



**Surgery and Gynaecology**

**Final Year MBBS**



# CLINICAL CLERKSHIP LOGBOOK

**Block - B**



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

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# **SURGERY**

**Indoor Rotations – Morning Shifts (Minimum 10 Cases)**

<b>Sr #</b>	<b>Date</b>	<b>Patient Initials / ID</b>	<b>History &amp; Examination Summary</b>	<b>Differential Diagnosis</b>	<b>Diagnosis</b>	<b>Management Plan</b>	<b>Supervisor's Signature &amp; Stamp</b>

**Indoor Rotations – Morning Shifts (Minimum 10 Cases)**

<b>Sr #</b>	<b>Date</b>	<b>Patient Initials / ID</b>	<b>History &amp; Examination Summary</b>	<b>Differential Diagnosis</b>	<b>Diagnosis</b>	<b>Management Plan</b>	<b>Supervisor's Signature &amp; Stamp</b>

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**Indoor Rotations – Evening Shifts (Minimum 8 Cases)**

<b>Sr #</b>	<b>Date</b>	<b>Diagnosis</b>	<b>Case Summary</b>	<b>Learning Points</b>	<b>Supervisor's Signature</b>

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<b>Sr #</b>	<b>Date</b>	<b>Diagnosis</b>	<b>Case Summary</b>	<b>Learning Points</b>	<b>Supervisor's Signature</b>

**Outdoor (OPD) Rotations (Minimum 12 Cases)**

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

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

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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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### Operation Theatre (OT) Notes

Sr #	Patient Initials / ID	Diagnosis / Indication	Name of Procedure	Student's Role (Observer / Assistant / Performed)	Instruments Used	Key Steps Observed / Performed	Supervisor Signature & Stamp

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Sr #	Patient Initials / ID	Diagnosis / Indication	Name of Procedure	Student's Role (Observer / Assistant / Performed)	Instruments Used	Key Steps Observed / Performed	Supervisor Signature & Stamp

**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				
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Supervisor Name: \_\_\_\_\_

Signature & Stamp: \_\_\_\_\_

Head of Department Signature & Stamp: \_\_\_\_\_

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# **Gynaecology & Obstetrics**

**Indoor Rotations – Morning Shifts (Minimum 10 Cases)**

<b>Sr #</b>	<b>Date</b>	<b>Patient Initials / ID</b>	<b>History &amp; Examination Summary</b>	<b>Differential Diagnosis</b>	<b>Diagnosis</b>	<b>Management Plan</b>	<b>Supervisor's Signature &amp; Stamp</b>

**Indoor Rotations – Morning Shifts (Minimum 10 Cases)**

<b>Sr #</b>	<b>Date</b>	<b>Patient Initials / ID</b>	<b>History &amp; Examination Summary</b>	<b>Differential Diagnosis</b>	<b>Diagnosis</b>	<b>Management Plan</b>	<b>Supervisor's Signature &amp; Stamp</b>

**Indoor Rotations – Morning Shifts (Minimum 10 Cases)**

<b>Sr #</b>	<b>Date</b>	<b>Patient Initials / ID</b>	<b>History &amp; Examination Summary</b>	<b>Differential Diagnosis</b>	<b>Diagnosis</b>	<b>Management Plan</b>	<b>Supervisor's Signature &amp; Stamp</b>

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<b>Sr #</b>	<b>Date</b>	<b>Patient Initials / ID</b>	<b>History &amp; Examination Summary</b>	<b>Differential Diagnosis</b>	<b>Diagnosis</b>	<b>Management Plan</b>	<b>Supervisor's Signature &amp; Stamp</b>

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<b>Sr #</b>	<b>Date</b>	<b>Patient Initials / ID</b>	<b>History &amp; Examination Summary</b>	<b>Differential Diagnosis</b>	<b>Diagnosis</b>	<b>Management Plan</b>	<b>Supervisor's Signature &amp; Stamp</b>

**Indoor Rotations – Evening Shifts (Minimum 8 Cases)**

<b>Sr #</b>	<b>Date</b>	<b>Diagnosis</b>	<b>Case Summary</b>	<b>Learning Points</b>	<b>Supervisor's Signature</b>

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Supervisor Name: \_\_\_\_\_

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	DOPS				
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