



# Undergraduate Assessment Record

Paediatrics

The TN Dr.M.G.R. Medical  
University  
Chennai

The Tamil Nadu Dr. M.G.R. Medical University  
Chennai



Under Graduate Assessment Record

Department of Paediatrics

## Preface

Competency based education implemented by this university is an outcome-based learning on a framework of competencies. The present system needs an ongoing and longitudinal assessment to identify the learning, enable learning opportunities and acquire the mandated competency. Consequently, this university is enabling this assessment record to decide if the learner has acquired the mandated competencies.

This assessment record is designed to collect and analyse data of a student's learning in relation to a required competency and the learner's stage of training, based on –use of knowledge, technical skills, clinical reasoning, communication, emotions, values and reflection continuously and consistently and not isolated to the final examination.

As given in the MCI document on "Competency Based Assessment Module for Undergraduate Medical Education-2019"- "Informal assessments should happen during teaching-learning activities with the express purpose of finding out the stage of the student and taking corrective action in teaching-learning methodology on an ongoing basis. During lectures, small groups or seminars, use of techniques like clickers, one-minute papers and muddiest point provide valuable information to check understanding and provide developmental feedback. Same can be done during practical/clinical teaching using one-minute preceptor (OMP) or SNAPPS technique (Summarize history and findings, Narrow the differential; Analyse the differential; Probe preceptor about uncertainties; Plan management; Select case-related issues for self-study). Many of these do not need to be considered for pass/fail decisions but are useful to aid learning and acquire competencies. These can be planned by the teachers on a day to day basis and modified depending on the tasks at hand.

This Assessment Record for the Undergraduates is to be maintained by the Faculty of the concerned Department and shall be shown to the student during the feedback sessions and at the end of the course period.

## Table of Contents

| No | Content                                        | Page |
|----|------------------------------------------------|------|
| 1  | University Norms for Assessment of the Course  | 5    |
| 2  | Curriculum Vitae                               | 7    |
| 3  | Formative Assessment of Assignments            | 8    |
| 4  | Formative Assessment of Integrated Sessions    | 9    |
| 5  | Formative Assessment of Self-Directed Learning | 10   |
| 6  | Formative Assessment of AETCOM Learning        | 11   |
| 7  | Formative Feedback Record                      | 12   |
| 8  | Certification of skills                        | 16   |
| 9  | Record of Internal Assessment Tests            | 33   |
| 10 | Attendance Record                              | 35   |

# 1. University Norms for Assessment of the Course

## a. Formative/Internal Assessment

| No | Type of Assessment               | Methods of Assessment                                        | Total Marks | Min Pass Mark |
|----|----------------------------------|--------------------------------------------------------------|-------------|---------------|
| 1  | <b>Theory Component</b>          |                                                              |             |               |
| A  | Theory Tests(Average of 3 Tests) | MCQ,VSAQ,SAQ,LAQ                                             | 80          |               |
| B  | Formative Assessment             | Assignments                                                  | 10          |               |
|    |                                  | Integrated Sessions                                          | 5           |               |
|    |                                  | Self-Directed Learning                                       | 5           |               |
|    | Total                            |                                                              | 100         | 40            |
| 2  | <b>Practical Component</b>       |                                                              |             |               |
| A  | Practical(Average of 4 tests)    | Clinical case presentation, Spotting, OSPE, exercises , Viva | 80          |               |
| B  | Formative Assessment             | DOAP/certifiable skills                                      | 15          |               |
|    |                                  | AETCOM Learning                                              | 5           |               |
|    | Total                            |                                                              | 100         | 40            |
|    | Grand Total                      |                                                              | 200         | 100           |

### Note:

1. Internal assessment shall be based on day-to-day assessment. It shall relate to different ways in which learners participate in learning process including assignments, preparation for seminar, integrated classes, participation in AETCOM, SDL, Projects.
2. Regular periodic examinations shall be conducted throughout the course. There shall be no less than 3 internal assessment examinations and no less than 4 practical examinations.
3. Day to day records and logbook (including required skill certifications) should be given importance in internal assessment. Internal assessment should be based on competencies and skills. Colleges and teachers should try to build their valid assessment tools.
4. Learners must secure at least 50% marks of the total marks (combined in theory and practical/clinical; not less than 40 % marks in theory and practical separately) assigned for internal assessment in a particular subject in order to be eligible for appearing at the final University examination of that subject. Internal assessment marks will reflect as separate head of passing at the summative examination.
5. Learners must have completed the required certifiable competencies for that phase of training and completed the logbook appropriate for that phase of training to be eligible for appearing at the final university examination of that subject.
6. Feedback should be provided to learners throughout the course so that they are aware of their performance and remedial action can be initiated well in time. The feedbacks need to be structured and the faculty and learners must be sensitized to giving and receiving feedback.
7. The results of IA should be displayed on notice board within 2 weeks of the test and an opportunity provided to the learners to discuss the results and get feedback on making their performance better. Remedial measures for learners who are either notable to score qualifying marks or have missed on some assessments due to any reason(s) shall be allowed with a record.
8. It is also recommended that learners should sign with date whenever they are shown IA records in token of having seen and discussed the marks.

9. Internal assessment marks will not be added to University examination marks and will reflect as a separate head of passing at the summative examination.

b. Summative Assessment-University Examination

University examinations will consist of

1. Theory: 1 paper of 100marks
2. Practical Exam+ Viva: 80+20 = 100marks

Note:

1. Theory Examinations: Nature of questions will include different types such as structured essays (Long Answer Questions- LAQ), Short Answers Questions (SAQ) and objective type questions (e.g. Multiple-Choice Questions-MCQ). Marks for each part should be indicated separately. MCQs shall be accorded a weightage of not more than 20% of the total theory marks. In subjects that have two papers, the learner must secure at least 40% marks in each of the papers with minimum 50% of marks in aggregate (both papers together) to pass.
2. Practical/clinical examinations will be conducted in the laboratory/clinics. The objective will be to assess proficiency and skills in History Taking, conduct physical examination, interpret data and form clinic social case diagnosis. Emphasis should be on candidate's capability to demonstrate communication skills, analyse the case etc.
3. Viva/oral examination should assess approach to problem solving, applied situations, attitudinal, ethical and professional values. Candidate's skill in interpretation of common factors associated with health and disease.
4. Internal assessment marks are not to be added to marks of the University examinations and should be shown separately in the grade card.
5. Pass in University Exam will be 50% marks in theory and practical.

## 2. Curriculum Vitae

|                                  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| Name of Student                  |  |  |  |  |  |  |  |  |  |  |  |
| Name of Parent/Guardian          |  |  |  |  |  |  |  |  |  |  |  |
| Date of Birth & Age              |  |  |  |  |  |  |  |  |  |  |  |
| Permanent Address                |  |  |  |  |  |  |  |  |  |  |  |
| Address for Postal Communication |  |  |  |  |  |  |  |  |  |  |  |
| Landline Phone (Home)            |  |  |  |  |  |  |  |  |  |  |  |
| Mobile Phone (Parent/Guardian)   |  |  |  |  |  |  |  |  |  |  |  |
| Mobile Phone (Parent/Guardian)   |  |  |  |  |  |  |  |  |  |  |  |
| Mobile Phone (Student)           |  |  |  |  |  |  |  |  |  |  |  |
| Email ID (Parent/Guardian)       |  |  |  |  |  |  |  |  |  |  |  |
| Email ID (Student)               |  |  |  |  |  |  |  |  |  |  |  |

|  |
|--|
|  |
|--|

Signature

### 3 Formative Assessment of Assignments

Note:

1. Formative Assessment involves various methods of which out of class assignments are important instruments.
2. The structure for the assignment should be clear mentioned at the start. The structure should include an introduction, main body of the assignment and a conclusion if it is an essay work. Illustrations, flowcharts, tables and graphs should be part of the submission where ever necessary.
3. Plagiarism should be discouraged.
4. The grading of the assignment shall be done by the faculty team as follows

|                                      |       |
|--------------------------------------|-------|
| Faculty Decision                     | Grade |
| Poor content & presentation          | 1     |
| Below Average content & presentation | 2     |
| Average content & presentation       | 3     |
| Above Average content & presentation | 4     |
| Excellent content & presentation     | 5     |

| No | Title of Assignment | 1 | 2 | 3 | 4 | 5 | Initial of Facilitator |
|----|---------------------|---|---|---|---|---|------------------------|
| 1  |                     |   |   |   |   |   |                        |
| 2  |                     |   |   |   |   |   |                        |
| 3  |                     |   |   |   |   |   |                        |
| 4  |                     |   |   |   |   |   |                        |
| 5  |                     |   |   |   |   |   |                        |
| 6  |                     |   |   |   |   |   |                        |
| 7  |                     |   |   |   |   |   |                        |
| 8  |                     |   |   |   |   |   |                        |
| 9  |                     |   |   |   |   |   |                        |
| 10 |                     |   |   |   |   |   |                        |

## 4 Formative Assessment of Integrated Sessions

Note:

1. Formative Assessment of integrated teaching sessions involves assessment of student level of sessional learning.
2. The student shall be given a 15-20 MCQ test at the end of the session. This can be both in the offline and online modes,
3. The grading of the same shall be done by the faculty team as follows:

Scale

- 1 : End of Session Assessment <35%
- 2 : End of Session Assessment 35-50%
- 3 : End of Session Assessment 50-60%
- 4 : End of Session Assessment 60-75%
- 5 : End of Session Assessment >75%

| No | Topic of Integrated Session | 1 | 2 | 3 | 4 | 5 | Initial of Facilitator |
|----|-----------------------------|---|---|---|---|---|------------------------|
| 1  |                             |   |   |   |   |   |                        |
| 2  |                             |   |   |   |   |   |                        |
| 3  |                             |   |   |   |   |   |                        |
| 4  |                             |   |   |   |   |   |                        |
| 5  |                             |   |   |   |   |   |                        |

## 5 Formative Assessment of Self-Directed Learning

Note:

- a. Formative Assessment of SDL sessions involves assessment of student level of learning through assessment of the synopsis and bibliography.
- b. The student shall submit the same at the end of the session. This can be both in the offline and online modes.
- c. The grading of the same shall be done by the faculty team as follows: Scale

| Faculty Decision                     | Grade |
|--------------------------------------|-------|
| Poor content & presentation          | 1     |
| Below Average content & presentation | 2     |
| Average content & presentation       | 3     |
| Above Average content & presentation | 4     |
| Excellent content & presentation     | 5     |

| No | Assigned SDL Topic | 1 | 2 | 3 | 4 | 5 | Initial of Facilitator |
|----|--------------------|---|---|---|---|---|------------------------|
| 1  |                    |   |   |   |   |   |                        |
| 2  |                    |   |   |   |   |   |                        |
| 3  |                    |   |   |   |   |   |                        |
| 4  |                    |   |   |   |   |   |                        |
| 5  |                    |   |   |   |   |   |                        |
| 6  |                    |   |   |   |   |   |                        |
| 7  |                    |   |   |   |   |   |                        |
| 8  |                    |   |   |   |   |   |                        |
| 9  |                    |   |   |   |   |   |                        |
| 10 |                    |   |   |   |   |   |                        |

## 6 Formative Assessment of AETCOM Learning

Note:

- a. Formative Assessment of AETCOM sessions involves assessment of student level of learning through DOPS, OSPE sessions
- b. The grading of the same shall be done by the faculty team as follows:  
Scale
  - i. : End of Session Assessment <35%
  - ii. : End of Session Assessment 35-50%
  - iii. : End of Session Assessment 50-60%
  - iv. : End of Session Assessment 60-75%
  - v. : End of Session Assessment >75%

| No | Competency | Level<br>(K/KH/SH) | 1 | 2 | 3 | 4 | 5 | Initial of<br>Facilitator |
|----|------------|--------------------|---|---|---|---|---|---------------------------|
| 1  |            |                    |   |   |   |   |   |                           |
| 2  |            |                    |   |   |   |   |   |                           |

## 7 Formative Feedback Record

Note:

- a. Feedback should be provided to learners throughout the course so that they are aware of their performance and remedial action can be initiated well in time.
- b. The feedbacks need to be structured and the faculty and learners must be sensitized to giving and receiving feedback.
- c. The results of IA should be displayed on notice board within 2 weeks of the test and an opportunity provided to the learners to discuss the results and get feedback on making their performance better.
- d. The learner should sign with date whenever they are shown IA records in token of having seen and discussed the marks.
- e. The learner Internal assessment marks will not be added to University examination Marks and will reflect as a separate head of passing at the summative examination
- f. Some suggestions for handling the Feedback process
  - a. Start with the learner's agenda for the session
  - b. Evaluate the performance of the learner in the previous sessions and outcomes the learner is trying to achieve
  - c. Enquire about problems faced by the learner in the process of learning in the classroom, at home and during the assessments.
  - d. Encourage the learner to think about goal setting
  - e. Encourage self-assessment and self-solving problems
  - f. Offer space for the learner to make suggestions, to generate solutions
  - g. Be non-judgmental and specific, prevent vague generalisation, provide balanced feedback
  - h. Offers suggestions and alternatives, make suggestions rather than prescriptive comments. Be valuing and supportive
  - i. Structure and summarise the session to ensure that learner has some specifics to take home.

|                                |  |                      |  |
|--------------------------------|--|----------------------|--|
| Formative Feedback Session     |  | 1                    |  |
| Date                           |  |                      |  |
| Type of Assessment             |  |                      |  |
| Topic of Assessment            |  |                      |  |
| Feedback received from Student |  |                      |  |
| Feedback given to the Student  |  |                      |  |
| Remedial Action Suggested      |  |                      |  |
| Time line of Remedial Action   |  |                      |  |
| Signature of Mentor            |  | Signature of Student |  |

|                                |  |                      |  |
|--------------------------------|--|----------------------|--|
| Formative Feedback Session     |  | 2                    |  |
| Date                           |  |                      |  |
| Type of Assessment             |  |                      |  |
| Topic of Assessment            |  |                      |  |
| Feedback received from Student |  |                      |  |
| Feedback given to the Student  |  |                      |  |
| Remedial Action Suggested      |  |                      |  |
| Timeline of Remedial Action    |  |                      |  |
| Signature of Mentor            |  | Signature of Student |  |

|                                |  |                      |  |
|--------------------------------|--|----------------------|--|
| Formative Feedback Session     |  | 3                    |  |
| Date                           |  |                      |  |
| Type of Assessment             |  |                      |  |
| Topic of Assessment            |  |                      |  |
| Feedback received from Student |  |                      |  |
| Feedback given to the Student  |  |                      |  |
| Remedial Action Suggested      |  |                      |  |
| Timeline of Remedial Action    |  |                      |  |
| Signature of Mentor            |  | Signature of Student |  |

## 8 Certification of Skills

Note:

- a. Certification of skills should be provided to learners at all points of the course so that they are aware of their performance and remedial action can be initiated well in time to achieve the goal of obtaining a certified skill.
- b. The feedbacks need to be structured and the faculty and learners must be sensitized to giving and receiving feedback.
2. The results of assessment of COS should be discussed at the end of the assessment and an opportunity provided to the learners to discuss the results and get feedback on making their performance better.
4. The learner should be given a date for remedial session where in they will be reassessed.
5. A maximum of 5 remedial sessions may be offered beyond which he/she shall not be certified for the current academic session.

|                                                                                                                                              |                        |             |
|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------|
| Certification of skills: competency no 1 : Observe the correct technique of breastfeeding and distinguish right from wrong techniques PE 7.4 |                        |             |
| Type of skill                                                                                                                                |                        |             |
| Type of assessment                                                                                                                           |                        |             |
| Performance of student                                                                                                                       |                        |             |
| Feedback of learner                                                                                                                          |                        |             |
| Feedback of Facilitator                                                                                                                      |                        |             |
| Remedial action suggested                                                                                                                    |                        |             |
| Remedial assessment                                                                                                                          | 1.Date                 |             |
| Performance of student                                                                                                                       |                        |             |
| Remedial assessment                                                                                                                          | 2.Date                 |             |
| Performance of student                                                                                                                       |                        |             |
| Remedial assessment                                                                                                                          | 3.Date                 |             |
| Performance of student                                                                                                                       |                        |             |
| Remedial assessment                                                                                                                          | 4.Date                 |             |
| Performance of student                                                                                                                       |                        |             |
| Remedial assessment                                                                                                                          | 5.Date                 |             |
| Performance of student                                                                                                                       |                        |             |
| Certification of skill                                                                                                                       | Certified/Noncertified |             |
| Date of COS                                                                                                                                  |                        |             |
| Signatures                                                                                                                                   | Learner                | Facilitator |

|                                                                                                                                                                                                           |                        |             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------|
| Certification of skills: competency no. 2 :Examination including calculation of BMI, measurement of waist-hip ratio, identifying external markers like acanthosis, striae, pseudogynaecomastia etc PE11.4 |                        |             |
| Type of skill                                                                                                                                                                                             |                        |             |
| Type of assessment                                                                                                                                                                                        |                        |             |
| Performance of student                                                                                                                                                                                    |                        |             |
| Feedback of learner                                                                                                                                                                                       |                        |             |
| Feedback of Facilitator                                                                                                                                                                                   |                        |             |
| Remedial action suggested                                                                                                                                                                                 |                        |             |
| Remedial assessment                                                                                                                                                                                       | 1.Date                 |             |
| Performance of student                                                                                                                                                                                    |                        |             |
| Remedial assessment                                                                                                                                                                                       | 2.Date                 |             |
| Performance of student                                                                                                                                                                                    |                        |             |
| Remedial assessment                                                                                                                                                                                       | 3.Date                 |             |
| Performance of student                                                                                                                                                                                    |                        |             |
| Remedial assessment                                                                                                                                                                                       | 4.Date                 |             |
| Performance of student                                                                                                                                                                                    |                        |             |
| Remedial assessment                                                                                                                                                                                       | 5.Date                 |             |
| Performance of student                                                                                                                                                                                    |                        |             |
| Certification of skill                                                                                                                                                                                    | Certified/Noncertified |             |
| Date of COS                                                                                                                                                                                               |                        |             |
| Signatures                                                                                                                                                                                                | Learner                | Facilitator |

|                                                                                                                                                      |                        |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------|
| Certification of skills: competency no 3: Assess patient for fitness for immunization and prescribe an age appropriate immunization schedule PE 18.6 |                        |             |
| Type of skill                                                                                                                                        |                        |             |
| Type of assessment                                                                                                                                   |                        |             |
| Performance of student                                                                                                                               |                        |             |
| Feedback of learner                                                                                                                                  |                        |             |
| Feedback of Facilitator                                                                                                                              |                        |             |
| Remedial action suggested                                                                                                                            |                        |             |
| Remedial assessment                                                                                                                                  | 1.Date                 |             |
| Performance of student                                                                                                                               |                        |             |
| Remedial assessment                                                                                                                                  | 2.Date                 |             |
| Performance of student                                                                                                                               |                        |             |
| Remedial assessment                                                                                                                                  | 3.Date                 |             |
| Performance of student                                                                                                                               |                        |             |
| Remedial assessment                                                                                                                                  | 4.Date                 |             |
| Performance of student                                                                                                                               |                        |             |
| Remedial assessment                                                                                                                                  | 5.Date                 |             |
| Performance of student                                                                                                                               |                        |             |
| Certification of skill                                                                                                                               | Certified/Noncertified |             |
| Date of COS                                                                                                                                          |                        |             |
| Signatures                                                                                                                                           | Learner                | Facilitator |

|                                                                                             |                        |             |
|---------------------------------------------------------------------------------------------|------------------------|-------------|
| Certification of skills: competency no 4: Nasogastric tube insertion in a manikin<br>PE23.9 |                        |             |
| Type of skill                                                                               |                        |             |
| Type of assessment                                                                          |                        |             |
| Performance of student                                                                      |                        |             |
| Feedback of learner                                                                         |                        |             |
| Feedback of Facilitator                                                                     |                        |             |
| Remedial action suggested                                                                   |                        |             |
| Remedial assessment                                                                         | 1.Date                 |             |
| Performance of student                                                                      |                        |             |
| Remedial assessment                                                                         | 2.Date                 |             |
| Performance of student                                                                      |                        |             |
| Remedial assessment                                                                         | 3.Date                 |             |
| Performance of student                                                                      |                        |             |
| Remedial assessment                                                                         | 4.Date                 |             |
| Performance of student                                                                      |                        |             |
| Remedial assessment                                                                         | 5.Date                 |             |
| Performance of student                                                                      |                        |             |
| Certification of skill                                                                      | Certified/Noncertified |             |
| Date of COS                                                                                 |                        |             |
| Signatures                                                                                  | Learner                | Facilitator |

|                                                                                            |                        |             |
|--------------------------------------------------------------------------------------------|------------------------|-------------|
| Certification of skills: competency no.5: Perform Intraosseous insertion in model PE 23.11 |                        |             |
| Type of skill                                                                              |                        |             |
| Type of assessment                                                                         |                        |             |
| Performance of student                                                                     |                        |             |
| Feedback of learner                                                                        |                        |             |
| Feedback of Facilitator                                                                    |                        |             |
| Remedial action suggested                                                                  |                        |             |
| Remedial assessment                                                                        | 1.Date                 |             |
| Performance of student                                                                     |                        |             |
| Remedial assessment                                                                        | 2.Date                 |             |
| Performance of student                                                                     |                        |             |
| Remedial assessment                                                                        | 3.Date                 |             |
| Performance of student                                                                     |                        |             |
| Remedial assessment                                                                        | 4.Date                 |             |
| Performance of student                                                                     |                        |             |
| Remedial assessment                                                                        | 5.Date                 |             |
| Performance of student                                                                     |                        |             |
| Certification of skill                                                                     | Certified/Noncertified |             |
| Date of COS                                                                                |                        |             |
| Signatures                                                                                 | Learner                | Facilitator |

|                                                                                                                                                                                     |                        |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------|
| Certification of skills: competency no 6: Assess airway and breathing: recognize signs of severe respiratory distress. check for cyanosis, severe chest indrawing, grunting PE 24.8 |                        |             |
| Type of skill                                                                                                                                                                       |                        |             |
| Type of assessment                                                                                                                                                                  |                        |             |
| Performance of student                                                                                                                                                              |                        |             |
| Feedback of learner                                                                                                                                                                 |                        |             |
| Feedback of Facilitator                                                                                                                                                             |                        |             |
| Remedial action suggested                                                                                                                                                           |                        |             |
| Remedial assessment                                                                                                                                                                 | 1.Date                 |             |
| Performance of student                                                                                                                                                              |                        |             |
| Remedial assessment                                                                                                                                                                 | 2.Date                 |             |
| Performance of student                                                                                                                                                              |                        |             |
| Remedial assessment                                                                                                                                                                 | 3.Date                 |             |
| Performance of student                                                                                                                                                              |                        |             |
| Remedial assessment                                                                                                                                                                 | 4.Date                 |             |
| Performance of student                                                                                                                                                              |                        |             |
| Remedial assessment                                                                                                                                                                 | 5.Date                 |             |
| Performance of student                                                                                                                                                              |                        |             |
| Certification of skill                                                                                                                                                              | Certified/Noncertified |             |
| Date of COS                                                                                                                                                                         |                        |             |
| Signatures                                                                                                                                                                          | Learner                | Facilitator |

|                                                                                                                                                                                                                              |                        |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------|
| <p align="center"><b>Certification of skills: competency no 7: Assess airway and breathing:<br/>demonstrate the method of positioning of an infant &amp; child to open airway in a<br/>simulated environment PE 24.9</b></p> |                        |             |
| Type of skill                                                                                                                                                                                                                |                        |             |
| Type of assessment                                                                                                                                                                                                           |                        |             |
| Performance of student                                                                                                                                                                                                       |                        |             |
| Feedback of learner                                                                                                                                                                                                          |                        |             |
| Feedback of Facilitator                                                                                                                                                                                                      |                        |             |
| Remedial action suggested                                                                                                                                                                                                    |                        |             |
| Remedial assessment                                                                                                                                                                                                          | 1.Date                 |             |
| Performance of student                                                                                                                                                                                                       |                        |             |
| Remedial assessment                                                                                                                                                                                                          | 2.Date                 |             |
| Performance of student                                                                                                                                                                                                       |                        |             |
| Remedial assessment                                                                                                                                                                                                          | 3.Date                 |             |
| Performance of student                                                                                                                                                                                                       |                        |             |
| Remedial assessment                                                                                                                                                                                                          | 4.Date                 |             |
| Performance of student                                                                                                                                                                                                       |                        |             |
| Remedial assessment                                                                                                                                                                                                          | 5.Date                 |             |
| Performance of student                                                                                                                                                                                                       |                        |             |
| Certification of skill                                                                                                                                                                                                       | Certified/Noncertified |             |
| Date of COS                                                                                                                                                                                                                  |                        |             |
| Signatures                                                                                                                                                                                                                   | Learner                | Facilitator |

|                                                                                                                                                     |                        |             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------|
| Certification of skills: competency no 8. Assess airway and breathing: administer oxygen using correct technique and appropriate flow rate PE 24.10 |                        |             |
| Type of skill                                                                                                                                       |                        |             |
| Type of assessment                                                                                                                                  |                        |             |
| Performance of student                                                                                                                              |                        |             |
| Feedback of learner                                                                                                                                 |                        |             |
| Feedback of Facilitator                                                                                                                             |                        |             |
| Remedial action suggested                                                                                                                           |                        |             |
| Remedial assessment                                                                                                                                 | 1.Date                 |             |
| Performance of student                                                                                                                              |                        |             |
| Remedial assessment                                                                                                                                 | 2.Date                 |             |
| Performance of student                                                                                                                              |                        |             |
| Remedial assessment                                                                                                                                 | 3.Date                 |             |
| Performance of student                                                                                                                              |                        |             |
| Remedial assessment                                                                                                                                 | 4.Date                 |             |
| Performance of student                                                                                                                              |                        |             |
| Remedial assessment                                                                                                                                 | 5.Date                 |             |
| Performance of student                                                                                                                              |                        |             |
| Certification of skill                                                                                                                              | Certified/Noncertified |             |
| Date of COS                                                                                                                                         |                        |             |
| Signatures                                                                                                                                          | Learner                | Facilitator |

|                                                                                                                |                        |             |
|----------------------------------------------------------------------------------------------------------------|------------------------|-------------|
| Certification of skills: competency no.9: Perform Bag and mask ventilation in a simulated environment PE 24.11 |                        |             |
| Type of skill                                                                                                  |                        |             |
| Type of assessment                                                                                             |                        |             |
| Performance of student                                                                                         |                        |             |
| Feedback of learner                                                                                            |                        |             |
| Feedback of Facilitator                                                                                        |                        |             |
| Remedial action suggested                                                                                      |                        |             |
| Remedial assessment                                                                                            | 1.Date                 |             |
| Performance of student                                                                                         |                        |             |
| Remedial assessment                                                                                            | 2.Date                 |             |
| Performance of student                                                                                         |                        |             |
| Remedial assessment                                                                                            | 3.Date                 |             |
| Performance of student                                                                                         |                        |             |
| Remedial assessment                                                                                            | 4.Date                 |             |
| Performance of student                                                                                         |                        |             |
| Remedial assessment                                                                                            | 5.Date                 |             |
| Performance of student                                                                                         |                        |             |
| Certification of skill                                                                                         | Certified/Noncertified |             |
| Date of COS                                                                                                    |                        |             |
| Signatures                                                                                                     | Learner                | Facilitator |

|                                                                                                            |                        |             |
|------------------------------------------------------------------------------------------------------------|------------------------|-------------|
| Certification of skills: competency no.10: Signs of shock assessment – pulse, CRT, Blood pressure PE 24.12 |                        |             |
| Type of skill                                                                                              |                        |             |
| Type of assessment                                                                                         |                        |             |
| Performance of student                                                                                     |                        |             |
| Feedback of learner                                                                                        |                        |             |
| Feedback of Facilitator                                                                                    |                        |             |
| Remedial action suggested                                                                                  |                        |             |
| Remedial assessment                                                                                        | 1.Date                 |             |
| Performance of student                                                                                     |                        |             |
| Remedial assessment                                                                                        | 2.Date                 |             |
| Performance of student                                                                                     |                        |             |
| Remedial assessment                                                                                        | 3.Date                 |             |
| Performance of student                                                                                     |                        |             |
| Remedial assessment                                                                                        | 4.Date                 |             |
| Performance of student                                                                                     |                        |             |
| Remedial assessment                                                                                        | 5.Date                 |             |
| Performance of student                                                                                     |                        |             |
| Certification of skill                                                                                     | Certified/Noncertified |             |
| Date of COS                                                                                                |                        |             |
| Signatures                                                                                                 | Learner                | Facilitator |

|                                                                                                    |                        |             |
|----------------------------------------------------------------------------------------------------|------------------------|-------------|
| Certification of skills: competency no.11: Secure an IV access in a simulated environment PE 24.13 |                        |             |
| Type of skill                                                                                      |                        |             |
| Type of assessment                                                                                 |                        |             |
| Performance of student                                                                             |                        |             |
| Feedback of learner                                                                                |                        |             |
| Feedback of Facilitator                                                                            |                        |             |
| Remedial action suggested                                                                          |                        |             |
| Remedial assessment                                                                                | 1.Date                 |             |
| Performance of student                                                                             |                        |             |
| Remedial assessment                                                                                | 2.Date                 |             |
| Performance of student                                                                             |                        |             |
| Remedial assessment                                                                                | 3.Date                 |             |
| Performance of student                                                                             |                        |             |
| Remedial assessment                                                                                | 4.Date                 |             |
| Performance of student                                                                             |                        |             |
| Remedial assessment                                                                                | 5.Date                 |             |
| Performance of student                                                                             |                        |             |
| Certification of skill                                                                             | Certified/Noncertified |             |
| Date of COS                                                                                        |                        |             |
| Signatures                                                                                         | Learner                | Facilitator |

|                                                                                                                          |                        |             |
|--------------------------------------------------------------------------------------------------------------------------|------------------------|-------------|
| Certification of skills: competency no.12: Chose the type of fluid and calculate the fluid requirement in shock PE 24.14 |                        |             |
| Type of skill                                                                                                            |                        |             |
| Type of assessment                                                                                                       |                        |             |
| Performance of student                                                                                                   |                        |             |
| Feedback of learner                                                                                                      |                        |             |
| Feedback of Facilitator                                                                                                  |                        |             |
| Remedial action suggested                                                                                                |                        |             |
| Remedial assessment                                                                                                      | 1.Date                 |             |
| Performance of student                                                                                                   |                        |             |
| Remedial assessment                                                                                                      | 2.Date                 |             |
| Performance of student                                                                                                   |                        |             |
| Remedial assessment                                                                                                      | 3.Date                 |             |
| Performance of student                                                                                                   |                        |             |
| Remedial assessment                                                                                                      | 4.Date                 |             |
| Performance of student                                                                                                   |                        |             |
| Remedial assessment                                                                                                      | 5.Date                 |             |
| Performance of student                                                                                                   |                        |             |
| Certification of skill                                                                                                   | Certified/Noncertified |             |
| Date of COS                                                                                                              |                        |             |
| Signatures                                                                                                               | Learner                | Facilitator |

|                                                                                                                                                                                                                                                                                                       |                        |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------|
| <p align="center">Certification of skills: competency no.13: Assess level of consciousness &amp; provide emergency treatment to child with convulsions/coma- position unconscious child, child with suspected trauma . administer IV/ per rectal diazepam in a simulated environment<br/>PE 24.15</p> |                        |             |
| Type of skill                                                                                                                                                                                                                                                                                         |                        |             |
| Type of assessment                                                                                                                                                                                                                                                                                    |                        |             |
| Performance of student                                                                                                                                                                                                                                                                                |                        |             |
| Feedback of learner                                                                                                                                                                                                                                                                                   |                        |             |
| Feedback of Facilitator                                                                                                                                                                                                                                                                               |                        |             |
| Remedial action suggested                                                                                                                                                                                                                                                                             |                        |             |
| Remedial assessment                                                                                                                                                                                                                                                                                   | 1.Date                 |             |
| Performance of student                                                                                                                                                                                                                                                                                |                        |             |
| Remedial assessment                                                                                                                                                                                                                                                                                   | 2.Date                 |             |
| Performance of student                                                                                                                                                                                                                                                                                |                        |             |
| Remedial assessment                                                                                                                                                                                                                                                                                   | 3.Date                 |             |
| Performance of student                                                                                                                                                                                                                                                                                |                        |             |
| Remedial assessment                                                                                                                                                                                                                                                                                   | 4.Date                 |             |
| Performance of student                                                                                                                                                                                                                                                                                |                        |             |
| Remedial assessment                                                                                                                                                                                                                                                                                   | 5.Date                 |             |
| Performance of student                                                                                                                                                                                                                                                                                |                        |             |
| Certification of skill                                                                                                                                                                                                                                                                                | Certified/Noncertified |             |
| Date of COS                                                                                                                                                                                                                                                                                           |                        |             |
| Signatures                                                                                                                                                                                                                                                                                            | Learner                | Facilitator |

|                                                                                               |                        |             |
|-----------------------------------------------------------------------------------------------|------------------------|-------------|
| Certification of skills: competency no.14: Assess for signs of severe dehydration PE<br>24.16 |                        |             |
| Type of skill                                                                                 |                        |             |
| Type of assessment                                                                            |                        |             |
| Performance of student                                                                        |                        |             |
| Feedback of learner                                                                           |                        |             |
| Feedback of Facilitator                                                                       |                        |             |
| Remedial action suggested                                                                     |                        |             |
| Remedial assessment                                                                           | 1.Date                 |             |
| Performance of student                                                                        |                        |             |
| Remedial assessment                                                                           | 2.Date                 |             |
| Performance of student                                                                        |                        |             |
| Remedial assessment                                                                           | 3.Date                 |             |
| Performance of student                                                                        |                        |             |
| Remedial assessment                                                                           | 4.Date                 |             |
| Performance of student                                                                        |                        |             |
| Remedial assessment                                                                           | 5.Date                 |             |
| Performance of student                                                                        |                        |             |
| Certification of skill                                                                        | Certified/Noncertified |             |
| Date of COS                                                                                   |                        |             |
| Signatures                                                                                    | Learner                | Facilitator |

|                                                                                                        |                        |             |
|--------------------------------------------------------------------------------------------------------|------------------------|-------------|
| Certification of skills: competency no 15: Provide Basic life support for children in manikin PE 24.21 |                        |             |
| Type of skill                                                                                          |                        |             |
| Type of assessment                                                                                     |                        |             |
| Performance of student                                                                                 |                        |             |
| Feedback of learner                                                                                    |                        |             |
| Feedback of Facilitator                                                                                |                        |             |
| Remedial action suggested                                                                              |                        |             |
| Remedial assessment                                                                                    | 1.Date                 |             |
| Performance of student                                                                                 |                        |             |
| Remedial assessment                                                                                    | 2.Date                 |             |
| Performance of student                                                                                 |                        |             |
| Remedial assessment                                                                                    | 3.Date                 |             |
| Performance of student                                                                                 |                        |             |
| Remedial assessment                                                                                    | 4.Date                 |             |
| Performance of student                                                                                 |                        |             |
| Remedial assessment                                                                                    | 5.Date                 |             |
| Performance of student                                                                                 |                        |             |
| Certification of skill                                                                                 | Certified/Noncertified |             |
| Date of COS                                                                                            |                        |             |
| Signatures                                                                                             | Learner                | Facilitator |

|                                                                                                                                                                  |                        |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------|
| Certification of skills: competency no.16: Recognize clinical features of DKA.<br>Perform and interpret urine dipstick for sugar & ketone bodies & refer PE 30.4 |                        |             |
| Type of skill                                                                                                                                                    |                        |             |
| Type of assessment                                                                                                                                               |                        |             |
| Performance of student                                                                                                                                           |                        |             |
| Feedback of learner                                                                                                                                              |                        |             |
| Feedback of Facilitator                                                                                                                                          |                        |             |
| Remedial action suggested                                                                                                                                        |                        |             |
| Remedial assessment                                                                                                                                              | 1.Date                 |             |
| Performance of student                                                                                                                                           |                        |             |
| Remedial assessment                                                                                                                                              | 2.Date                 |             |
| Performance of student                                                                                                                                           |                        |             |
| Remedial assessment                                                                                                                                              | 3.Date                 |             |
| Performance of student                                                                                                                                           |                        |             |
| Remedial assessment                                                                                                                                              | 4.Date                 |             |
| Performance of student                                                                                                                                           |                        |             |
| Remedial assessment                                                                                                                                              | 5.Date                 |             |
| Performance of student                                                                                                                                           |                        |             |
| Certification of skill                                                                                                                                           | Certified/Noncertified |             |
| Date of COS                                                                                                                                                      |                        |             |
| Signatures                                                                                                                                                       | Learner                | Facilitator |

## 9 A .Record of Internal Assessment Tests-Theory

| No | Topic of Assessment | Type of Assessment | Max Mark | Mark Given | % Mark | Initials of FIC |
|----|---------------------|--------------------|----------|------------|--------|-----------------|
| 1  |                     |                    |          |            |        |                 |
| 2  |                     |                    |          |            |        |                 |
| 3  |                     |                    |          |            |        |                 |

## 9 B. Record of Internal Assessment Tests- Practical

| No | Topic of Assessment | Type of Assessment | Max Mark | Mark Given | % Mark | Initials of FIC |
|----|---------------------|--------------------|----------|------------|--------|-----------------|
| 1  |                     |                    |          |            |        |                 |
| 2  |                     |                    |          |            |        |                 |
| 3  |                     |                    |          |            |        |                 |
| 4  |                     |                    |          |            |        |                 |

## 10. Attendance Record

| Details    | Attendance Percent       |                                |                                 |
|------------|--------------------------|--------------------------------|---------------------------------|
|            | Second Professional MBBS | Third Professional MBBS Part I | Third Professional MBBS Part II |
| Theory     |                          |                                |                                 |
| Practicals |                          |                                |                                 |