Section 1: Introduction to Pharmacology

Sr. No.	Competency number and description of the activity	Maximum number of attempts allowed for the activity	No. of attempts taken by the learner (with date of each attempt)	Any remedial training needed? (Yes/No) If yes then state the reason(s)	Rating 1. Scope for further improvement 2. Satisfactory (All attempts at the activity must be rated separately)	Final decision of faculty C- Completed N-Not completed	Feedback conveyed by faculty (Yes/No) Signature of faculty (with date)	Feedback received by learner (Yes/No) Signature of learner (with date)
			Introduc	tion to Pharn	nacology			
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Competency Based Logbook in Pharmacology

Section 1: Introduction to Pharmacology

(This page may be used to record	l the salient points of t	the discussion as w	ell as any activities	s, assignments
or assessments on the topic)				

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

Section 1A: History and Evolution of Pharmacology

(This page m	nay be used	to record	the salient _l	points of th	e discussio	n as well a	s any ac	tivities,	assignm	nents
or assessmer	nts on the t	opic)								

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

Competency Based Logbook in Pharmacology

Section 1B: The Role of Pharmacology in Disease Management

(This page may l	be used to record	the salient points	of the discussion	n as well as an	y activities,	assignments
or assessments of	on the topic)					

Sub-topic:	Date:
1. Please describe briefly what was discussed OR details of activ	vity/assignment/assessment:
2. What did you learn from the discussion OR the activity/assignments	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):	

Section 2: General Pharmacology

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

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

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