

NYARKOTEY UNIVERSITY COLLEGE OF HOLISTIC MEDICINE

&

TECHNOLOGY (NUCHMT)



Ashaiman, Behind the Municipal Assembly

Tel: (+233) 241083423 ; 248044018

CONFIDENTIAL ASSESSMENT FORM

NATUROPATHIC/ CONVENTIONAL HOSPITAL

ND STUDENT CLERKSHIP LOG BOOK

Student's Name.....

Mat No.....

Academic Year.....

Programme.....

EDUCATIONAL MEMBER



NATUROPATHIC MEDICAL STUDENT CLERKSHIP LOGBOOK

STUDENT'S NAME.....

NAME(S) OF SUPERVISOR(S)/DOCTOR IN CHARGE.....

1)

2).....

3)

NAME OF FACILITY.....

DEPARTMENT/DEPARTMENTS.....

1)

2).....

3).....

4).....

PERIOD OF ATTACHMENT: FROM: TO:

NUMBER OF WEEKS ATTACHED:

WEEK ONE

DETAILS OF DAILY ACTIVITIES

MONDAY

Date:

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TUESDAY

Date:

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WEDNESDAY

Date:

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THURSDAY

Date:

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FRIDAY

Date:

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Student's Reflections on the Week:

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Supervisor's Comment:

WEEK TWO

DETAILS OF DAILY ACTIVITIES

MONDAY

Date:

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TUESDAY

Date:

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WEDNESDAY

Date:

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THURSDAY

Date:

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FRIDAY

Date:

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Student's Reflections on the Week:

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Supervisor's Comment:

WEEK THREE

DETAILS OF DAILY ACTIVITIES

MONDAY

Date:

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TUESDAY

Date:

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WEDNESDAY

Date:

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THURSDAY

Date:

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FRIDAY

Date:

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Student's Reflections on the Week:

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Supervisor's Comment:

WEEK FOUR

DETAILS OF DAILY ACTIVITIES

MONDAY

Date:

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TUESDAY

Date:

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WEDNESDAY

Date:

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THURSDAY

Date:

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FRIDAY

Date:

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Student's Reflections on the Week:

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Supervisor's Comment:

WEEK FIVE

DETAILS OF DAILY ACTIVITIES

MONDAY

Date:

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TUESDAY

Date:

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WEDNESDAY

Date:

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THURSDAY

Date:

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FRIDAY

Date:

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Student's Reflections on the Week:

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Supervisor's Comment:

WEEK SIX

DETAILS OF DAILY ACTIVITIES

MONDAY

Date:

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TUESDAY

Date:

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WEDNESDAY

Date:

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THURSDAY

Date:

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FRIDAY

Date:

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Student's Reflections on the Week:

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Supervisor's Comment:

WEEK SEVEN

DETAILS OF DAILY ACTIVITIES

MONDAY

Date:

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TUESDAY

Date:

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WEDNESDAY

Date:

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THURSDAY

Date:

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FRIDAY

Date:

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Student's Reflections on the Week:

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Supervisor's Comment:

WEEK EIGHT

DETAILS OF DAILY ACTIVITIES

MONDAY

Date:

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TUESDAY

Date:

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WEDNESDAY

Date:

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THURSDAY

Date:

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FRIDAY

Date:

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Student's Reflections on the Week:

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Supervisor's Comment:

WEEK NINE

DETAILS OF DAILY ACTIVITIES

MONDAY

Date:

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TUESDAY

Date:

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WEDNESDAY

Date:

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THURSDAY

Date:

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FRIDAY

Date:

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Student's Reflections on the Week:

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Supervisor's Comment:

WEEK TEN

DETAILS OF DAILY ACTIVITIES

MONDAY

Date:

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TUESDAY

Date:

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WEDNESDAY

Date:

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THURSDAY

Date:

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FRIDAY

Date:

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Student's Reflections on the Week:

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Supervisor's Comment:

WEEK ELEVEN

DETAILS OF DAILY ACTIVITIES

MONDAY

Date:

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TUESDAY

Date:

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WEDNESDAY

Date:

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THURSDAY

Date:

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FRIDAY

Date:

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Student's Reflections on the Week:

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Supervisor's Comment:

WEEK TWELVE

DETAILS OF DAILY ACTIVITIES

MONDAY

Date:

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TUESDAY

Date:

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WEDNESDAY

Date:

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THURSDAY

Date:

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FRIDAY

Date:

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Student's Reflections on the Week:

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Supervisor's Comment:

WEEK THIRTEEN

DETAILS OF DAILY ACTIVITIES

MONDAY

Date:

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TUESDAY

Date:

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WEDNESDAY

Date:

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THURSDAY

Date:

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FRIDAY

Date:

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Student's Reflections on the Week:

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Supervisor's Comment:

WEEK FOURTEEN

DETAILS OF DAILY ACTIVITIES

MONDAY

Date:

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TUESDAY

Date:

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WEDNESDAY

Date:

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THURSDAY

Date:

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FRIDAY

Date:

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Student's Reflections on the Week:

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Supervisor's Comment:

WEEK FIFTEEN

DETAILS OF DAILY ACTIVITIES

MONDAY

Date:

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TUESDAY

Date:

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WEDNESDAY

Date:

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THURSDAY

Date:

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FRIDAY

Date:

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Student's Reflections on the Week:

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Supervisor's Comment:

WEEK SIXTEEN

DETAILS OF DAILY ACTIVITIES

MONDAY

Date:

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TUESDAY

Date:

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WEDNESDAY

Date:

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THURSDAY

Date:

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FRIDAY

Date:

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Student's Reflections on the Week:

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Supervisor's Comment:

WEEK SEVENTEEN

DETAILS OF DAILY ACTIVITIES

MONDAY

Date:

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TUESDAY

Date:

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WEDNESDAY

Date:

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THURSDAY

Date:

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FRIDAY

Date:

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Student's Reflections on the Week:

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Supervisor's Comment:

WEEK EIGHTEEN

DETAILS OF DAILY ACTIVITIES

MONDAY

Date:

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TUESDAY

Date:

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WEDNESDAY

Date:

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THURSDAY

Date:

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FRIDAY

Date:

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Student's Reflections on the Week:

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Supervisor's Comment:

WEEK NINETEEN

DETAILS OF DAILY ACTIVITIES

MONDAY

Date:

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TUESDAY

Date:

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WEDNESDAY

Date:

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THURSDAY

Date:

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FRIDAY

Date:

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Student's Reflections on the week:

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Supervisor's Comment:

WEEK TWENTY

DETAILS OF DAILY ACTIVITIES

MONDAY

Date:

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TUESDAY

Date:

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WEDNESDAY

Date:

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THURSDAY

Date:

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FRIDAY

Date:

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Student's Reflections on the Week:

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Supervisor's Comment:

WEEK TWENTY ONE

DETAILS OF DAILY ACTIVITIES

MONDAY

Date:

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TUESDAY

Date:

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WEDNESDAY

Date:

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THURSDAY

Date:

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FRIDAY

Date:

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Student's Reflections on the Week:

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Supervisor's Comment:

WEEK TWENTY-TWO

DETAILS OF DAILY ACTIVITIES

MONDAY

Date:

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TUESDAY

Date:

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WEDNESDAY

Date:

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THURSDAY

Date:

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FRIDAY

Date:

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Student's Reflections on the Week:

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Supervisor's Comment:

WEEK TWENTY-THREE

DETAILS OF DAILY ACTIVITIES

MONDAY

Date:

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TUESDAY

Date:

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WEDNESDAY

Date:

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THURSDAY

Date:

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FRIDAY

Date:

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Student's Reflections on the Week:

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Supervisor's Comment:

WEEK TWENTY-FOUR

DETAILS OF DAILY ACTIVITIES

MONDAY

Date:

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TUESDAY

Date:

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WEDNESDAY

Date:

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THURSDAY

Date:

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FRIDAY

Date:

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Student's Reflections on the Week:

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Supervisor's Comment:

CLINICAL COORDINATOR/DOCTOR'S COMMENT

1. Comment on the student's execution of assigned tasks (if any).

2. Comment on the student's general comprehension of the task assigned

Name of Doctor.....

Date

Signature.....

