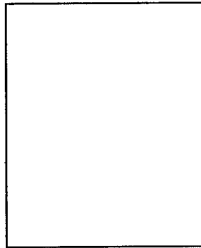


## PERSONAL PARTICULARS



1. Name: .....
2. IC NO: .....
3. Period of Primary Care posting: From ..... to .....
4. Duration of extension (if any): ..... days
5. Name of Supervisor: .....
6. Designation of Supervisor: .....
7. Name of Klinik Kesihatan: .....

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## INTRODUCTION

1. This record book is designed to guide both the Medical Officer and the supervisor in coordinating activities that are regarded as essential experience during the pre-registration year. It is generally agreed that the training provided during the undergraduate period is insufficient for the practice of medicine and thus a graduate need to undergo a period of further training under supervision in a recognized hospital and health clinic. This period, regarded as a pre-registration period, is a statutory requirement and a medical officer can only be fully registered after completing satisfactorily the housemanship programme. Criteria for satisfactory completion are mainly by undergoing training and experience in specified disciplines followed by formal endorsement by consultants supervising the training.
2. This record book which forms the basis of summary report (Form 6 of the Medical Act 1971) shall be filled by the District Medical Officer of Health and submitted to the Malaysian Medical Council.
3. All House Officers should undergo one (1) week of orientation at the beginning of the posting. During this period, they should observe and assist in any procedures before being allowed to perform it.

## **OBJECTIVES OF HOUSEMANSHIP TRAINING**

At the end of training period, the House Officer is expected to:

1. Understand and apply the underlying concepts of health and disease in the holistic management of patients
2. Equip oneself with adequate skills to perform all related clinical procedures competently
3. Develop a caring, responsible and professional attitude through teamwork for optimal services to the patient and community

### **GUIDELINES TO USE THIS LOG BOOK**

1. This log book shall be carried by the House Officer at all times to facilitate recording.
2. This log book shall be assessed by the Supervisor regularly.
3. The House Officer is required to submit the log book to supervising FMS two (2) weeks before the end of posting for assessment. A House Officer who fails to submit this log book may be subjected to extension.
4. The supervisor will fill in the summary report including the overall comment before certifying the Certification of Completion of Training (Form A)
5. The overall comment and recommendation (Form A) will be completed in duplicate and submitted to the District Medical Officer of Health not later than two (2) weeks after each posting
6. At the end of the Housemanship training period, the Hospital Director shall complete Form 6 of the Medical Act 1971 and attach the original copies of Form A of relevant discipline to be submitted to the Malaysian Medical Council not later than one (1) month after completion of housemanship training
7. A House Officer who has lost his / her log book shall report to the Hospital Director for further action to be taken
8. The Hospital Director shall compile and keep this log book for five (5) years

## HOUSE-OFFICER CURRICULUM

### **A. Mandatory Topics for CME(1 topic per week)**

1. Principles of Family Medicine in Primary Care

#### Child Health

2. Immunization schedule
3. Neonatal jaundice
4. Child with special needs – detection and early intervention

#### Adolescent Health

5. Using HEADSS as a tool for engaging the adolescents

#### Maternal Health

6. Contraception
7. Management of anaemia in pregnancy in primary care
8. Management of diabetes in pregnancy in primary care
9. Management of Hypertensive Disorders in pregnancy in primary care

#### Adult Health

10. Management of Type 2 Diabetes Mellitus in Primary Care
11. Management of Hypertension in Primary Care
12. Management of Bronchial Asthma and COPD
13. Management of Dengue in Primary Care
14. Management of Mental Health Problem in Primary Care
15. Management of Tuberculosis in primary care

#### Care of the elderly

16. The giant of geriatrics

#### Notes:

HOs must attend a minimum of 75% (12 topics) of mandatory topic

### **B. Essential topics to be covered during clinic sessions:**

#### Child Health

1. Growth and development
2. Child Health Record Book
3. Neonatal routine medical examination

#### Adolescent Health

4. School Health services
5. High risk behaviours

#### Maternal Health

6. Pre pregnancy care
7. Antenatal Booking Care & follow up schedule
8. Teenage pregnancy - especially psychosocial aspect
9. Common medical illness in pregnancy in primary care
10. Home visits –mother and child
11. Post natal care
12. Contraception counseling
13. Breast feeding counseling (may involve nutritionist)

#### Adult Health

14. Modified syndromic approach (MSA) for STIs
15. Indication & request for sputum AFB
16. TB treatment, initiation and follow up
17. Assessment of PTB contact
18. Premarital counseling
19. Pre & post test counseling for HIV
20. Healthy eating for disease prevention (involvement of nutritionist / dietitian)
21. ECG interpretation

#### Elderly

22. Assessment of Activities of Daily Living (ADL) & dementia

## **PROCEDURES FOR LOGBOOK**

### **C. Compulsory Performed Procedures DOPS**

#### **(Directly Observed Procedural Skills):**

1. Basic antenatal ultrasound
2. PAP Smear
3. Delivery of bronchodilators- MDI
4. Wound care
5. Toilet & Suturing

### **D. Other Compulsory Performed Procedures**

1. Colour vision / visual acuity
2. Fundoscopy
3. Foot examination & foot care for diabetic patients
4. Perform Directly Observed Therapy (DOTS) for TB treatment
5. Perform relaxation technique (e.g. breathing exercise and progressive muscle relaxation technique)
6. Clinical breast examination
7. Give health education talk to public
8. Write Referral Letter

### **E. Compulsory Observed / Assisted Procedures**

1. Incision & Drainage
2. Eye irrigation
3. Insulin injection technique
4. Perinatal / Under 5 mortality investigation

### **F. Optional**

1. Nasal packing
2. Throat swab
3. Urethral swab
4. Conduct delivery in ABC / home
5. Maternal Mortality Investigation
6. Fundus photography & interpretation
7. IUCD counseling, insertion / removal
8. Foreign body removal
9. Mantoux test

## **HOUSE OFFICER ASSESSMENT TOOLS**

Workplace-based assessment refers to the assessment of working practices based on what doctors actually do in the workplace, and is predominantly carried out in the workplace itself.

### **Type of Tools**

- Case based discussion (CbD)
- Mini-Clinical evaluation exercise (Mini-Cex)
- Multisource feedback (MSF)

For practical procedures

- Directly Observed Procedural Skills (DOPS) tool would be utilized

For Details on Assessment tools  
(CbD, Mini-CEX, DOPS, MSF)  
- Please refer to accompanying Log Book  
for the Primary Care House officer  
Guidelines for Supervisors

## FREQUENCY AND NUMBER OF ASSESSMENTS

Minimum number of assessments is two

First assessment : 4 - 8 weeks

Second assessment : 3rd month

★ If performance of any house officer is not satisfactory additional or more frequent assessments shall be undertaken.

At each assessment

- Either a CbD or mini-Cex or both
- For MSF, these can be done throughout the posting by supervisors and peers (2 or more MSF)

1 <sup>st</sup> month	2 <sup>nd</sup> month	3 <sup>rd</sup> month	4 <sup>th</sup> month
Review Log Book		Review Log Book	Review Log Book
Compulsory 1 set of DOPS: 1. Basic antenatal ultrasound, 2. PAP Smear, 3. Delivery of bronchodilators, MDI 4. Wound care 5. Toilet & suturing			

## **HOUSE OFFICER'S CRITERIA FOR EXTENSION**

### **1. Reason**

House Officers shall be extended for any of the following reasons:

- 1.1 Competence & Performance
  - Fails end of posting workplace based assessments and other Departmental specific assessments
  - Procedural skills competence & performance not achieved as required in Log Book
  - Poor attitude
  - Any incident causing concern
- 1.2 Leave taken in excess

### **2. Duration of Extension**

- Poor Performance & Competence
  - 3 months
- Failure to complete compulsory procedures
  - Extend accordingly (until all compulsory procedures completed)
- Other issues
  - The period of extension depends on Hospital HO Training Committee

# Please refer to accompanying Guidelines for Supervisors for procedure of extension

# **WORK BASED ASSESSMENTS AND LOG BOOK**

# Case Based Discussion

Essential topics should be covered during case discussion:

1. Wellness / Screening
2. Essential topics (curriculum)
3. Primary care approach
  - i. Abdominal pain
  - ii. Backache
  - iii. Chest pain
  - iv. Cough
  - v. Diarrhoea
  - vi. Fever
  - vii. Headache
  - viii. Insomnia
  - ix. Knee pain
  - x. Palpitation
  - xi. Rashes
  - xii. Red eyes
  - xiii. Shortness of breath
  - xiv. Soft tissue injury
  - xv. Urinary symptoms

CASE BASED DISCUSSION (CbD) FOR HOUSE OFFICERS					
CBD NUMBER:                    1    2    3    4    5 CLINICAL CATEGORY / PROBLEM:.....					Focus of Clinical Encounter <input type="checkbox"/> Documentation <input type="checkbox"/> Clinical Assessment <input type="checkbox"/> Management <input type="checkbox"/> Professionalism
Please grade the following areas using the scales	Good	Satisfactory	Poor	Not Applicable	Signature:  Assessor:.....  Stamp :   Date: .....
	A	B	C		
1. History Taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OVERALL GRADE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anything especially good?	Suggestion for development				Signature:  Assessor:.....  Stamp :   Date: .....
Agreed Action:         					
Fail mark:    A HO whose overall grade C is deemed to have failed. She/he must come back for another assessment at a later date.					

## ASSESSMENT 2

<b>CASE BASED DISCUSSION (CbD) FOR HOUSE OFFICERS</b>				
<b>CBD NUMBER:</b> 1   2   3   4   5				<b>Focus of Clinical Encounter</b> <input type="checkbox"/> Documentation <input type="checkbox"/> Clinical Assessment <input type="checkbox"/> Management <input type="checkbox"/> Professionalism
<b>CLINICAL CATEGORY / PROBLEM:</b> .....				
<b>Please grade the following areas using the scales</b>	<b>Good</b> A	<b>Satisfactory</b> B	<b>Poor</b> C	<b>Not Applicable</b>
1. History Taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OVERALL GRADE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anything especially good?	Suggestion for development			<b>Signature:</b> <b>Assessor:</b> ..... <b>Stamp :</b>  <b>Date:</b> .....
<b>Agreed Action:</b>				<b>Signature:</b> <b>Assessor:</b> ..... <b>Stamp :</b>  <b>Date:</b> .....
<b>Fail mark:</b> A HO whose overall grade C is deemed to have failed. She/he must come back for another assessment at a later date.				

CASE BASED DISCUSSION (CbD) FOR HOUSE OFFICERS					
CBD NUMBER:            1   2   3   4   5				Focus of Clinical Encounter <input type="checkbox"/> Documentation <input type="checkbox"/> Clinical Assessment <input type="checkbox"/> Management <input type="checkbox"/> Professionalism	
CLINICAL CATEGORY / PROBLEM:.....					
Please grade the following areas using the scales	Good	Satisfactory	Poor	Not Applicable	
	A	B	C		
1. History Taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signature: Assessor:..... Stamp :  Date: .....
2. Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OVERALL GRADE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anything especially good?	Suggestion for development				Signature: Assessor:..... Stamp :  Date: .....
Agreed Action:					
Fail mark:    A HO whose overall grade C is deemed to have failed. She/he must come back for another assessment at a later date.					

# ASSESSMENT 4

CASE BASED DISCUSSION (CbD) FOR HOUSE OFFICERS				
CBD NUMBER:            1   2   3   4   5 CLINICAL CATEGORY / PROBLEM:.....				Focus of Clinical Encounter <input type="checkbox"/> Documentation <input type="checkbox"/> Clinical Assessment <input type="checkbox"/> Management <input type="checkbox"/> Professionalism
Please grade the following areas using the scales	Good	Satisfactory	Poor	Not Applicable
	A	B	C	
1. History Taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL GRADE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anything especially good?	Suggestion for development			Signature: Assessor:..... Stamp :  Date: .....
Agreed Action:    				Signature: Assessor:..... Stamp :  Date: .....
Fail mark:    A HO whose overall grade C is deemed to have failed. She/he must come back for another assessment at a later date.				

# ASSESSMENT 5

CASE BASED DISCUSSION (CbD) FOR HOUSE OFFICERS				
CBD NUMBER:            1   2   3   4   5 CLINICAL CATEGORY / PROBLEM:.....				Focus of Clinical Encounter <input type="checkbox"/> Documentation <input type="checkbox"/> Clinical Assessment <input type="checkbox"/> Management <input type="checkbox"/> Professionalism
Please grade the following areas using the scales	Good	Satisfactory	Poor	Not Applicable
	A	B	C	
1. History Taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL GRADE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anything especially good?	Suggestion for development			Signature: Assessor:..... Stamp : Date: .....
Agreed Action:				Signature: Assessor:..... Stamp : Date: .....
Fail mark:    A HO whose overall grade C is deemed to have failed. She/he must come back for another assessment at a later date.				



**Mini Clinical  
Evaluation Exercise (Mini-CEX)  
(Precepting)**

# ASSESSMENT 1

MINI CLINICAL EVALUATION EXERCISE (MINI-CEX) FOR HOUSE OFFICERS					
MINI-CEX NUMBER:            1   2   3   4   5 CLINICAL CATEGORY / PROBLEM:.....				Focus of Clinical Encounter <input type="checkbox"/> History <input type="checkbox"/> Clinical Assessment <input type="checkbox"/> Management <input type="checkbox"/> Professionalism <input type="checkbox"/> Explanation	
Please grade the following areas using the scales	Good	Satisfactory	Poor	Not Applicable	Signature:  Assessor:.....  Stamp :   Date: .....
	A	B	C		
1. History Taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Communication skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OVERALL GRADE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signature:  Assessor:.....  Stamp :   Date: .....
Anything especially good?	Suggestion for development				
Agreed Action:					
Fail mark:    A HO whose overall grade C is deemed to have failed. She/he must come back for another assessment at a later date.					

## ASSESSMENT 2

<b>MINI CLINICAL EVALUATION EXERCISE (MINI-CEX) FOR HOUSE OFFICERS</b>					
<b>MINI-CEX NUMBER:</b> 1   2   3   4   5				<b>Focus of Clinical Encounter</b> <input type="checkbox"/> History <input type="checkbox"/> Clinical Assessment <input type="checkbox"/> Management <input type="checkbox"/> Professionalism <input type="checkbox"/> Explanation	
<b>CLINICAL CATEGORY / PROBLEM:</b> .....					
Please grade the following areas using the scales	<b>Good</b> A	<b>Satisfactory</b> B	<b>Poor</b> C		<b>Not Applicable</b>
1. History Taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Signature:</b>  <b>Assessor:</b> .....  <b>Stamp :</b>   <b>Date: .....</b>
2. Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Communication skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OVERALL GRADE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anything especially good?	Suggestion for development				<b>Signature:</b>  <b>Assessor:</b> .....  <b>Stamp :</b>   <b>Date: .....</b>
<b>Agreed Action:</b>					
<b>Fail mark:</b> A HO whose overall grade C is deemed to have failed. She/he must come back for another assessment at a later date.					

# ASSESSMENT 3

MINI CLINICAL EVALUATION EXERCISE (MINI-CEX) FOR HOUSE OFFICERS				
MINI-CEX NUMBER:            1   2   3   4   5				Focus of Clinical Encounter <input type="checkbox"/> History <input type="checkbox"/> Clinical Assessment <input type="checkbox"/> Management <input type="checkbox"/> Professionalism <input type="checkbox"/> Explanation
CLINICAL CATEGORY / PROBLEM:.....				
Please grade the following areas using the scales	Good	Satisfactory	Poor	Not Applicable
	A	B	C	
1. History Taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Communication skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL GRADE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anything especially good?	Suggestion for development			Signature: Assessor:..... Stamp :  Date: .....
Agreed Action:				Signature: Assessor:..... Stamp :  Date: .....
Fail mark:    A HO whose overall grade C is deemed to have failed. She/he must come back for another assessment at a later date.				

# Direct Observed Procedural Skills (DOPS)

## 3 sets of form

1. Basic antenatal ultrasound
2. PAP Smear
3. Delivery of bronchodilators- Metered Dose Inhaler
4. Wound care
5. Toilet & suturing

**Note:**

The House officer needs to pass the DOPS of each procedure only once.

The additional forms are for those who need to repeat the procedure if they fail.

**DOPS ASSESSMENT 1 (PRIMARY CARE HOUSE OFFICER)****COMPULSORY PERFORMED PROCEDURES**

<b>1. BASIC ANTENATAL ULTRASOUND</b>	
Antenatal ultrasound	The purpose of this assessment is to ensure that the HO can correctly perform an ultrasound on the pregnant woman for dating and fetal surveillance and to provide advice on how to improve his or her technique
Patient	The patient should be counseled and agree to the procedure
Hygiene	The probe must be cleaned before use on a new patient
Equipment	The HO must demonstrate familiarity with the ultrasound machine being used.
<b>PROCEDURE</b> (please TICK boxes to ensure the procedure has been completed correctly before completing the DOPS assessment form)	The HO must perform the following skills: <input type="checkbox"/> The HO must correctly identify the patient and explain the procedure <input type="checkbox"/> The HO must ensure the probe is clean <input type="checkbox"/> The HO must ensure that there is adequate privacy for the procedure and that the patient's dignity is preserved <input type="checkbox"/> The HO must apply gel onto the patient's abdomen <input type="checkbox"/> The HO must wipe the probe properly after use <input type="checkbox"/> The HO must inform the patient regarding the scan findings <input type="checkbox"/> The HO must ensure that the parameters are correctly measured and documented in both KIK/1/96(Pind.2012) (a) and (b)
Overall performance:	
<b>SCORING AND FEEDBACK:</b> <input type="checkbox"/> Grade A (Good) <input type="checkbox"/> Grade B (Satisfactory) <input type="checkbox"/> Grade C (Poor)	
Fail mark: A HO who scores grade C is deemed to have failed. He/She must come back for another assessment at a later date Feedback :	Signature of Assessor : Assessor :  Date : Stamp :

**DOPS ASSESSMENT 2 (PRIMARY CARE HOUSE OFFICER)**
**COMPULSORY PERFORMED PROCEDURES**

1. BASIC ANTENATAL ULTRASOUND	
Antenatal ultrasound	The purpose of this assessment is to ensure that the HO can correctly perform an ultrasound on the pregnant woman for dating and fetal surveillance and to provide advice on how to improve his or her technique
Patient	The patient should be counseled and agree to the procedure
Hygiene	The probe must be cleaned before use on a new patient
Equipment	The HO must demonstrate familiarity with the ultrasound machine being used.
<b>PROCEDURE</b> (please TICK boxes to ensure the procedure has been completed correctly before completing the DOPS assessment form)	The HO must perform the following skills: <input type="checkbox"/> The HO must correctly identify the patient and explain the procedure <input type="checkbox"/> The HO must ensure the probe is clean <input type="checkbox"/> The HO must ensure that there is adequate privacy for the procedure and that the patient's dignity is preserved <input type="checkbox"/> The HO must apply gel onto the patient's abdomen <input type="checkbox"/> The HO must wipe the probe properly after use <input type="checkbox"/> The HO must inform the patient regarding the scan findings <input type="checkbox"/> The HO must ensure that the parameters are correctly measured and documented in both KIK/1/96(Pind.2012) (a) and (b)
Overall performance:	
<b>SCORING AND FEEDBACK:</b> <input type="checkbox"/> Grade A (Good) <input type="checkbox"/> Grade B (Satisfactory) <input type="checkbox"/> Grade C (Poor)	
Fail mark: A HO who scores grade C is deemed to have failed. He/She must come back for another assessment at a later date	Signature of Assessor :
Feedback :	Assessor :  Date : Stamp :

**DOPS ASSESSMENT 3 (PRIMARY CARE HOUSE OFFICER)**
**COMPULSORY PERFORMED PROCEDURES**

1. BASIC ANTENATAL ULTRASOUND	
Antenatal ultrasound	The purpose of this assessment is to ensure that the HO can correctly perform an ultrasound on the pregnant woman for dating and fetal surveillance and to provide advice on how to improve his or her technique
Patient	The patient should be counseled and agree to the procedure
Hygiene	The probe must be cleaned before use on a new patient
Equipment	The HO must demonstrate familiarity with the ultrasound machine being used.
<b>PROCEDURE</b> (please TICK boxes to ensure the procedure has been completed correctly before completing the DOPS assessment form)	The HO must perform the following skills: <input type="checkbox"/> The HO must correctly identify the patient and explain the procedure <input type="checkbox"/> The HO must ensure the probe is clean <input type="checkbox"/> The HO must ensure that there is adequate privacy for the procedure and that the patient's dignity is preserved <input type="checkbox"/> The HO must apply gel onto the patient's abdomen <input type="checkbox"/> The HO must wipe the probe properly after use <input type="checkbox"/> The HO must inform the patient regarding the scan findings <input type="checkbox"/> The HO must ensure that the parameters are correctly measured and documented in both KIK/1/96(Pind.2012) (a) and (b)
Overall performance:	
<b>SCORING AND FEEDBACK:</b> <input type="checkbox"/> Grade A (Good) <input type="checkbox"/> Grade B (Satisfactory) <input type="checkbox"/> Grade C (Poor)	
Fail mark : A HO who scores grade C is deemed to have failed. He/She must come back for another assessment at a later date	Signature of Assessor :
Feedback :	Assessor :  Date : Stamp :

**DOPS ASSESSMENT 1 (PRIMARY CARE HOUSE OFFICER)**
**COMPULSORY PERFORMED PROCEDURES**

2. PAP SMEAR	
Pap Smear	The purpose of this assessment is to ensure that the HO can correctly perform a PAP smear and provide advice on how to improve his (or her) technique.
Patient	The patient should be counseled and agree to the procedure
Hygiene	The HO must have clean hands and wear gloves and mask for this procedure
Equipment	The HO must demonstrate familiarity with the equipment required for the procedure, and that the size of the speculum is suitable for the patient.
Procedure	<p>The HO must perform the following skills:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The HO must identify the correct patient and explain the procedure</li> <li><input type="checkbox"/> The HO must wash hands and wear gloves and mask for this procedure</li> <li><input type="checkbox"/> The HO must ensure that there is adequate privacy for the procedure and cover the patient appropriately to preserve her dignity</li> <li><input type="checkbox"/> The HO must clean the patient's perineum for the procedure</li> <li><input type="checkbox"/> The HO must successfully insert the speculum and visualize the cervix</li> <li><input type="checkbox"/> The patient must experience minimal discomfort</li> <li><input type="checkbox"/> The HO must ensure that there is no trauma during the procedure</li> <li><input type="checkbox"/> The HO must personally dispose of the speculum and other equipment, and tidy up afterwards</li> <li><input type="checkbox"/> The HO must make a proper smear and ensure the slide is fixed correctly.</li> <li><input type="checkbox"/> The HO must ensure that the slide is labeled correctly and must fill the request form properly</li> </ul>
<p>Overall performance:</p> <p>SCORING AND FEEDBACK:      <input type="checkbox"/> Grade A (Good)      <input type="checkbox"/> Grade B (Satisfactory)      <input type="checkbox"/> Grade C (Poor)</p>	
<p>Fail mark: A HO who scores grade C is deemed to have failed. He / She must come back for another assessment at a later date</p> <p>Feedback :</p>	<p>Signature of Assessor :</p> <p>Assessor :</p> <p>Date :</p> <p>Stamp :</p>

**DOPS ASSESSMENT 2 (PRIMARY CARE HOUSE OFFICER)****COMPULSORY PERFORMED PROCEDURES**

<b>2. PAP SMEAR</b>	
Pap Smear	The purpose of this assessment is to ensure that the HO can correctly perform a PAP smear and provide advice on how to improve his (or her) technique.
Patient	The patient should be counseled and agree to the procedure
Hygiene	The HO must have clean hands and wear gloves and mask for this procedure
Equipment	The HO must demonstrate familiarity with the equipment required for the procedure, and that the size of the speculum is suitable for the patient.
Procedure	<p>The HO must perform the following skills:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The HO must identify the correct patient and explain the procedure</li> <li><input type="checkbox"/> The HO must wash hands and wear gloves and mask for this procedure</li> <li><input type="checkbox"/> The HO must ensure that there is adequate privacy for the procedure and cover the patient appropriately to preserve her dignity</li> <li><input type="checkbox"/> The HO must clean the patient's perineum for the procedure</li> <li><input type="checkbox"/> The HO must successfully insert the speculum and visualize the cervix</li> <li><input type="checkbox"/> The patient must experience minimal discomfort</li> <li><input type="checkbox"/> The HO must ensure that there is no trauma during the procedure</li> <li><input type="checkbox"/> The HO must personally dispose of the speculum and other equipment, and tidy up afterwards</li> <li><input type="checkbox"/> The HO must make a proper smear and ensure the slide is fixed correctly</li> <li><input type="checkbox"/> The HO must ensure that the slide is labeled correctly and must fill the request form properly</li> </ul>
Overall performance:	
SCORING AND FEEDBACK: <input type="checkbox"/> Grade A (Good) <input type="checkbox"/> Grade B (Satisfactory) <input type="checkbox"/> Grade C (Poor)	
Fail mark: A HO who scores grade C is deemed to have failed. He /She must come back for another assessment at a later date Feedback :	Signature of Assessor :  Assessor :  Date : Stamp :

**DOPS ASSESSMENT 3 (PRIMARY CARE HOUSE OFFICER)****COMPULSORY PERFORMED PROCEDURES**

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**DOPS ASSESSMENT 1 (PRIMARY CARE HOUSE OFFICER)****COMPULSORY PERFORMED PROCEDURES**

<b>3. DELIVERY OF BRONCHODILATORS : MDI</b>	
Delivery of bronchodilators - metered dose inhaler (MDI)	The purpose of this assessment is to ensure that the HO can teach the correct use and technique of MDI
Patient	The patient must be stable and not in respiratory distress
Hygiene	The HO must practice good hand hygiene
Equipment	The HO must demonstrate familiarity with the MDI
Procedure	<p>The HO must perform the following skills:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Educate patient about indication, name and dosing frequency of medication</li><li><input type="checkbox"/> Remove the mouthpiece cover</li><li><input type="checkbox"/> Shakes the inhaler</li><li><input type="checkbox"/> Ask the patient to inhale then exhale fully</li><li><input type="checkbox"/> Put the inhaler mouthpiece into the patient's mouth &amp; close the mouth</li><li><input type="checkbox"/> Depress the canister down to actuate the spray once and simultaneously ask the patient to inhale through the mouth</li><li><input type="checkbox"/> Ask the patient to hold the breath for 10 seconds</li><li><input type="checkbox"/> Breath out</li><li><input type="checkbox"/> If more than one puff is needed, allow at least 30 seconds between each actuation</li><li><input type="checkbox"/> Replace cover</li></ul>
<p style="text-align: center;">Overall performance:</p> <p>SCORING AND FEEDBACK:      <input type="checkbox"/> Grade A (Good)      <input type="checkbox"/> Grade B (Satisfactory)      <input type="checkbox"/> Grade C (Poor)</p>	
Fail mark: A HO who scores grade C is deemed to have failed. He /She must come back for another assessment at a later date	Signature of Assessor :
Feedback :	Assessor :  Date : Stamp :

**DOPS ASSESSMENT 2 (PRIMARY CARE HOUSE OFFICER)**
**COMPULSORY PERFORMED PROCEDURES**

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<p style="text-align: center;">Overall performance:</p> <p>SCORING AND FEEDBACK:      <input type="checkbox"/> Grade A (Good)      <input type="checkbox"/> Grade B (Satisfactory)      <input type="checkbox"/> Grade C (Poor)</p>	
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**DOPS ASSESSMENT 3 (PRIMARY CARE HOUSE OFFICER)**
**COMPULSORY PERFORMED PROCEDURES**

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<p style="text-align: center;">Overall performance:</p> <p>SCORING AND FEEDBACK:      <input type="checkbox"/> Grade A (Good)      <input type="checkbox"/> Grade B (Satisfactory)      <input type="checkbox"/> Grade C (Poor)</p>	
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**DOPS ASSESSMENT 1 (PRIMARY CARE HOUSE OFFICER)**
**COMPULSORY PERFORMED PROCEDURES**

4. WOUND CARE	
Wound care	<p>The purpose of this assessment is to</p> <p>1) Ensure that the HO can correctly perform a clean wound dressing and minimize the risk of introducing pathogenic organisms into a wound and to prevent the transfer of pathogens from the wound to other patients or staff</p> <p>2) Provide advice on how to improve his / her technique.</p>
Patient	The patient must be stable and in a comfortable position
Hygiene	The HO must perform hand hygiene, wear gloves and mask for this procedure
Equipment	The HO must demonstrate familiarity with the equipment required for the procedure, dressing requirements, complete dressing set
Procedure	<p>The HO must perform the following skills:</p> <p><input type="checkbox"/> The HO must identify the correct patient and explain the procedure</p> <p><input type="checkbox"/> The HO must wash hands and wear gloves and mask for this procedure</p> <p><input type="checkbox"/> The HO must ensure that there is adequate privacy for the procedure</p> <p><input type="checkbox"/> Ensure dressing requirements are ready; 1.Clean dressing trolley 2.Sterile dressing set 3.Dressing materials 4.Cleansing solution 5.Plaster/bandage, scissor 6.Clinical waste bin 7. General waste bin</p> <p><input type="checkbox"/> Ensure sterile techniques when opening dressing set, add sterile dressing materials, pour cleansing agent</p> <p><input type="checkbox"/> The HO must prepare swabs for dressing; dip swabs into cleansing solution &amp; squeeze excessive cleansing solution</p> <p><input type="checkbox"/> The HO performs dressing: swab from clean to dirty area, one swab for each stroke. Remove debris when necessary. Irrigate with non antiseptic solution if required. Clean peri wound area thoroughly</p> <p><input type="checkbox"/> The HO must ensure that wound is completely covered with appropriate dressing</p> <p><input type="checkbox"/> The HO must label dressing done &amp; date due for next dressing</p> <p><input type="checkbox"/> The HO must clear trolley, and tidy up afterwards</p> <p><input type="checkbox"/> The HO must perform hand hygiene</p> <p><input type="checkbox"/> The HO must inform patient of wound progress</p>
Overall performance:	
SCORING AND FEEDBACK:	<input type="checkbox"/> Grade A (Good) <input type="checkbox"/> Grade B (Satisfactory) <input type="checkbox"/> Grade C (Poor)
Fail mark: A HO who scores grade C is deemed to have failed. He /She must come back for another assessment at a later date	Signature of Assessor :
Feedback :	Assessor :
	Date :
	Stamp :

**DOPS ASSESSMENT 2 (PRIMARY CARE HOUSE OFFICER)**
**COMPULSORY PERFORMED PROCEDURES**

4. WOUND CARE	
Wound care	<p>The purpose of this assessment is to</p> <p>1) Ensure that the HO can correctly perform a clean wound dressing and minimize the risk of introducing pathogenic organisms into a wound and to prevent the transfer of pathogens from the wound to other patients or staff</p> <p>2) Provide advice on how to improve his / her technique</p>
Patient	The patient must be stable and in a comfortable position
Hygiene	The HO must perform hand hygiene, wear gloves and mask for this procedure
Equipment	The HO must demonstrate familiarity with the equipment required for the procedure, dressing requirements, complete dressing set
Procedure	<p>The HO must perform the following skills:</p> <p><input type="checkbox"/> The HO must identify the correct patient and explain the procedure</p> <p><input type="checkbox"/> The HO must wash hands and wear gloves and mask for this procedure</p> <p><input type="checkbox"/> The HO must ensure that there is adequate privacy for the procedure</p> <p><input type="checkbox"/> Ensure dressing requirements are ready; 1.Clean dressing trolley 2.Sterile dressing set 3.Dressing materials 4.Cleansing solution 5.Plaster/bandage, scissor 6.Clinical waste bin 7. General waste bin</p> <p><input type="checkbox"/> Ensure sterile techniques when opening dressing set, add sterile dressing materials, pour cleansing agent</p> <p><input type="checkbox"/> The HO must prepare swabs for dressing; dip swabs into cleansing solution &amp; squeeze excessive cleansing solution</p> <p><input type="checkbox"/> The HO performs dressing: swab from clean to dirty area, one swab for each stroke. Remove debris when necessary. Irrigate with non antiseptic solution if required. Clean peri wound area thoroughly</p> <p><input type="checkbox"/> The HO must ensure that wound is completely covered with appropriate dressing</p> <p><input type="checkbox"/> The HO must label dressing done &amp; date due for next dressing</p> <p><input type="checkbox"/> The HO must clear trolley, and tidy up afterwards</p> <p><input type="checkbox"/> The HO must perform hand hygiene</p> <p><input type="checkbox"/> The HO must inform patient of wound progress</p>
Overall performance:	
SCORING AND FEEDBACK:	<input type="checkbox"/> Grade A (Good) <input type="checkbox"/> Grade B (Satisfactory) <input type="checkbox"/> Grade C (Poor)
Fail mark: A HO who scores grade C is deemed to have failed. He /She must come back for another assessment at a later date	Signature of Assessor :
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**DOPS ASSESSMENT 3 (PRIMARY CARE HOUSE OFFICER)**
**COMPULSORY PERFORMED PROCEDURES**

4. WOUND CARE	
Pap Smear	<p>The purpose of this assessment is to</p> <p>1) Ensure that the HO can correctly perform a clean wound dressing and minimize the risk of introducing pathogenic organisms into a wound and to prevent the transfer of pathogens from the wound to other patients or staff</p> <p>2) Provide advice on how to improve his / her technique</p>
Patient	The patient must be stable and in a comfortable position
Hygiene	The HO must perform hand hygiene, wear gloves and mask for this procedure
Equipment	The HO must demonstrate familiarity with the equipment required for the procedure, dressing requirements, complete dressing set
Procedure	<p>The HO must perform the following skills:</p> <p><input type="checkbox"/> The HO must identify the correct patient and explain the procedure</p> <p><input type="checkbox"/> The HO must wash hands and wear gloves and mask for this procedure</p> <p><input type="checkbox"/> The HO must ensure that there is adequate privacy for the procedure</p> <p><input type="checkbox"/> Ensure dressing requirements are ready; 1.Clean dressing trolley 2.Sterile dressing set 3.Dressing materials 4.Cleansing solution 5.Plaster/bandage, scissor 6.Clinical waste bin 7. General waste bin</p> <p><input type="checkbox"/> Ensure sterile techniques when opening dressing set, add sterile dressing materials, pour cleansing agent</p> <p><input type="checkbox"/> The HO must prepare swabs for dressing; dip swabs into cleansing solution &amp; squeeze excessive cleansing solution</p> <p><input type="checkbox"/> The HO performs dressing: swab from clean to dirty area, one swab for each stroke. Remove debris when necessary. Irrigate with non antiseptic solution if required. Clean peri wound area thoroughly</p> <p><input type="checkbox"/> The HO must ensure that wound is completely covered with appropriate dressing</p> <p><input type="checkbox"/> The HO must label dressing done &amp; date due for next dressing</p> <p><input type="checkbox"/> The HO must clear trolley, and tidy up afterwards</p> <p><input type="checkbox"/> The HO must perform hand hygiene</p> <p><input type="checkbox"/> The HO must inform patient of wound progress</p>
<p>Overall performance:</p> <p>SCORING AND FEEDBACK: <input type="checkbox"/> Grade A (Good) <input type="checkbox"/> Grade B (Satisfactory) <input type="checkbox"/> Grade C (Poor)</p>	
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**DOPS ASSESSMENT 1 (PRIMARY CARE HOUSE OFFICER)**
**COMPULSORY PERFORMED PROCEDURES**

5. TOILET & SUTURING - PRIMARY CLOSURE OF A SIMPLE WOUND	
Toilet & suturing	The purpose of this assessment is to ensure that the HO can correctly perform primary closure of a simple wound
Patient	The patient should be counseled, in stable condition and comfortable position
Hygiene	The HO must perform hand hygiene, wear gloves and mask for this procedure
Equipment	The HO must demonstrate familiarity with the equipment required for the procedure, dressing & suturing materials and T&S set
Procedure	<p>The HO must perform the following skills:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Identify the correct patient and explain the procedure</li> <li><input type="checkbox"/> The HO must wash hands and wear gloves and mask for this procedure</li> <li><input type="checkbox"/> Clean the wound as of wound care procedure</li> <li><input type="checkbox"/> Ensure that there is no foreign body in the wound</li> <li><input type="checkbox"/> Ensure debridement of ragged, non viable skin edge</li> <li><input type="checkbox"/> Apply / infiltrate local anaesthesia</li> <li><input type="checkbox"/> When closing the wound, use absorbable material for deep sutures</li> <li><input type="checkbox"/> Use a cutting edge rather than tapered end needle for skin closure</li> <li><input type="checkbox"/> Generally use interrupted sutures</li> <li><input type="checkbox"/> First oppose midpoint if linear, or corners if jagged wound</li> <li><input type="checkbox"/> Instrument tie with 3 x double or triple knots</li> <li><input type="checkbox"/> Align knots outside of slightly everted laceration edges</li> <li><input type="checkbox"/> Space sutures about 2-5 mm apart</li> <li><input type="checkbox"/> When dressing the wound, the first layer in contact with the wound surface should be non adherent, followed by absorbent material and soft gauze roll</li> <li><input type="checkbox"/> Advise the patient on signs of infection and to come back if infection sets in</li> <li><input type="checkbox"/> Remove the sutures , if present, at appropriate time</li> </ul>
<p>Overall performance:</p> <p>SCORING AND FEEDBACK: <input type="checkbox"/> Grade A (Good) <input type="checkbox"/> Grade B (Satisfactory) <input type="checkbox"/> Grade C (Poor)</p>	
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**DOPS ASSESSMENT 2 (PRIMARY CARE HOUSE OFFICER)**
**COMPULSORY PERFORMED PROCEDURES**

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Overall performance:	
SCORING AND FEEDBACK: <input type="checkbox"/> Grade A (Good) <input type="checkbox"/> Grade B (Satisfactory) <input type="checkbox"/> Grade C (Poor)	
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**DOPS ASSESSMENT 3 (PRIMARY CARE HOUSE OFFICER)**
**COMPULSORY PERFORMED PROCEDURES**

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<p style="text-align: center;">Overall performance:</p> <p>SCORING AND FEEDBACK: <input type="checkbox"/> Grade A (Good) <input type="checkbox"/> Grade B (Satisfactory) <input type="checkbox"/> Grade C (Poor)</p>	
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# OTHER COMPULSORY PERFORMED PROCEDURES

Colour Vision & Acuity							
No	DATE	R/N	DIAGNOSIS	GRADE			NAME & SIGNATURE OF SUPERVISOR
				A	B	C	
1							
2							
3							
4							
5							

Fundoscopy							
No	DATE	R/N	DIAGNOSIS	GRADE			NAME & SIGNATURE OF SUPERVISOR
				A	B	C	
1							
2							
3							
4							
5							

# OTHER COMPULSORY PERFORMED PROCEDURES

Foot Examination & Foot Care for Diabetic Patients								
No	DATE	R/N	DIAGNOSIS	GRADE			COMMENTS	NAME & SIGNATURE OF SUPERVISOR
				A	B	C		
1								
2								
3								
4								
5								

Perform Directly Observed Therapy (DOTs) for TB treatment								
No	DATE	R/N	DIAGNOSIS	GRADE			COMMENTS	NAME & SIGNATURE OF SUPERVISOR
				A	B	C		
1								
2								
3								
4								
5								

## OTHER COMPULSORY PERFORMED PROCEDURES

Perform Relaxation Technique: 1. Breathing Exercise    2. Progressive Muscle Relaxation Technique								
No	DATE	R/N	DIAGNOSIS	GRADE			COMMENTS	NAME & SIGNATURE OF SUPERVISOR
				A	B	C		
1								
2								
3								
4								
5								

<b>Clinical Breast Examination</b>								
No	DATE	R/N	DIAGNOSIS	GRADE			COMMENTS	NAME & SIGNATURE OF SUPERVISOR
				A	B	C		
1								
2								
3								
4								
5								

## OTHER COMPULSORY PERFORMED PROCEDURES

Give Health Education Talk to Public							
No	DATE	R/N	DIAGNOSIS	GRADE			NAME & SIGNATURE OF SUPERVISOR
				A	B	C	
1							
2							
3							
4							
5							

Writing Referral Letter							
No	DATE	R/N	DIAGNOSIS	GRADE			NAME & SIGNATURE OF SUPERVISOR
				A	B	C	
1							
2							
3							
4							
5							

**COMPULSORY OBSERVED / ASSISTED PROCEDURES**

<b>1. Incision &amp; Drainage</b>								
No	DATE	R/N	DIAGNOSIS	GRADE			COMMENTS	NAME & SIGNATURE OF SUPERVISOR
				A	B	C		
1								
2								
3								
4								
5								

<b>2. Eye Irrigation</b>								
No	DATE	R/N	DIAGNOSIS	GRADE			COMMENTS	NAME & SIGNATURE OF SUPERVISOR
				A	B	C		
1								
2								
3								
4								
5								

# COMPULSORY OBSERVED / ASSISTED PROCEDURES

3. Insulin Injection Technique							
No	DATE	R/N	DIAGNOSIS	GRADE			NAME & SIGNATURE OF SUPERVISOR
				A	B	C	
1							
2							
3							
4							
5							

4. Perinatal / Under 5 Mortality Investigation							
No	DATE	R/N	DIAGNOSIS	GRADE			NAME & SIGNATURE OF SUPERVISOR
				A	B	C	
1							
2							
3							
4							
5							

# OPTIONAL PROCEDURES

Optional procedures, please refer to optional list on page 7								
No	DATE	R/N	DIAGNOSIS	GRADE			COMMENTS	NAME & SIGNATURE OF SUPERVISOR
				A	B	C		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								

CONTINUING PROFESSIONAL DEVELOPMENT

ATTENDANCE				
No.	TOPICS	ATTENDANCE	DATE	NAME & SIGNATURE OF SUPERVISOR
	<b>Mandatory Topics (1 topic per week)</b>			
1	Principles of Family Medicine in Primary Care	<input type="checkbox"/>		
2	Immunization schedule	<input type="checkbox"/>		
3	Neonatal jaundice	<input type="checkbox"/>		
4	Child with special needs – detection and early intervention	<input type="checkbox"/>		
5	Using HEADSS as a tool for engaging the adolescents	<input type="checkbox"/>		
6	Contraception	<input type="checkbox"/>		
7	Management of anaemia in pregnancy in primary care	<input type="checkbox"/>		
8	Management of diabetes in pregnancy in primary care	<input type="checkbox"/>		
9	Management of Hypertensive Disorders in pregnancy in primary care	<input type="checkbox"/>		
10	Management of Type 2 Diabetes Mellitus in Primary Care	<input type="checkbox"/>		
11	Management of Hypertension in Primary Care	<input type="checkbox"/>		
12	Management of Bronchial Asthma and COPD	<input type="checkbox"/>		
13	Management of Dengue in Primary Care	<input type="checkbox"/>		
14	Management of Mental Health Problem in Primary Care	<input type="checkbox"/>		
15	Management of Tuberculosis in primary care	<input type="checkbox"/>		
16	The giant of geriatrics	<input type="checkbox"/>		

# CONTINUING PROFESSIONAL DEVELOPMENT

ATTENDANCE				
No.	TOPICS	DATE	COMMENTS	NAME & SIGNATURE OF SUPERVISOR
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				



# **PERFORMANCE APPRAISAL**

# SUMMARY OF WORK BASED ASSESSMENTS PERFORMED

NO	WORK BASED ASSESSMENTS	DATE	GRADE			
			Good	Satisfactory	Poor	Not
			A	B	C	Applicable
	<b>CASED BASED DISCUSSION</b>					
1	CASED BASED DISCUSSION- ASSESSMENT 1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	CASED BASED DISCUSSION- ASSESSMENT 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	CASED BASED DISCUSSION- ASSESSMENT 3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	CASED BASED DISCUSSION- ASSESSMENT 4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	CASED BASED DISCUSSION- ASSESSMENT 5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>MINI CLINICAL EVALUATION EXERCISE</b>					
1	MINI CLINICAL EXERCISE- ASSESSMENT 1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	MINI CLINICAL EXERCISE- ASSESSMENT 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	MINI CLINICAL EXERCISE- ASSESSMENT 3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SUMMARY OF PROCEDURES PERFORMED

No	COMPULSORY PERFORMED PROCEDURES	DATE OF PASSING PROCEDURE	GRADE	
			A	B
1	Basic Antenatal Ultrasound (DOPS)			
2	PAP Smear (DOPS)			
3	Delivery Of Bronchodilators - MDI (DOPS)			
4	Wound Care (DOPS)			
5	Toilet & Suturing (DOPS)			
6	Colour Vision & Acuity			
7	Fundoscopy			
8	Foot Examination & Care For Diabetic Patient			
9	Perform Dots For TB Treatment			
10	Perform Relaxation Technique; Breathing Exercise & Progressive Muscle Relaxation Technique			
11	Clinical Breast Examination			
12	Give Health Education Talk To Lay Person			
13	Writing Referral Letter			

## SUMMARY OF OBSERVED & OPTIONAL PROCEDURES

No	COMPULSORY OBSERVED PROCEDURES	DATE OF PROCEDURE OBSERVED	NUMBER OF PROCEDURES
1	Incision & drainage		
2	Eye irrigation		
3	Insulin injection technique		
4	Perinatal / Under 5 mortality investigation		
	OPTIONAL		
1	Nasal packing		
2	Throat swab		
3	Urethral swab		
4	Conduct delivery in ABC / home		
5	Maternal mortality investigation		
6	Fundus photography & interpretation		
7	IUCD counseling, insertion / removal		
8	Foreign body removal		
9	Mantoux test		

COMMENTS:

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Signature of Supervisor:

Name :  
 Designation :  
 Official Stamp :  
 Date :

## Assessment of Attitude and Communication Skills

1. Accepting responsibility for welfare of patient  
Comment:

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2. Recognizing professional capabilities and limitations  
Comment:

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3. Relating to other medical personnel  
Comment:

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4. Accepting general responsibilities to profession and community  
Comment:

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5. Communication Skills (includes communication with patient, relative, colleagues and staff)  
Comment:

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Signature of Supervisor :

Name :  
Designation :  
Official Cop :  
Date :



**CERTIFICATION OF COMPLETION OF TRAINING**

This is to certify that Dr ..... has satisfactorily completed training in Primary Care as a House Officer in this Klinik Kesihatan ..... from..... to .....(including extension of housemanship period, where applicable).

During that period, he / she was engaged in employment in a resident Primary Care post as required under Section 13(2) of Medical Act, 1971 to my satisfaction.

Signature of Supervisor:

Name :

Designation :

Official stamp :

Date :



**FORM A**

**(Duplicate copy)**

### **CERTIFICATION OF COMPLETION OF TRAINING**

This is to certify that Dr ..... has satisfactorily completed training  
in Primary Care as a House Officer in this Klinik Kesihatan .....  
from..... to .....( including extension of housemanship period, where applicable).

During that period, he / she was engaged in employment in a resident Primary Care post as required under Section 13(2)  
of Medical Act, 1971 to my satisfaction.

Signature of Supervisor:

Name :

Designation :

Official stamp :

Date :



## ASSESSMENT 1 - CONFIDENTIAL - TO BE SUBMITTED DIRECTLY BY SUPERVISOR TO HEAD OF CLINIC

<b>MULTISOURCE FEEDBACK (MSF) FOR HOUSE OFFICERS</b>				
NAME:.....		IC NO:.....		
DATE OF START OF PRIMARY CARE POSTING: .....				
Attitude and/or Behaviour	No concern	You have some concern	You have major concern	COMMENT: Anything especially good? Or any concerns? Please comment on behaviour over time- not just a single incident
Maintaining trust/professional relationship with patients • Listens • Is polite and caring • Shows respect for patients' opinions, privacy, dignity, and is non judgmental				
Verbal communication skills • Gives understandable information • Speaks clearly, at the appropriate level for the patient				
Team-working/ working with colleagues • Respects others' roles, and works constructively in the team • Hands over effectively, and communicates well • Is unprejudiced, supportive and fair				
Accessibility • Punctual • Takes proper responsibility • Does not shirk duty • Response when needed Arranges cover for absence				
Please use the comments boxes to commend good behaviour and to describe any behaviour which is causing concern. Give specific examples. This form will be sent to the head of department/HO supervisor who may require additional information. Feedback will be given to the doctor as necessary if there are any concerns. The House Officer will receive private feedback but you will not be identified in person.				Signature of Assessor: ..... Date: ..... Stamp:



## ASSESSMENT 2 - CONFIDENTIAL - TO BE SUBMITTED DIRECTLY BY SUPERVISOR TO HEAD OF CLINIC

<b>MULTISOURCE FEEDBACK (MSF) FOR HOUSE OFFICERS</b>				
NAME: .....		IC NO: .....		
DATE OF START OF PRIMARY CARE POSTING: .....				
Attitude and/or Behaviour	No concern	You have some concern	You have major concern	COMMENT: Anything especially good? Or any concerns? Please comment on behaviour over time- not just a single incident
Maintaining trust/professional relationship with patients • Listens • Is polite and caring • Shows respect for patients' opinions, privacy, dignity, and is non judgmental				
Verbal communication skills • Gives understandable information • Speaks clearly, at the appropriate level for the patient				
Team-working/ working with colleagues • Respects others' roles, and works constructively in the team • Hands over effectively, and communicates well • Is unprejudiced, supportive and fair				
Accessibility • Punctual • Takes proper responsibility • Does not shirk duty • Response when needed Arranges cover for absence				
Please use the comments boxes to commend good behaviour and to describe any behaviour which is causing concern. Give specific examples. This form will be sent to the head of department/HO supervisor who may require additional information. Feedback will be given to the doctor as necessary if there are any concerns. The House Officer will receive private feedback but you will not be identified in person.				Signature of Assessor: ..... Date: ..... Stamp:



### ASSESSMENT 3 - CONFIDENTIAL - TO BE SUBMITTED DIRECTLY BY SUPERVISOR TO HEAD OF CLINIC

<b>MULTISOURCE FEEDBACK (MSF) FOR HOUSE OFFICERS</b>				
NAME: .....		IC NO: .....		
DATE OF START OF PRIMARY CARE POSTING: .....				
Attitude and/or Behaviour	No concern	You have some concern	You have major concern	COMMENT: Anything especially good? Or any concerns? Please comment on behaviour over time- not just a single incident
Maintaining trust/professional relationship with patients • Listens • Is polite and caring • Shows respect for patients' opinions, privacy, dignity, and is non judgmental				
Verbal communication skills • Gives understandable information • Speaks clearly, at the appropriate level for the patient				
Team-working/ working with colleagues • Respects others' roles, and works constructively in the team • Hands over effectively, and communicates well • Is unprejudiced, supportive and fair				
Accessibility • Punctual • Takes proper responsibility • Does not shirk duty • Response when needed Arranges cover for absence				
Please use the comments boxes to commend good behaviour and to describe any behaviour which is causing concern. Give specific examples. This form will be sent to the head of department/HO supervisor who may require additional information. Feedback will be given to the doctor as necessary if there are any concerns. The House Officer will receive private feedback but you will not be identified in person.				Signature of Assessor: ..... Date: ..... Stamp:



**ASSESSMENT 4 - CONFIDENTIAL - TO BE SUBMITTED DIRECTLY BY SUPERVISOR TO HEAD OF CLINIC**

<b>MULTISOURCE FEEDBACK (MSF) FOR HOUSE OFFICERS</b>				
NAME:.....		IC NO:.....		
DATE OF START OF PRIMARY CARE POSTING: .....				
Attitude and/or Behaviour	No concern	You have some concern	You have major concern	COMMENT: Anything especially good? Or any concerns? Please comment on behaviour over time- not just a single incident
Maintaining trust/professional relationship with patients • Listens • Is polite and caring • Shows respect for patients' opinions, privacy, dignity, and is non judgmental				
Verbal communication skills • Gives understandable information • Speaks clearly, at the appropriate level for the patient				
Team-working/ working with colleagues • Respects others' roles, and works constructively in the team • Hands over effectively, and communicates well • Is unprejudiced, supportive and fair				
Accessibility • Punctual • Takes proper responsibility • Does not shirk duty • Response when needed Arranges cover for absence				
Please use the comments boxes to commend good behaviour and to describe any behaviour which is causing concern. Give specific examples. This form will be sent to the head of department/HO supervisor who may require additional information. Feedback will be given to the doctor as necessary if there are any concerns. The House Officer will receive private feedback but you will not be identified in person.				Signature of Assessor: ..... Date: ..... Stamp:



**COMPONENT & WEIGHTAGE FOR CERTIFICATE COMPLETION OF POSTING  
(PRIMARY CARE)**

COMPONENTS	MARKING SCHEME	PERCENTAGE (%)	ACTUAL MARK OBTAINED
<b>1. Attendance</b>		<b>15</b>	
<b>2. LNPT</b>		<b>15</b>	
<b>3. Continuous Assessment and Log Book (35)</b> <ul style="list-style-type: none"> <li>• 5 Case Based Discussion (CBD)</li> <li>• 2 Mini Case Evaluation Exercise (Mini-CEX)</li> <li>• 5 Direct Observed Procedural Skills (DOPS)</li> <li>• 6 Other Compulsory Performed Procedure</li> <li>• 3 Compulsory Observed Procedures (From E &amp; F page 7 logbook)</li> </ul> <b>Professionalism &amp; Integrity (Multisource Feedback/MSF) (5)</b> <ul style="list-style-type: none"> <li>• Soft Skills and Attitude</li> <li>• Team work</li> <li>• Accessibility</li> <li>• Communication</li> </ul>	OVERALL GRADE <ul style="list-style-type: none"> <li>• Good - A</li> <li>• Satisfactory – B</li> <li>• Poor - C</li> </ul>	<b>40</b>  Grade: A (27-40 marks) B (13 – 26 marks) C (<13 marks)	
<b>4. CME Attendance</b>		<b>5</b>	
<b>5. End of Posting Assessment</b> Viva (Testing Knowledge, Attitude and Practice)	Grade A (Excellent) 17-25% Grade B (Good) 9 – 16% Grade C (Poor) ≤ 8	<b>25</b>	
<b>TOTAL</b>		<b>100</b>	





## CERTIFICATE COMPLETION OF POSTING (CCP)

### DEPARTMENT:

Name :

IC Number :

Hospital :

Posting/Discipline :

Duration of posting : Start (date) :

End (date) :

Extension (if applicable):

Category :

Percentage :

Grade :

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

Signature :

Name :

Stamp :

Date :

Head of Department : \_\_\_\_\_

Signature :

Name :

Stamp :

Date :

**NOTE: GRADING OF CCP**

<b>CATEGORY</b>	<b>PERCENTAGE (%)</b>	<b>GRADE</b>
<b>EXCELLENT</b>	<b>≥ 90%</b>	<b>4</b>
<b>GOOD</b>	<b>85 % - 89.9%</b>	<b>3</b>
<b>SATISFACTORY</b>	<b>75 % - 84.9%</b>	<b>2</b>
<b>PASS</b>	<b>60 % - 74.9 %</b>	<b>1</b>

**CERTIFICATE COMPLETION OF POSTING (CCP)**

**DEPARTMENT:**

**Name :**

**IC Number :**

**Hospital :**

**Posting/Discipline :**

**Duration of posting : Start (date) :**

**End (date) :**

**Extension (if applicable):**

**Category :**

**Percentage :**

**Grade :**

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

**Signature :**

**Name :**

**Stamp :**

**Date :**

**Head of Department : \_\_\_\_\_**

**Signature :**

**Name :**

**Stamp :**

**Date :**

**NOTE: GRADING OF CCP**

<b>CATEGORY</b>	<b>PERCENTAGE (%)</b>	<b>GRADE</b>
<b>EXCELLENT</b>	<b>≥ 90%</b>	<b>4</b>
<b>GOOD</b>	<b>85 % - 89.9%</b>	<b>3</b>
<b>SATISFACTORY</b>	<b>75 % - 84.9%</b>	<b>2</b>
<b>PASS</b>	<b>60 % - 74.9 %</b>	<b>1</b>