

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA



**JUNIOR RESIDENCY LOGBOOK FOR SUBSPECIALTY
OF HAEMATOLOGY AND BLOOD TRANSFUSION**

FACULTY OF PATHOLOGY

APPROVED BY THE SENATE ON 1ST JUNE, 2023



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COLLEGE REGISTRAR**



**National Postgraduate Medical College of Nigeria
(NPMCN)**

FACULTY OF PATHOLOGY

Haematology and Blood Transfusion

**JUNIOR RESIDENCY TRAINING
LOGBOOK**

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Introduction

This log book covers the Junior Residency training programme. It is developed to assist the trainee to achieve the required level of knowledge, skills and competence expected of a registrar in haematology

The Trainee is expected to carry out and record the tasks in the log book.

A completed and duly signed logbook by the supervising consultant/s is a prerequisite for sitting for the part 1 Fellowship examinations of the National Post graduate Medical College, Faculty of Pathology

This book provides a guide both for the supervising consultant and the resident.

In the course of rotation through a particular work station, or bench , in the laboratory and at clinic, the resident will be assessed in both skills and knowledge.

Grading is from A-D.

A = excellent >= 70%.

B = Good 60 - 69%.

C= average 50 - 59%.

D= fail 0 - 49%

The trainees should note that the number of test stipulated for each section is the minimum number expected and they are expected to do more than this number to improve proficiency and skill.

It is obligatory for the trainers to give trainee feedback immediately after the procedure is carried out or after formative assessment has been carried out.

Laboratory Information Sheet (Check list)

Every trainee is expected to go through this section with the trainer before going into the Laboratory. This is to educate the trainee on the workings of the Laboratory and the safety precautions that are observed in the Laboratory:

- I have participated in the Laboratory safety induction session (organised by the training coordinator).
- I have read and discussed the laboratory safety manual with the trainer.
- I have been vaccinated for hepatitis B and have shown evidence of such.
- I wear appropriate protective clothing (ward coat, gloves, mask, goggles) and always remove it before leaving the laboratory.
- I know I should wash my hands or use alcohol-based hand rub (ABHR) after all procedures in the laboratory.
- I should cover all cuts with plaster before entering the laboratory.
- I shall not eat, drink, smoke, apply makeup or rub or wipe my face with my hands while in the laboratory.
- I shall not use personal electronic devices while working in the Laboratory.
- I shall be careful when handling blood and other body fluids to prevent transmission of infections.
- I shall report all needle pricks in the Laboratory and immediately report to the infectious clinic or staff clinic or infection control unit to get PEP prophylaxis.
- I will set up my workspace and ensure correct posture and lifting techniques to avoid strain and injury.
- I will clean up myself after each practical session.
- I have read, discussed with the trainer and fully understand the Laboratory rules and regulations.
- I have been given an opportunity to ask questions and I am satisfied with the responses.

Trainee name (print) Signature.....

Witness (supervisor or other senior member of staff):

Name (print) Signature.....

Date:

Clinical Case Presentation

In preparation for fellowship examination the trainees will be expected to present a minimum of 20 cases for Junior Residency to be eligible for examination. The following areas need to be assessed by the trainer before arriving at the overall grade.

Complexity of case (tick box) ...low ...medium ...high

Brief description of case presented, discussed and assessed

Why was this case selected for discussion?

Does this case broaden the trainee’s experience by being different from previous cases that have been/ is the resident able to grasp the peculiarity of the case

Discussed? ...yes ...no ...n/a

Please indicate whether these aspects of the trainee’s performance are as expected or better than expected for the stage of training	Yes	No	n/a
Ability to present case clearly and concisely			
Good understanding of clinical issues relating to the case			
Good understanding of laboratory issues relating to the case			
Depth of understanding and awareness of current literature relevant to this case			
Ability to interpret results in a balanced and rational way			
Ability to provide and clearly communicate well reasoned professional advice			
Ability to clinically correlate the laboratory investigations results in the setting of clinical presentation of the patient.			
Ability to suggest further relevant or more useful investigations towards the management of the patient in relation to diagnosis and monitoring including prognosis.			
Ability to communicate findings to a non-medical person (e.g. patient, lawyer)			
Understanding of management and financial aspects of the case			
Overall laboratory and clinical judgment			

Case Presentation Scoring Sheet

National Post Graduate Medical College		Haematology Sign up forms for Clinical Presentation/Meetings		Training Year _____	
Date	Description of meeting(Ward round/clinic/clinical meeting)	Case Presented by trainee	Grade	Comment	Assessors name/signature

	Manual platelet count ()	5	2
	Automated full blood count ()	5	-
	Identification and interpretation of haemoglobinopathy slides ()	3	2
	ABO and RH grouping ()	6	11
	Cross matching ()	3	1
	Seminar presentation (2)		2
	Case Presentation (2)		2
	Haemaocrit estimation ()	10	10
	Prothrombin time ()	1	1
	Activated partial thromboplastin time ()	1	1
	Bone marrow aspiration and Trepine biopsy ()	1	1
	Erythrocyte Sedimentation rate (5)	3	2

Procedure signing sheet

S/N	SPECIFIC LABORATORY PROCEDURE	GRADE	Observed/ Performed	DATE	ASSESSORS NAME & SIGNATURE

Name of Resident Signature.....

Note: (A) Outstanding means far exceeds expectations. (B) Above average means often exceeds expectations; (C) Average means meets reasonable expectations; (D) Below average means often falls short of reasonable expectations. (E) Unsatisfactory means falls far short of reasonable expectations.

Will you advice Counselling.....

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SECTION FOUR: ROTATIONS

ASSESSMENT DURING OTHER PATHOLOGY SPECIALTIES ROTATIONS

ANATOMICAL PATHOLOGY ROTATION LOG SHEET

Module 1	Task/activity	Observed	Performed
Surgical Pathology	Accession and surgical pathology reception procedures	30	20
	Surgical cut-up techniques for the various organs	30	20
	Principles of manual and automated tissue processing-embedding and Microtomy	2	2
	Staining of Tissue Sections	10	10
	Trouble shooting/Quality Control of tissue sections. (Detection of defects in H & E sections, correction of technical errors)	20	15
	Principle and Use of histochemical techniques (Special stains) in diagnosis	1	1
	Principles of Immunohistochemical Techniques and the use in diagnosis and clinical management	1	1

Module 2	Task/activity
Autopsy Pathology	Gathering of clinical information from the case notes and results of radiological and laboratory investigation
	Experience in performing general autopsies with full post-mortem report
	Autopsy Dissection Techniques and tidiness including appropriate use of instruments
	Autopsy/Organ demonstration complete
	Museum Techniques

Module 3	Task/activity	Observed/
Academic/Clinical Presentations	Postgraduate Seminar	
	Resident Seminars/Tutorials (Breakfast meeting)	
	Slide seminars	
	Clinicopathological conference	
	Multidisciplinary Team meetings	
	Gross conference	
	Journal Club	
	Guest lecture	
	Autopsy review	

Trouble shooting/quality control of tissue sections (identification of technical defects and determination of correct

Trouble shooting/quality control of tissue sections (identification of technical defects and determination of correct performed)

Date	Lab Number	Remarks/Diagnosis	Grade of performed tasks	Assessor's Name & Signature	Date	Lab Number	Remarks/Diagnosis
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Performance of histochemical techniques (special stains) in diagnosis (1 observ

Performance of histochemical techniques (special stains) in diagnosis (1 perform

Principle of Immunohistochemical Techniques and use in diagnosis/management of patient

Evaluation of Immunohistochemistry Slides and the use in diagnosis and clinical management

Records of Autopsy - Gathering of clinical/premorbid information from the case notes/informants (including results of relevant clinical and laboratory investigations) (5 observed, 10 performed)

Gathering of clinical/premorbid information from the case notes/informants (including results of relevant clinical and laboratory investigations)

S/No.	PM No.	Cause of Death (fill in recommended WHO format)
1.		1a
		1b
		1c
		2
2.		1a
		1b
		1c
		2
3.		1a
		1b
		1c
		2
4.		1a
		1b
		1c
		2
5.		1a
		1b
		1c
		2

Gathering of clinical/premorbid information from the case notes/informants (including results of relevant clinical and laboratory investigations)

S/No.	PM No.	Cause of Death (fill in recommended WHO format)
1. 1		1a
		1b
		1c
		2
2.		1a
		1b
		1c
		2
3.		1a
		1b
		1c
		2
4.		1a
		1b
		1c
		2
5.		1a
		1b
		1c
		2

6.		1a
		1b
		1c
		2
7.		1a
		1b
		1c
		2
8.		1a
		1b
		1c
		2
9.		1a
		1b
		1c
		2
10.		1a
		1b
		1c
		2

Grading: A-Excellent, B- Very good, C- Good, D-Fair, E-Poor

Records of Experience in performing general autopsies including good dissection techniques and appropriate use of instruments (5 observed, 2 performed)

Experience in performing general autopsies including good dissection techniques (5 observed, 2 performed)		
S/No.	PM No.	Cause of Death (fill in recommended WHO format)
1.		1a
		1b
		1c
		2
2.		1a
		1b
		1c
		2
3.		1a
		1b
		1c
		2
4.		1a
		1b
		1c
		2
5.		1a
		1b
		1c
		2

Experience in performing general autopsies including good dissection techniques (20 performed)		
S/No.	PM No.	Cause of Death (fill in recommended WHO format)

1.	1	1a
		1b
		1c
		2
2.		1a
		1b
		1c
		2

Grading: A-Excellent, B- Very good, C- Good, D-Fair, E-Poor

Records of Autopsy Dissection Techniques and tidiness including appropriate use of instruments (5 observed, 2 performed)

Experience in performing general autopsies including good dissection techniques (5 observed, 2 performed)		
S/No.	PM No.	Cause of Death (fill in recommended WHO format)
1.		1a
		1b
		1c
		2
2.		1a
		1b
		1c
		2
3.		1a
		1b
		1c
		2
4.		1a
		1b
		1c
		2
5.		1a
		1b
		1c
		2

Experience in performing general autopsies including good dissection techniques (20 performed)		
S/No.	PM No.	Cause of Death (fill in recommended WHO format)
1.	1	1a
		1b
		1c
		2
2.		1a
		1b
		1c
		2

Grading: A-Excellent, B- Very good, C- Good, D-Fair, E-Poor

Records of Museum Techniques (Museum pot making) (1 observed, 0 performed)

S/No.	Surgical/Post Mortem No.	Description of potted organ with diagnosis
-------	--------------------------	--------------------------------------------

1.		
2.		
3.		
4.		
5.		

Grading: A-Excellent, B- Very good, C- Good, D-Fair, E-Poor

Records of Postgraduate Seminar Presented (1 required)			
S/No	Date	Topic	Grades
1.			
2.			
3.			
Records of Postgraduate Seminar Attended (8 required)			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Records of Resident's Seminars/Tutorials (breakfast meetings) (45 observed, 5 performed)

Records of Resident's Seminar Presented (5 required)			
S/No	Date	Topic	Grades
1.			
2.			
3.			
4.			
5.			
Records of Resident's Seminar Attended (45 required)			
1.			
2.			
3.			
4.			
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42.		
43.		
44.		
45.		

Records of Slide Seminars Presented/Attended (8 observed, 8 presented)

Records of Slide Seminars Presented (8 required)

S/No	Date	Topic/Diagnosis/Description	G pr
1.			
2.			
3.			
4.			
5.			
6.			

7.		
8.		
Records of Slide Seminars Attended (8 required)		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

S/No	Date	Topic/Diagnosis/Description	Indicate Presented or Attended	Grad topic
Records of Clinicopathological conference (3 observed, 0 performed)				
1.				
2.				
3.				
Multidisciplinary Team meetings (5 observed, 0 performed)				
1.				
2.				
3.				
4.				
5.				
Gross conference (8 observed, 2 performed)				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Journal Club (8 observed, 2 performed)				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Guest lecture (1 observed, 0 performed)				
1.				
2.				

Autopsy review (15 observed, 2 performed)				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
Hospital grand round (1 observed, 0 performed)				
1.				
2.				
Slide Club (3 observed, 0 performed)				
1.				
2.				
3.				

FORMAL TEST ASSESSMENT

ACTIVITY	DATE	SCORE
PRE-TEST		
POST TEST		

Grade level could be either Excellent - A, Good - B, Average -C, Borderline - D, Fail - E

Chief resident name/sign/date

Academic coordinator name/sign/date.....

Head of Department name/sign/date

HOD Remarks

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JUNIOR RESIDENCY ROTATIONS

CHEMICAL PATHOLOGY LOG SHEET

Junior residents in other specialties of Pathology rotating for 3 months in Chemical Pathology will be introduced to the department, expected to understand the theoretical bases, attend and make seminar presentations, observe, as well as perform some activities as applicable. Stated below are the minimum numbers expected to be assessed for completion of the posting.

1. GENERAL CHEMICAL PATHOLOGY LABORATORY ACTIVITY

Activity	Duration	Exposure needed/ Minimum No of Samples Handled	Supervisor Comments(s)	Grade (A – E, or NA)	Supervising Consultant's Signature & Date
Introduction to workings of Chemical Pathology Department	2 weeks	NA			
Laboratory Reception Workflow		20			
Sample/Specimen Collection		20			
Completed Result Management and Dispatch		20			
Emergency Laboratory Requests Handling		20			
Clinicopathological Review and Interpretation (General Tests)	12 weeks	40			
Clinicopathological Review and Interpretation (Specialized Tests/Hormones)		10			

* NA – Not Applicable. Grade level could be either Excellent - A, Good - B, Average -C, Borderline - D, Fail – E

2. CHEMICAL PATHOLOGY SEMINAR PRESENTATIONS

SECTIONS	Attend	Present	SEMINAR TOPIC	Attended/ Presented	Grade (A – E, or NA)	Supervising Consultant's Signature & Date
Principles of Laboratory Medicine	2	1				
Analytical Techniques and Instrumentati on	2	1				
Analytes	2	1				

Molecular Diagnostics and Genetics	2	1				
Pathophysiology	2	1				

* NA – Not Applicable. Grade level could be either Excellent - A, Good - B, Average -C, Borderline - D, Fail – E

3. CHEMICAL PATHOLOGY WET PRACTICAL (CALIBRATION CURVES)

Proficiency in developing Calibration Curves	Observe	Perform	WET PRACTICAL SESSION	Observed/ Performed	Grade (A – E, or NA)	Supervising Consultant's Signature & Date
One-Step Endpoint Assay Calibration Curves eg. Glucose	2	2				
Two Steps Endpoint assay Calibration Curves eg. Creatinine	2	1				
Kinetic Assay Calibration Curves e.g. creatinine	2	1				
ELISA Based Assay Calibration Curves	1	1				

* NA – Not Applicable. Grade level could be either Excellent - A, Good - B, Average -C, Borderline - D, Fail - E

4. CHEMICAL PATHOLOGY WET PRACTICAL (ASSAYS ESTIMATION)

Assays Estimation	Observe	Perform	WET PRACTICAL SESSION	Observed/ Performed	Grade (A – E, or NA)	Supervising Consultant's Signature & Date
Glucose	2	2				

Creatinine	2	1				
Urea	2	1				
Calcium	1	1				
Total Cholesterol	1	1				
Total Protein	1	1				

* NA – Not Applicable. Grade level could be either Excellent - A, Good - B, Average -C, Borderline - D, Fail – E

5. CHEMICAL PATHOLOGY LABORATORY BENCH WORK

Bench	Observe	Perform	BENCH WORK SESSION	Observed/ Performed	Grade (A – E, or NA)	Supervising Consultant's Signature & Date
Glucose/OGTT/ HbA1c	4	4				
Electrolytes/Urea/ Creatinine	2	2				
Lipid profile	2	NA				
Liver enzymes	2	NA				

Cardiac Markers	2	NA				
CSF Analysis	2	NA				
Haemoglobin Quantitation	2	NA				
Dynamic Function Tests (OGTT, Water Deprivation Test, Dexamethasone Suppression Test, etc)	1	NA				

* NA – Not Applicable. Grade level could be either Excellent - A, Good - B, Average -C, Borderline - D, Fail – E

6. CHEMICAL PATHOLOGY LABORATORY BENCH CALL

Bench	Observe	Perform	BENCH CALL SESSION	Observed/Performed	Grade (A – E, or NA)	Supervising Consultant's Signature & Date
Glucose/OGTT/HbA1c	4	4				
	2	2				

Electrolytes/ Urea/Creatin ine						
Lipid profile	2	NA				
Liver Enzymes	2	NA				
Bilirubin	2	NA				
Cardiac Markers	2	NA				
CSF Analysis	2	NA				
Haemoglobi n Quantitation	2	NA				

* NA – Not Applicable. **Grade level could be either Excellent - A, Good - B, Average -C, Borderline - D, Fail – E**

7. CHEMICAL PATHOLOGY WEIGHT & OBESITY/ NUTRITION (METABOLIC) CLINICS ACTIVITIES & JOURNAL CLUB/ ARTICLE REVIEW/ CASE PRESENTATIONS

Activity	Attend	Present	ARTICLE TITLE/CASE	Attended/ Presented	Grade (A – E, or NA)	Supervising Consultant’s Signature & Date
Journal Club/Article Review	1	2				
Metabolic Clinic	10	NA				

* NA – Not Applicable. **Grade level could be either Excellent - A, Good - B, Average -C, Borderline - D, Fail – E**

FORMAL TEST ASSESSMENT

ACTIVITY	DATE	SCORE
PRE-TEST		
POST TEST		

Grade level could be either Excellent - A, Good - B, Average -C, Borderline - D, Fail - E

.....
NAME, SIGNATURE & DATE OF RESIDENCY TRAINING COORDINATOR

.....
NAME, SIGNATURE & DATE OF HEAD OF DEPARTMENT

MEDICAL MICROBIOLOGY ROTATION LOG SHEET

This section will be used to assess the Anatomical Pathology junior resident during the 3-month rotation in Microbiology. It details what the person is expected to do as well as the grading system to be carried out.

PRACTICAL ASSESSMENT

PARASITOLOGY SECTION					Trainee level				
SPECIFIC LABORATORY PROCEDURE; THIN BLOOD FILM – PREPARATION, EXAMINATION AND REPORTING									
S/N	PATH ID	DATE	GRADE	ASSESSORS NAME/ SIGNATURE/DATE	S/N	PATH ID	DATE	GRADE	ASSESSORS NAME/ SIGNATURE/DATE
1.					6.				
2.					7.				
3.					8.				
4.					9.				
5.					10.				
SPECIFIC LABORATORY PROCEDURE; THICK BLOOD FILM - PREPARATION, EXAMINATION AND REPORTING									
S/N	PATH ID	DATE	GRADE	ASSESSORS NAME/ SIGNATURE/DATE	S/N	PATH ID	DATE	GRADE	ASSESSORS NAME/ SIGNATURE/DATE
1.					6.				
2.					7.				
3.					8.				
4.					9.				
5.					10.				
SPECIFIC LABORATORY PROCEDURE; URINE WET MOUNT – PREPARATION, EXAMINATION AND REPORTING									
S/N	PATH ID	DATE	GRADE	ASSESSORS NAME/ SIGNATURE/DATE	S/N	PATH ID	DATE	GRADE	ASSESSORS NAME/ SIGNATURE/DATE
1.					6.				
2.					7.				
3.					8.				
4.					9.				
5.					10.				
SPECIFIC LABORATORY PROCEDURE; STOOL WET MOUNT – PREPARATION, EXAMINATION AND REPORTING									
S/N	PATH ID	DATE	GRADE	ASSESSORS NAME/ SIGNATURE/DATE	S/N	PATH ID	DATE	GRADE	ASSESSORS NAME/ SIGNATURE/DATE
1.					6.				
2.					7.				
3.					8.				
4.					9.				
5.					10.				
SPECIFIC LABORATORY PROCEDURE; CONCENTRATION TECHNIQUES STOOL AND URINE									

S/N	PATH ID	DATE	GRADE	ASSESSORS NAME/ SIGNATURE/DATE	S/N	PATH ID	DATE	GRADE	ASSESSORS NAME/ SIGNATURE/DATE
1.					4.				
2.					5.				
3.					6.				

SPECIFIC LABORATORY PROCEDURE; OTHERS – SKIN SNIPS, ECTOPARASITES

S/N	PATH ID	DATE	GRADE	ASSESSORS NAME/ SIGNATURE/DATE	S/N	PATH ID	DATE	GRADE	ASSESSORS NAME/ SIGNATURE/DATE
1.					3.				
2.					4.				

SPECIFIC LABORATORY PROCEDURE; OTHERS

S/N	PATH ID	DATE	GRADE	ASSESSORS NAME/ SIGNATURE/DATE	S/N	PATH ID	DATE	GRADE	ASSESSORS NAME/ SIGNATURE/DATE
1.					3.				
2.					4.				

Grade level could be either Excellent - A, Good - B, Average -C, Borderline - D, Fail – E

PARASITIOLOGY SECTION Trainee level

SPECIFIC LABORATORY PROCEDURE; URINE MCS

ID	DATE	ASSESSORS NAME/ SIGNATURE/DATE	ID	DATE	ASSESSORS NAME/ SIGNATURE/DATE

SPECIFIC LABORATORY PROCEDURE; STOOL MCS

ID	DATE	ASSESSORS NAME/ SIGNATURE/DATE	ID	DATE	ASSESSORS NAME/ SIGNATURE/DATE

SPECIFIC LABORATORY PROCEDURE; BLOOD MCS

ID	DATE	ASSESSORS NAME/ SIGNATURE/DATE	ID	DATE	ASSESSORS NAME/ SIGNATURE/DATE

SPECIFIC LABORATORY PROCEDURE; OTHER SPECIMEN MCS

ID	DATE	ASSESSORS NAME/ SIGNATURE/DATE	ID	DATE	ASSESSORS NAME/ SIGNATURE/DATE

Grade level could be either Excellent - A, Good - B, Average -C, Borderline - D, Fail – E

MYCOBACTERIOLOGY SECTION Trainee level

SPECIFIC LABORATORY PROCEDURE; SPUTUM Microscopy (ZN, Fluorescent)), Culture – liquid, solid, automated, Molecular Microbiology/Sensitivity

ID	DATE	ASSESSORS NAME/ SIGNATURE/DATE	ID	DATE	ASSESSORS NAME/ SIGNATURE/DATE

Grade level could be either Excellent - A, Good - B, Average -C, Borderline - D, Fail – E

FORMAL TEST ASSESSMENT

ACTIVITY	DATE	SCORE
PRE-TEST		
POST TEST		

Grade level could be either Excellent - A, Good - B, Average -C, Borderline - D, Fail - E

Chief resident name/sign/date

Academic coordinator name/sign/date.....

Head of Department name/sign/date

HOD Remarks

ASSESSMENT OF ATTITUDE FOR PRIMARY HAEMATOLOGY RESIDENTS
(To be assessed before proceeding for the Part I examinations)

ATTRIBUTE	GRADES				
	A	B	C	D	E
Punctuality					
Ability to work unsupervised					
Zeal to learn					
Initiative					
Interpersonal relationship					
Attitude to Work					
Sense of responsibility					
Reliability					

Supervisor's Name **Signature** **Dates**