

ALTAMASH INSTITUTE OF DENTAL MEDICINE

LOG BOOK FOR THIRD YEAR BDS



ORAL MEDICINE

HOD ORAL MEDICINE

STUDENT NAME

ROLL NO

GROUP

COMPILED BY: DR. SIDRA FAHIM

**CHECKED BY: DR. SAEEDULLAH
DR. ABID MEHMOOD**

REVIEWED BY: PRINCIPAL

**MEDICAL EDUCATION & RESEARCH
DEPARTMENT**



ORAL MEDICINE ROTATION

DATE

FROM _____ TO _____

TOTAL NUMBER OF DAYS ATTENDED _____

GRADE _____

CERTIFICATE

This is to certify that Mr. / Ms. _____

bearing roll no. _____ has completed his/her clinical training

in the department of Oral Medicine between _____ . His/her clinical

performance was satisfactory / unsatisfactory. The overall grading is

Head/Incharge of Department

OBJECTIVES OF THE LOGBOOK

This logbook will

1. Be part of the pre-requisite for appearing in final evaluation of third year undergraduate examination for the subject of Oral Medicine.
2. Help undergraduate student to maintain record, document all the activities (procedures, case presentations, and supervised clinical sessions) during Oral Medicine rotation.
3. Help the undergraduate student to identify his deficiencies in the specific areas.
4. Help the professor to assess the trainee and to provide him/her guidance where he/she feels deficiency in training.

OBJECTIVES OF ORAL MEDICINE ROTATION

Oral medicine is an important component of curriculum and practice of dental graduates. Therefore the objective of rotation in oral medicine department is to help students develop the necessary clinical skills to evaluate, investigate, & diagnose provisionally the most commonly observed diseases or conditions related to oral medicine practice, and achieve oral health as an important part of the comprehensive dental care of the patient.

In this context, during the posting in oral medicine department every student should be able to:

1. Ensure presence and participation in academic activities.
2. Participate in academic presentations. Each student has to present at least one power point presentation on allotted topic.
3. Maintain the log book by keeping a written record of patient's history, clinical examination, investigations and treatment plan.
4. Acquire the knowledge and clinical skills of handling of instruments and sterilization protocols in oral medicine practice.
5. Acquire the ability to identify and differentiate between healthy and unhealthy mucosa.
6. Assist instructors and consultants in oral medicine department for procedures like biopsy; excision of small lesions (mucocele, epulis etc.); management of bullae/vesicles; management of ulcerative lesions (e.g. chemical cautery); intra-lesional injections of various medications (e.g. in management of OSF, OLP, Leukoplakia, Erythroplakia etc); management of TMJ disorders like painful TMJ; clicking of the TM joint; luxation & subluxation; recurrent disc displacement; lock-jaw; management of bacterial, viral & fungal oral infections; management of conditions related to the dentoalveolar apparatus (occlusal trauma etc);

management of neurological disorders related to head & neck region (e.g. neuralgia/palsy of various types).

7. Perform examination & assessment of lymphatic system; classify various lymph node groups & elaborate TNM staging & grading system.
8. Gain skills for examination and evaluation of salivary gland functioning and related disorders.
9. Gain skills for management of diagnosed patients of systemic disorders/diseases in relation to oral manifestations e.g. DM (all types), CVS diseases, Respiratory diseases, Hepatic & Renal diseases, Blood diseases (e.g. thalassemia of various types), handling patients in the case of a medical emergency.
10. Formulate appropriate differential diagnosis and provisional diagnosis for patients presenting with infectious, ulcerative, neurological and other orofacial disorders.
11. Develop the skills for using hand and power-driven instrumentation used in oral medicine practice.
12. Entries of different activities in the log book should be done on the same day.

Rules & Regulations of the OPD

1. Students should be punctual & regular in attending the department.
2. Doctor's coat / scrubs are to be worn at all times in the premises of AIDM during working hours.
3. Continuous evaluation will be done throughout rotation but summative assessment will be done at the end of rotation, therefore, all students are required to score at least 60% in assessment exam.
4. It is mandatory for every student to start any case after having approval from assigned allotted supervisor.
5. Patient history-collection forms should be initially checked by house officers, then to be checked by allotted supervisors.
6. It is student's responsibility to get the required signatures by the attending faculty.
7. 80% of the attendance is mandatory to appear in end-of-rotation exam.
8. Internal evaluation throughout the year will contribute 15 Marks in Final exam.
9. Leave without prior information will not be acceptable.
10. Students should strictly adhere to rules and regulation set by the respective department.

OPD EVALUATION

Internal Evaluation (15 Marks)

OPD Assessment (100 Marks)

Term	Marks Obtained in Assessment	Total Marks	Attendance	Cases Managed As Per Requirement		Discipline	Remarks
I				Assisted			
				Performed Under Supervision			
II				Performed Independently			
				Observed			

Evaluation System of Clinical Cases

The evaluation of the clinical work will be based on the quality of the work.

For each treated case, the student will be evaluated for these aspects: history and examination, normal/pathological findings, radiographic interpretation, differential diagnosis, provisional diagnosis, treatment options.

Evaluation categories are as follows:

- Very good: A
- Satisfactory: B
- Marginal: C
- Poor: D

Evaluation will be carried out as follows:

A: Student identifies the chief complaint, any relevant medical history, dental history, all findings related to the presenting disease, properly identifies the diagnosis and the etiological factors.

B: Student doesn't identify certain information related to the chief complaint, relevant medical history, dental history, certain findings related to the presenting mucosal disease, doesn't formulate the diagnosis correctly, or some of the related etiological factors.

C: Student poorly collects information about the chief complaint, medical history, dental history, poorly identifies clinical findings related to the presenting orofacial disease, and can't formulate the diagnosis and doesn't identify the basic etiological factors.

D: Student is unable to identify and collect most basic information from the patient, and is unable to identify the most basic findings related to presenting orofacial disease, and doesn't identify the etiological factors.

EXAMINATION OF THE PATIENT

EXTRA ORAL EXAMINATION

Patient Reg no	Swelling s	Lymph Nodes	TMJ	Mouth Opening	Cranial nerves	Facial Asymmetry/ Deformity

INTRA ORAL EXAMINATION

Patient Reg no	Decayed Teeth	Missing Teeth	Restored Teeth	Red Lesions	White Lesions	Pigmented Lesions	Lumps	Ulcers	OSF	OLP

HISTORY TAKING

S.No.	Date	Patient Reg No	Case Description	Supervisor's Signature
1.			<p>HOPC</p> <hr/> <p>Past & present medical history</p> <hr/> <p>Findings of extra oral exam</p> <hr/> <p>Findings of intra oral exam</p> <hr/> <p>Examination of the lesion (Extent, Site, Size etc.)</p> <hr/> <p>Lymph node palpation & classification/grading (TN)</p> <hr/> <p>Comparison of pathology with the unaffected side</p> <hr/> <p>Biopsy Performed: YES/NO</p> <hr/> <p>Investigations Required: YES/NO</p> <hr/> <p>Radiographs/PNS/Base of Skull/Intra-Oral/CT/MRI if Required</p> <hr/> <p>Blood investigations</p> <hr/> <p>Hepatic & renal investigations</p> <hr/> <p>Urinalysis</p>	

			Histopathology	
			Provisional & differential diagnosis	
			Provisional Treatment Plan	
			Prescription drugs given	
			Definitive diagnosis	
			Definitive treatment plan	
			Referral to other department and/or seek expert/second opinion from other consultants	
			Follow-up findings	
			Treatment results	
			Change of course of treatment	
			Final follow-up & advice	
2.			HOPC	
			Past & present medical history	
			Findings of extra oral exam	

			Findings of intra oral exam
			Examination of the lesion (Extent, Site, Size etc.)
			Lymph node palpation & classification/grading (TN)
			Comparison of pathology with the unaffected side
			Biopsy Performed: YES/NO
			Investigations Required: YES/NO
			Radiographs/PNS/Base of Skull/Intra-Oral/CT/MRI if Required
			Blood investigations
			Hepatic & renal investigations
			Urinalysis
			Histopathology
			Provisional & differential diagnosis
			Provisional Treatment Plan
			Prescription drugs given
			Definitive diagnosis
			Definitive treatment plan

			Referral to other department and/or seek expert/second opinion from other consultants	
			Follow-up findings	
			Treatment results	
			Change of course of treatment	
			Final follow-up & advice	
3.			HOPC	
			Past & present medical history	
			Findings of extra oral exam	
			Findings of intra oral exam	
			Examination of the lesion (Extent, Site, Size etc.)	
			Lymph node palpation & classification/grading (TN)	
			Comparison of pathology with the unaffected side	
			Biopsy Performed: YES/NO	
			Investigations done: YES/NO	
			Radiographs/PNS/Base of Skull/Intra-Oral/CT/MRI if Required	

			Blood investigations	
			Hepatic & renal investigations	
			Urinalysis	
			Histopathology	
			Provisional & differential diagnosis	
			Provisional Treatment Plan	
			Prescription drugs given	
			Definitive diagnosis	
			Definitive treatment plan	
			Referral to other department and/or seek expert/second opinion from other consultants	
			Follow-up findings	
			Treatment results	
			Change of course of treatment	
			Final follow-up & advice	
4.			HOPC	

			Past & present medical history
			Findings of extra oral exam
			Findings of intra oral exam
			Examination of the lesion (Extent, Site, Size etc.)
			Lymph node palpation & classification/grading (TN)
			Comparison of pathology with the unaffected side
			Biopsy Performed: YES/NO
			Investigations done: YES/NO
			Radiographs/PNS/Base of Skull/Intra-Oral/CT/MRI if Required
			Blood investigations
			Hepatic & renal investigations
			Urinalysis
			Histopathology
			Provisional & differential diagnosis
			Provisional Treatment Plan
			Prescription drugs given

			Definitive diagnosis	
			Definitive treatment plan	
			Referral to other department and/or seek expert/second opinion from other consultants	
			Follow-up findings	
			Treatment results	
			Change of course of treatment	
			Final follow-up & advice	
5.			HOPC	
			Past & present medical history	
			Findings of extra oral exam	
			Findings of intra oral exam	
			Examination of the lesion (Extent, Site, Size etc.)	
			Lymph node palpation & classification/grading (TN)	
			Comparison of pathology with the unaffected side	

			Biopsy Performed: YES/NO	
			Investigations Required: YES/NO	
			Radiographs/PNS/Base of Skull/Intra-Oral/CT/MRI if Required	
			Blood investigations	
			Hepatic & renal investigations	
			Urinalysis	
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			Provisional & differential diagnosis	
			Provisional Treatment Plan	
			Prescription drugs given	
			Definitive diagnosis	
			Definitive treatment plan	
			Referral to other department and/or seek expert/second opinion from other consultants	
			Follow-up findings	
			Treatment results	
			Change of course of treatment	

			Final follow-up & advice	
6.			HOPC	
			Past & present medical history	
			Findings of extra oral exam	
			Findings of intra oral exam	
			Examination of the lesion (Extent, Site, Size etc.)	
			Lymph node palpation & classification/grading (TN)	
			Comparison of pathology with the unaffected side	
			Biopsy Performed: YES/NO	
			Investigations Required: YES/NO	
			Radiographs/PNS/Base of Skull/Intra-Oral/CT/MRI if Required	
			Blood investigations	
			Hepatic & renal investigations	
			Urinalysis	
			Histopathology	
Provisional & differential diagnosis				

			Provisional Treatment Plan	
			Prescription drugs given	
			Definitive diagnosis	
			Definitive treatment plan	
			Referral to other department and/or seek expert/second opinion from other consultants	
			Follow-up findings	
			Treatment results	
			Change of course of treatment	
			Final follow-up & advice	
7.			HOPC	
			Past & present medical history	
			Findings of extra oral exam	
			Findings of intra oral exam	
			Examination of the lesion (Extent, Site, Size etc.)	

			Lymph node palpation & classification/grading (TN)	
			Comparison of pathology with the unaffected side	
			Biopsy Performed: YES/NO	
			Investigations Required: YES/NO	
			Radiographs/PNS/Base of Skull/Intra-Oral/CT/MRI if Required	
			Blood investigations	
			Hepatic & renal investigations	
			Urinalysis	
			Histopathology	
			Provisional & differential diagnosis	
			Provisional Treatment Plan	
			Prescription drugs given	
			Definitive diagnosis	
			Definitive treatment plan	
			Referral to other department and/or seek expert/second opinion from other consultants	
			Follow-up findings	

			Treatment results	
			Change of course of treatment	
			Final follow-up & advice	
8.			HOPC	
			Past & present medical history	
			Findings of extra oral exam	
			Findings of intra oral exam	
			Examination of the lesion (Extent, Site, Size etc.)	
			Lymph node palpation & classification/grading (TN)	
			Comparison of pathology with the unaffected side	
			Biopsy Performed: YES/NO	
			Investigations Required: YES/NO	
			Radiographs/PNS/Base of Skull/Intra-Oral/CT/MRI if Required	
			Blood investigations	
			Hepatic & renal investigations	

			Urinalysis	
			Histopathology	
			Provisional & differential diagnosis	
			Provisional Treatment Plan	
			Prescription drugs given	
			Definitive diagnosis	
			Definitive treatment plan	
			Referral to other department and/or seek expert/second opinion from other consultants	
			Follow-up findings	
			Treatment results	
			Change of course of treatment	
			Final follow-up & advice	

Grade: _____





CASES OBSERVED IN OPD

(Report at least 3 cases for each category)

S.No.	Clinical Case Name	Case Description	Supervisor's Signature
1.	Aphthous Ulcer		
2.	Traumatic Ulcer		
3.	Bacterial Infection		
4.	Viral Infection		
5.	Fungal Infection		

6.	Neurological Disorders		
7.	Premalignant Lesions / Conditions (OLP, OSF, White & Red Lesions)		
8.	Cancerous Lesions		
9.	TMJ Disorders		
10.	Salivary Gland Disorders		
11.	Pigmented Lesions		

GRADE: _____



ORAL MANAGEMENT OF MEDICALLY COMPROMISED CASES

(Report at least 10 cases for each category)

S.No.	Clinical Case Name	Case Description	Supervisor's Signature																				
1.	Diabetes	<table border="1" style="width: 100%; height: 100%;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>											<table border="1" style="width: 100%; height: 100%;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>										
2.	CV Disorders (HTN, Bradycardia, Tachycardia, Ahythmias)	<table border="1" style="width: 100%; height: 100%;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>											<table border="1" style="width: 100%; height: 100%;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>										

3.	Valvular Heart Disorders		
4.	Blood Diseases (Thalassemia, Leukemia, Purpuras)		
5.	Endocrine Disorders (Hyperpara / Hypoparathyroid Status)		
6.	Management of Viral Disorders (Hep B/C, HIV)		

7.	Sterilization Protocol		

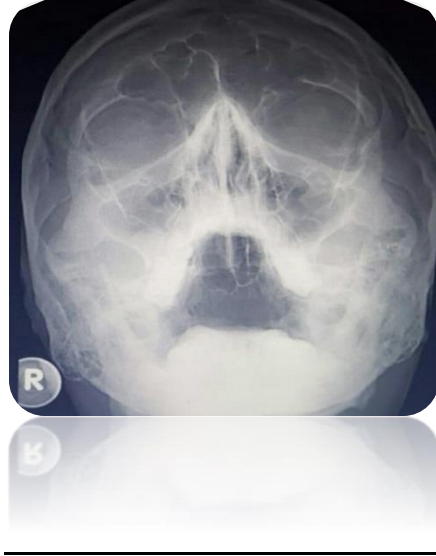
GRADE: _____



**ORAL PRESENTATION OF A CASE SELECTED FROM OPD
(GROUP ACTIVITY)**

Date	Attended Yes/No	Topic	Maximum Participation Yes/No	Supervisor's Signature

GRADE: _____



PROCEDURES LEARNED IN OPD
(Completion Record)

S.No.	Procedure Performed	Activity Numbers	Supervisor's Signature
1.	Head & Neck Palpation		
2.	Selection & Setup of Armamentarium for Various Oral Procedures		
3.	Biopsy (of different types) and its protocols		
4.	Primary Interpretation of Radiographs		

GRADE: _____

Rating Scale for Mini CEX

Student's Name: _____

M. No: _____

Year: _____

Assessor's Name: _____

Clinical Rotation: _____

Clinical Settings: **In-patient** **OPD**

Clinical Problems: **Pain** **Sensitivity** **Swelling** **Esthetics** **D. Erupt.** **Trauma** **Missing teeth** **LMO** **B. Gums** **TMJ** **Ulcers** **TG**

Category: **New** **FU** **Focus or Clinical Encounter:** **History** **Diagnosis** **Management** **Explanation**

New or FU: **New** **FU**

Number of times patient Seen before by trainee: **0** **1-4** **>5**

Number of Previous mini-CEXs observed by assessor with any trainee: **0** **1** **2** **3** **4** **5-9** **>9**

Assessor's Position: **PG** **DEMO** **AP** **PROF**

Complexity of Case: **Low** **Average** **High**

Please grade the following areas for _____ _____ Level using the scale below	Below Expectations		Borderline		Meets Expectations		Above Expectations		U/C
	1	2	3	4	5	6			
History taking: Facilities patient's telling of story, effectively uses appropriate question to obtain accurate Adequate info, responds properly to verbal & non-verbal cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Examination Skills: Follows efficient, logical Sequence; examination appropriate to clinical problem, Explains to patient; sensitive to patients comfort, modesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills: Explores patient's perspective, Jargon free, open and honest, empathetic, agrees Mx Plan/therapy with patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Judgment: Makes appropriate diagnosis & Formulates suitable management plan; selectively orders/ Performs appropriate diagnostic studies, considers risk, benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism: Shows respect, compassion, empathy, Establishes trust; attends to patient's needs of comfort, Respect confidentiality, Behaves in an ethical manner, Aware of relevant legal frameworks. Aware of limitations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizations/Efficiency: Priorities; is timely. Succinct. Summarizes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Clinical Care: Demonstrates satisfactory clinical Judgment, synthesis, caring, effectiveness. Efficiency, appropriate use of resources, balances risk and Benefits. Awareness of own limitations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***U/C Please mark this if you have not observed the behavior and therefore feels unable to comment**

Anything especially good?	Suggestions for Improvement
Agreed Action:	

Trainee satisfaction with Mini-CEX: Not at all (1-6) Highly Satisfied (7-9)

Assessor Satisfaction With Mini-CEX: 1-9

Have you had training in the use of this assessment tool? No Yes: face to face Yes: Written Training Yes: Web/CD room

Time taken for observation: _____ Min.

Assessor's Signature: _____ Date: _____ Time taken for feedback (in minutes): _____

Rating Scale for Mini CEX

Student's Name: _____

M. No: _____

Year: _____

Assessor's Name: _____

Clinical Rotation: _____

Clinical Settings: **In-patient** **OPD**

Clinical Problems: **Pain** **Sensitivity** **Swelling** **Esthetics** **D. Erupt.** **Trauma** **Missing teeth** **LMO** **B. Gums** **TMJ** **Ulcers** **TG**

New or FU: **New** **FU** **Focus or Clinical Encounter:** **History** **Diagnosis** **Management** **Explanation**

Number of times patient **0** **1-4** **>5** **Assessor's Position:** **PG** **DEMO** **AP** **PROF**

Number of Previous mini-CEXs observed by assessor with any trainee **0** **1** **2** **3** **4** **5-9** **>9** **Complexity of Case:** **Low** **Average** **High**

Please grade the following areas for _____ Level using the scale below

	Below Expectations		Borderline	Meets Expectations	Above Expectations		U/C
	1	2	3	4	5	6	
History taking: Facilities patient's telling of story, effectively uses appropriate question to obtain accurate Adequate info, responds properly to verbal & non-verbal cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Examination Skills: Follows efficient, logical Sequence; examination appropriate to clinical problem, Explains to patient; sensitive to patients comfort, modesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills: Explores patient's perspective, Jargon free, open and honest, empathetic, agrees Mx Plan/therapy with patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Judgment: Makes appropriate diagnosis & Formulates suitable management plan; selectively orders/ Performs appropriate diagnostic studies, considers risk, benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism: Shows respect, compassion, empathy, Establishes trust; attends to patient's needs of comfort, Respect confidentiality. Behaves in an ethical manner, Aware of relevant legal frameworks. Aware of limitations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizations/Efficiency: Priorities; is timely. Succinct. Summarizes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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⊕ *U/C Please mark this if you have not observed the behavior and therefore feels unable to comment

Anything especially good?	Suggestions for Improvement
Agreed Action:	

Trainee satisfaction with Mini-CEX Not at all 1 2 3 4 5 6 7 8 9 Highly Satisfied

Assessor Satisfaction With Mini-CEX 1 2 3 4 5 6 7 8 9

Have you had training in the use of this assessment tool? No Yes: face to face Yes: Written Training Yes: Web/CD room

Time taken for observation Min.

Assessor's Signature:

Assessor's Name:

Date: _____

Time taken for feedback (in minutes):

Rating Scale for Mini CEX

Student's Name: _____

M. No: _____

Year: _____

Assessor's Name: _____

Clinical Rotation: _____

Clinical Settings: **In-patient** **OPD**

Clinical Problems: **Pain** **Sensitivity** **Swelling** **Esthetics** **D. Erupt.** **Trauma** **Missing teeth** **LMO** **B. Gums** **TMJ** **Ulcers** **TG**

Category: **New or FU:** **New** **FU** **Focus or Clinical Encounter:** **History** **Diagnosis** **Management** **Explanation**

Number of times patient Seen before by trainee: **0** **1-4** **>5** **Assessor's Position:** **PG** **DEMO** **AP** **PROF**

Number of Previous mini-CEXs observed by assessor with any trainee: **0** **1** **2** **3** **4** **5-9** **>9** **Complexity of Case:** **Low** **Average** **High**

Please grade the following areas for _____ _____ Level using the scale below	Below Expectations		Borderline	Meets Expectations		Above Expectations		U/C
	1	2	3	4	5	6		
History taking: Facilities patient's telling of story, effectively uses appropriate question to obtain accurate Adequate info, responds properly to verbal & non-verbal cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Examination Skills: Follows efficient, logical Sequence; examination appropriate to clinical problem, Explains to patient; sensitive to patients comfort, modesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Clinical Judgment: Makes appropriate diagnosis & Formulates suitable management plan; selectively orders/ Performs appropriate diagnostic studies, considers risk, benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism: Shows respect, compassion, empathy, Establishes trust; attends to patient's needs of comfort, Respect confidentiality, Behaves in an ethical manner, Aware of relevant legal frameworks. Aware of limitations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizations/Efficiency: Priorities; is timely. Succinct. Summarizes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Clinical Care: Demonstrates satisfactory clinical Judgment, synthesis, caring, effectiveness. Efficiency, appropriate use of resources, balances risk and Benefits. Awareness of own limitations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***U/C Please mark this if you have not observed the behavior and therefore feels unable to comment**

Anything especially good?	Suggestions for Improvement
Agreed Action:	

Trainee satisfaction with Mini-CEX: Not at all 1 2 3 4 5 6 7 8 9 Highly Satisfied

Assessor Satisfaction With Mini-CEX: 1 2 3 4 5 6 7 8 9

Have you had training in the use of this assessment tool? No Yes: face to face Yes: Written Training Yes: Web/CD room

Time taken for observation Min.

Assessor's Signature: _____ Date: _____ Time taken for feedback (in minutes):

