**Department of Anesthesiology School of Allied Medical Sciences Internship logbook**

**of AJUMS**

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| **Admission of patient in the operating room (full report of the patient’s condition including: tests, consultations, underlying diseases, etc.)** | | | | | | | | | | |
| Name and surname of the patient | Date | Type of the surgery | Patient’s age | Evaluation criteria | | | | Seal and signature of the clinical instructor | Feedback of the supervising professor | Feedback of the head of department |
| Excellent | Good | Average | Needs to be repeated |
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**“An example of anesthesia skills evaluation checklist”**