

**Part I: Filled by the MI (for each case)**

**Patient serial # (In the logbook):**

**Hospital/PHC unit record #:**

Seen at:	Outpatient	Inpatient	ER	Other (specify)
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**Date:**

**Age & Gender:**

**Main theme of the case**

**Case Summary:**

**Self-reflection:**

**What did I do right?**

**What needs more development? Plan**

**for further development**

EPA:(check the appropriate boxes)	1	2	3	4
	5	6	7	8
	9	10	11	12
	13	14	15	16
	17	18	19	20

**Signature of the MI**

**Part 2: To be filled by the trainer for each case**

EPA tested	Rubric	Strength points	Points needing improvement

Trainer's name	Trainer's signature
Re-evaluation and follow up	
Trainer's name	Trainer's signature