

REFLECTION ON ROTATION (make copies and use for each rotation)

Mid-posting

End-of-posting

Name of rotation: _____

Date Rotation commenced _____ Date ending _____

Name of health facility: _____

Type of health facility (please tick): PHC Mission hospital General hospital

Teaching Hospital Other _____

Clinical area(s) covered in this rotation:-----

Provide a brief d e s c r i p t i o n of your duties, patient profile and number of patients personally managed in this rotation.