



Medicine & Pediatrics

Final Year MBBS



CLINICAL CLERKSHIP LOGBOOK

Block - A



Student Name: _____

Registration / Roll No: _____

Session: _____

Overview

This Clinical Clerkship Logbook is designed in accordance with the **C2K23 Clinical Clerkship Book Development Guide**. It is **rotation-based** and documents clinical exposure, case participation, procedures, emergency duties, and assessments during Final Year MBBS clerkships.

The logbook will be assessed at:

- Rotation-end (internal assessment)
- Final professional examination

All entries must be **signed and stamped** by the supervising faculty

MEDICINE

Indoor Rotations – Morning Shifts (Minimum 10 Cases)

Sr. #	Date	Patient Initials / ID	History & Examination Summary	Differential Diagnosis	Diagnosis	Management Plan	Supervisor's Signature & Stamp

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Indoor Rotations – Evening Shifts (Minimum 8 Cases)

Sr.#	Date	Diagnosis	Case Summary	Learning Points	Supervisor's Signature

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Outdoor (OPD) Rotations (Minimum 12 Cases)

Sr #	Date	Patient Initials / ID	Diagnosis / Condition	Short History	Management Plan	Follow- up / Review	Supervisor's Signature

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Emergency Duties (Minimum 10)

Sr.#	Date	Shift / Duration	Type of Emergency Case	Role of Student (Observer / Assistant / Performer)	Procedures Assisted / Performed	Learning Points	Supervisor's signature

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Assessment Record
MINI CEX (At least 5)

Sr #	Assessment Tool	Date	Case / Procedure	Assessor's Name & Signature	Remarks / Feedback
	Mini-CEX				
	Mini-CEX				
	Mini-CEX				
	Mini-CEX				
	Mini-CEX				
	Mini-CEX				
	Mini-CEX				
	Mini-CEX				

Supervisor Name: _____

Signature & Stamp: _____

Head of Department Signature & Stamp: _____

Assessment Record

DOPS (At least 5)

Sr #	Assessment Tool	Date	Case / Procedure	Assessor's Name & Signature	Remarks / Feedback
	DOPS				
	DOPS				
	DOPS				
	DOPS				
	DOPS				
	DOPS				
	DOPS				
	DOPS				

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Head of Department Signature & Stamp: _____

PEDIATRICS

Indoor Rotations – Morning Shifts (Minimum 10 Cases)

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Indoor Rotations – Evening Shifts (Minimum 8 Cases)

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Outdoor (OPD) Rotations (Minimum 12 Cases)

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	Mini-CEX				
	Mini-CEX				
	Mini-CEX				
	Mini-CEX				
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Supervisor Name: _____

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Head of Department Signature & Stamp: _____

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