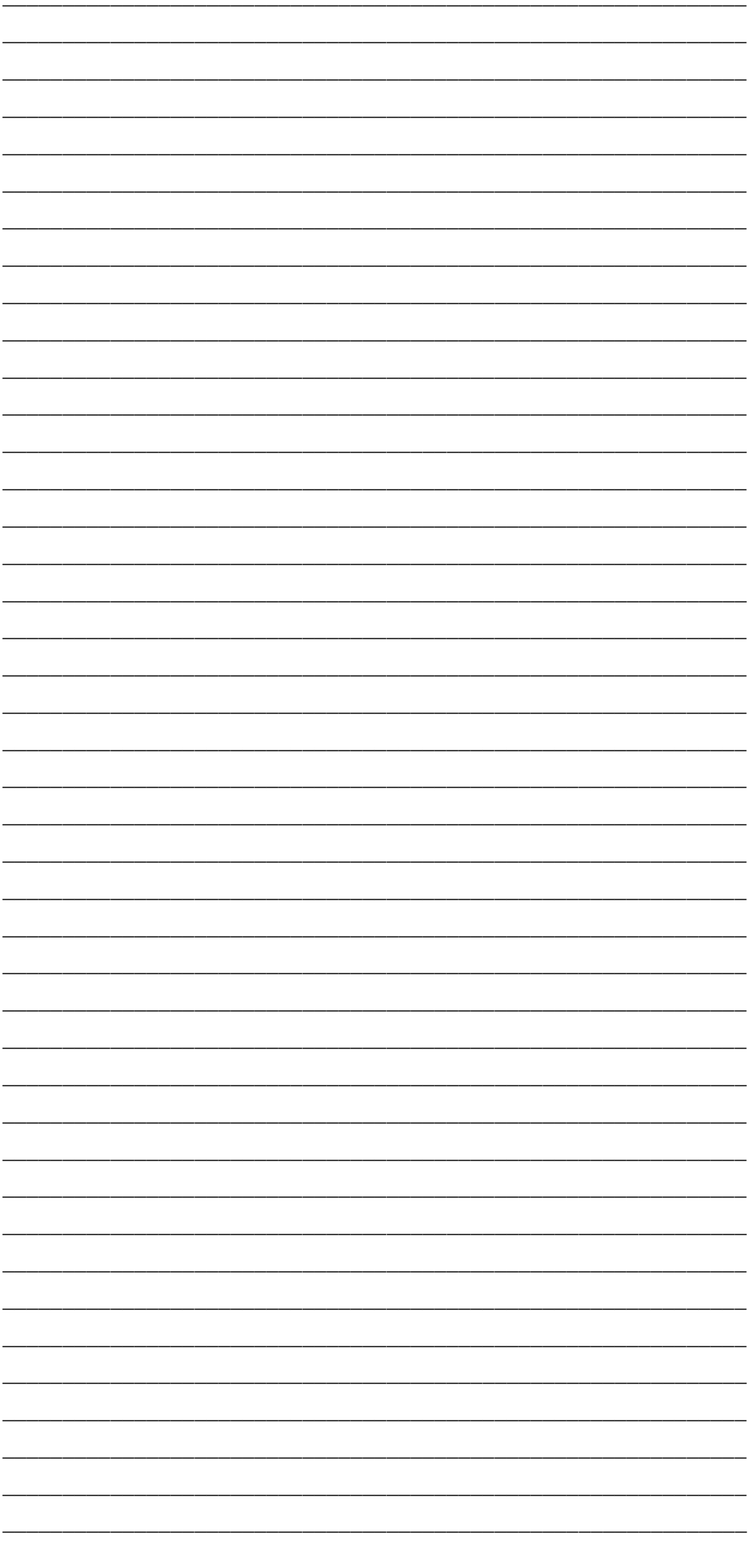
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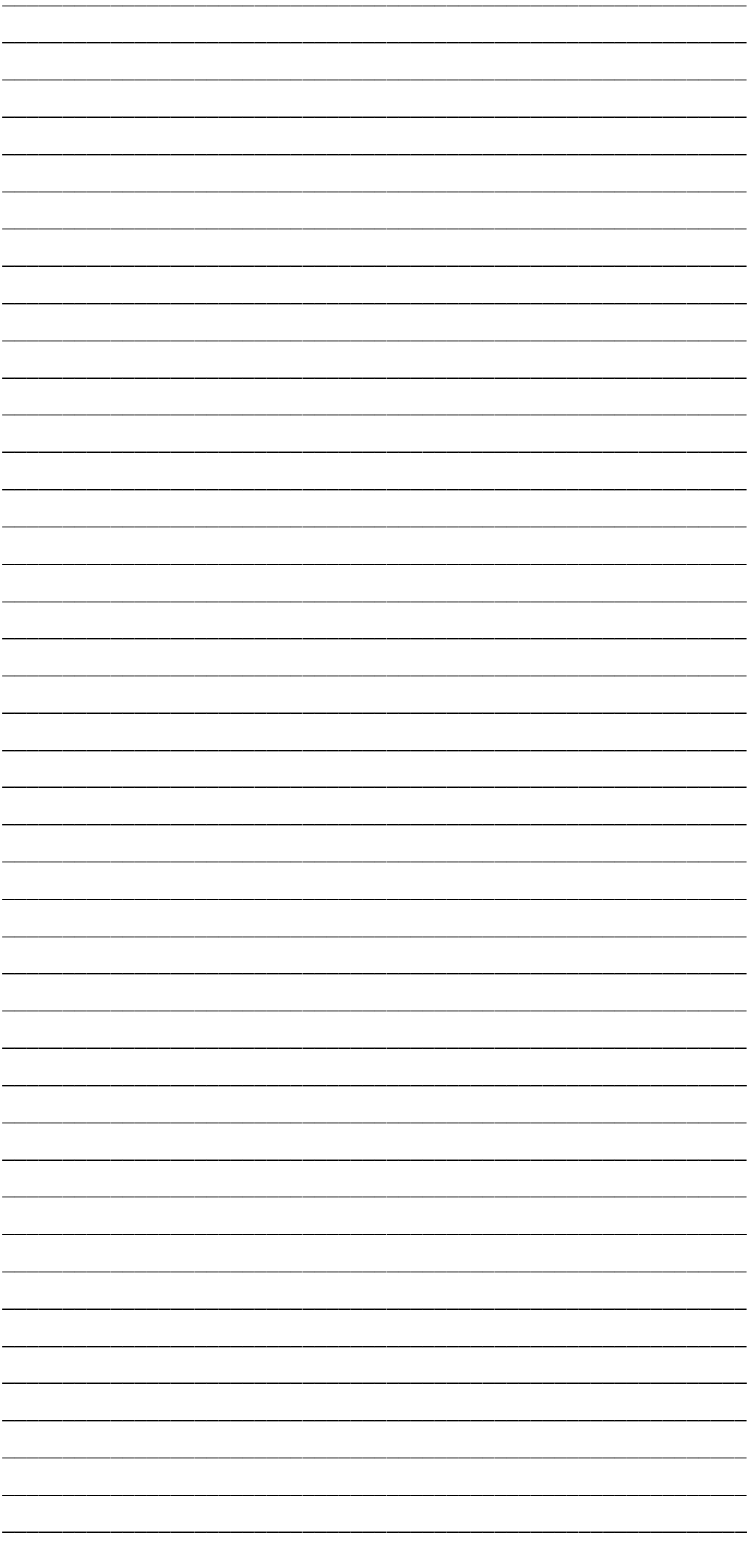
Facilitator Name: \_\_\_\_\_ Sign: \_\_\_\_\_















Handwriting practice lines consisting of 40 horizontal black lines on a white background.























# PROGRESS NOTE

Patient Name: \_\_\_\_\_ Bed No: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

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## Day One

Morning	Evening

## Day Two

Morning	Evening

## Day Three

Morning	Evening

**Final Assessment:**

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Signature of Tutor/Consultant \_\_\_\_\_

# PROGRESS NOTE

Patient Name: \_\_\_\_\_ Bed No: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

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## Day One

Morning	Evening

## Day Two

Morning	Evening

## Day Three

Morning	Evening

Final Assessment:

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Signature of Tutor/Consultant \_\_\_\_\_

# PROGRESS NOTE

Patient Name: \_\_\_\_\_ Bed No: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

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## Day One

Morning	Evening

## Day Two

Morning	Evening

## Day Three

Morning	Evening

Final Assessment:

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Signature of Tutor/Consultant \_\_\_\_\_

# PROGRESS NOTE

Patient Name: \_\_\_\_\_ Bed No: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

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## Day One

Morning	Evening

## Day Two

Morning	Evening

## Day Three

Morning	Evening

Final Assessment:

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Signature of Tutor/Consultant \_\_\_\_\_

# PROGRESS NOTE

Patient Name: \_\_\_\_\_ Bed No: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

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## Day One

Morning	Evening

## Day Two

Morning	Evening

## Day Three

Morning	Evening

Final Assessment:

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Signature of Tutor/Consultant \_\_\_\_\_

# PROGRESS NOTE

Patient Name: \_\_\_\_\_ Bed No: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

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## Day One

Morning	Evening

## Day Two

Morning	Evening

## Day Three

Morning	Evening

Final Assessment:

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Signature of Tutor/Consultant \_\_\_\_\_

# PROGRESS NOTE

Patient Name: \_\_\_\_\_ Bed No: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

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## Day One

Morning	Evening

## Day Two

Morning	Evening

## Day Three

Morning	Evening

Final Assessment:

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Signature of Tutor/Consultant \_\_\_\_\_

# PROGRESS NOTE

Patient Name: \_\_\_\_\_ Bed No: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

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## Day One

Morning	Evening

## Day Two

Morning	Evening

## Day Three

Morning	Evening

Final Assessment:

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Signature of Tutor/Consultant \_\_\_\_\_

# PROGRESS NOTE

Patient Name: \_\_\_\_\_ Bed No: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

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## Day One

Morning	Evening

## Day Two

Morning	Evening

## Day Three

Morning	Evening

Final Assessment:

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Signature of Tutor/Consultant \_\_\_\_\_

# PROGRESS NOTE

Patient Name: \_\_\_\_\_ Bed No: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

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## Day One

Morning	Evening

## Day Two

Morning	Evening

## Day Three

Morning	Evening

Final Assessment:

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Signature of Tutor/Consultant \_\_\_\_\_