Section 1: Introduction to Community Medicine Sr. No. Competency number Maximum No. of Any remedial Rating Final decision Feedback Feedback and description of the number attempts training 1. Scope for of faculty conveyed received further . **C**– Completed activity of attempts taken by needed? by faculty by allowed for the learner (Yes/No) improvement **N**–Not (Yes/No) léarner the activity (with date If yes then 2. Satisfactory completed Signature of (Yes/No) (All attempts at faculty Signature of each state attempt) the reason(s) the activity (with date) of learner (with must be rated separately) date) **Introduction to Community Medicine** 1. 2. 3. 4. 5.

Competency Based Logbook in Community Medicine

Section 1: Introduction to Community Medicine

(This page may l	e used to record	the salient points	of the discussion	. as well as any a	ictivities, a	assignments
or assessments o	on the topic)					

Sub-topic:	Date:
1. Please describe briefly what was discussed C	OR details of activity/assignment/assessment:
2. Milest did your learns from the discussion OD.	the activity (accion ment) accessment
2. What did you learn from the discussion OR	the activity/assignment/assessment:
3. Do you feel that the knowledge you have acquin your own words.	uired will help you become a better doctor? Please explain
Feedback Received (Yes/No):	

Section 1A: History and Evolution of Community Medicine

(This page may be used to record	the salient points of the discuss	sion as well as any activities	s, assignments
or assessments on the topic)			

Sub-topic:	Date:
1. Please describe briefly what was discussed OR details of acti	vity/assignment/assessment:
2. What did you learn from the discussion OR the activity/assi	gnment/assessment:
3. Do you feel that the knowledge you have acquired will help yo in your own words.	ou become a better doctor? Please explain
Feedback Received (Yes/No):	

Competency Based Logbook in Community Medicine

Section 1A: History and Evolution of Community Medicine

(This page may be used to record	the salient points of the discussic	on as well as any activities,	assignments
or assessments on the topic)			

Sub-topic:	Date:
1. Please describe briefly what was discussed OR details of acti	ivity/assignment/assessment:
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3. Do you feel that the knowledge you have acquired will help yo in your own words.	ou become a better doctor? Please explain
Feedback Received (Yes/No):	