

**RAJIV GANDHI UNIVERSITY OF HEALTH
SCIENCES
BENGALURU, KARNATAKA**



PHASE 2 MBBS, PHASE 3 MBBS Part 1, Part 2 & INTERNSHIP

LOG BOOK FORMAT

DEPARTMENT OF ORTHOPAEDICS

NAME OF THE CANDIDATE :

NAME OF THE COLLEGE :

UNIVERSITY REGISTER NUMBER :

YEAR OF ADMISSION :

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BONAFIDE CERTIFICATE

This is to certify that this log book is the bonafide record of Mr./Ms.....whose particulars along is given above. His/ Her log of competencies acquired, are as noted in the entries in this log book in the subject of Orthopaedics including Physical Medicine and Rehabilitation, and related AETCOM modules as per the Competency Based Undergraduate Medical Education Curriculum (CBME), Graduate Medical Regulation (GMR) 2019, during the period to.....

She / He is not eligible / eligible to appear for the summative (University) assessment as on the date given below.

Signature with date

Head, Department of Orthopaedics:

Signature with date

Principal/Dean

BASIC PROFORMA OF THE STUDENT

PARTICULARS OF THE STUDENT:

Name of the student :

Photo

Date of Birth :

Father's name :

Mother's name :

Address :

Contact no :

Email id :

Signature:

.....

SUGGESTED GUIDELINES FOR LOG BOOK

GENERAL INFORMATION

4

- 1) The logbook is a record of the academic / co-curricular activities of the designated student, who would be responsible for maintaining his/her logbook.
- 2) The student is responsible for getting the regular entries in the logbook verified by the Faculty in charge regularly.
- 3) Entries in the logbook will reflect the activities undertaken in the department & have to be scrutinized by the Head of the concerned department.
- 4) The logbook is a record of various activities by the student like:
 - a. Overall participation & performance
 - b. Attendance
 - c. Participation in sessions
 - d. Record of completion of pre-determined activities.

e. Acquisition of selected competencies

- 5) The logbook is the record of work done by the candidate in that department / specialty and should be verified by the college before submitting the application of the students for the University examination.

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SUMMARY OF ATTENDANCE

<i>Phase</i>	<i>Percentage of classes attended</i>		<i>Eligible for University examination (Yes / No)</i>	<i>Signature of student</i>	<i>Signature of teacher</i>
	<i>Theory</i>	<i>Practical</i>			
Attendance at the end of MBBS Phase II	<i>Not applicable</i>		<i>Not applicable</i>		
Attendance at the end of MBBS Phase III, Part 1			<i>Not applicable</i>		
Attendance at the end of MBBS Phase III, Part 2					

SUMMARY OF FORMATIVE ASSESSMENT (FA) & INTERNAL ASSESSMENT (IA)

<i>Sl. No.</i>	<i>Type of Assessment</i>	<i>Date of Assessment</i>	<i>Total marks</i>	<i>Marks scored</i>	<i>Signature of student</i>	<i>Signature of teacher</i>

Suggested format for monitoring academic performance and providing feedback

<i>SL NO</i>	<i>Marks obtained</i>		<i>Feedback provided</i>		<i>Date</i>	<i>Signature of student</i>	<i>Signature of mentor</i>
			<i>Positive</i>	<i>Could be improved</i>			
1	1 st Internal Examination						
	Practical						
2	2 nd Internal Examination						
	Theory						
	Practical						
3	3 rd Internal Examination						
	Theory						
	Practical						
4	AGGREGATE						
	Theory						
	Practical						

ACTIVITIES DONE IN MBBS PHASE II

SL NO	<i>Competency # addressed</i>	<i>Name of Activity</i>	<i>Date completed</i>	<i>Attempt at activity</i> <i>First or Only (F); Repeat (R); Remedial (Re)</i>	<i>Rating</i> <i>Below Expectations (B); Meets Expectations (M); Exceeds Expectations (E)</i>	<i>Decision of faculty</i> <i>Completed (C); Repeat (R); Remedial (Re)</i>	<i>Initial of faculty and date</i>	<i>Feedback Received</i> <i>Initial of learner</i>
1								
2								
3								
4								

- Duplicate of this template shall be made depending on the activities planned.

- Activities may be skill labs, group discussions, radiograph and instruments /orthosis/ prosthesis discussions, seminars, tutorials, projects, case discussion, Self-directed learning etc.

ACTIVITIES DONE IN MBBS PHASE III (PART 1)

SL NO	Competency # addressed	Name of Activity	Date completed	Attempt at activity <i>First or Only (F); Repeat (R); Remedial (Re)</i>	Rating <i>Below Expectations (B); Meets Expectations (M); Exceeds Expectations (E)</i>	Decision of faculty <i>Completed (C); Repeat (R); Remedial (Re)</i>	Initial of faculty and date	Feedback Received <i>Initial of learner</i>
1								
2								
3								
4								

- Duplicate of this template shall be made depending on the activities planned.
- Activities may be skill labs, group discussions, radiograph and instruments /orthosis/ prosthesis discussions, seminars, tutorials, projects, case discussion, Self-directed learning etc..

ACTIVITIES DONE IN MBBS PHASE III (PART 2)

SL NO	Competency # addressed	Name of Activity	Date completed	Attempt at activity <i>First or Only (F); Repeat (R); Remedial (Re)</i>	Rating <i>Below Expectations (B); Meets Expectations (M); Exceeds Expectations (E)</i>	Decision of faculty <i>Completed (C); Repeat (R); Remedial (Re)</i>	Initial of faculty and date	Feedback Received <i>Initial of learner</i>
1								
2								
3								

4								
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- Duplicate of this template shall be made depending on the activities planned.
- Activities may be skill labs, group discussions, radiograph and instruments /orthosis/ prosthesis discussions, seminars, tutorials, projects, case discussion, Self-directed learning etc.

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Suggested format for documentation and feedback for Self-Directed Learning

<i>SL NO</i>	<i>Date</i>	<i>Topic of SDL</i>	<i>Feedback</i>	<i>Signature of faculty/mentor</i>

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SUGGESTED FORMAT FOR AETCOM SESSIONS

Name of the Facilitator:

Date:

AETCOM module Number:

AETCOM Topic:

Competencies / Objectives:

1. OR14.1.

Demonstrate the ability to counsel patients regarding prognosis in patients with various orthopedic illnesses like a. fractures with disabilities
b. fractures that require prolonged bed stay
c. bone tumours
d. congenital disabilities

2. OR 14.2

Demonstrate the ability to counsel patients to obtain consent for various orthopedic procedures like limb amputation, permanent fixations etc.

3. OR14.3

Demonstrate the ability to convince the patient for referral to a higher centre in various orthopedic illnesses, based on the detection of warning signals and need for sophisticated management

1. Briefly describe what you learnt from this AETCOM session in relation to the objectives.

(in 100-150 words)

2. Apart from the above learning, what did you observe that influenced (Positive/negative) you during this session? (in 100-150 words)

Remarks by

Facilitator: Signature

of Facilitator:

Module #	Name of AETCOM Activity	Date completed	Attempt at activity	Rating	Decision of faculty	Initial of faculty and date	Feedback Received Initial of learner
			<i>First or Only (F); Repeat (R); Remedial (Re)</i>	<i>Below Expectations (B); Meets Expectations (M); Exceeds Expectations (E)</i>	<i>Completed (C); Repeat (R); Remedial (Re)</i>		

Suggested format for assessment of competencies in internship

<i>SL NO</i>	<i>Competency</i>	<i>Number of times done</i>			<i>Sign of Teacher/Doctor</i>
		<i>Performed</i>	<i>Assisted</i>	<i>Observed</i>	
1	Splinting				
2	Cast Application				
3	Manual Reduction of Common dislocations				
4	Application of External Fixator				
5	Internal Fixation of Long Bones				
6	Wound repair and dressing				
7	Drainage of Acute Osteomyelitis				
8	Major Operative Procedures				
9	Minor Operative Procedures				
10	Case Sheet Writing				

Suggested format for evaluation of internship

Sl. NO	Attributes	Max Score	Score Awarded
1	Subject Knowledge	5	
2	Punctuality and Attendance	5	
3	Team work	5	
4	Competency in acquiring Skills (Performed Procedures)	5	
5	Competency in acquiring skills (Assisted/Observed)	5	
6	Emergency Duties	5	
7	Clinical Bedside Discussions	5	
8	Out Patient Department work	5	
9	Inpatient Department work	5	
10	Participation in Seminars/conferences/CME/Organizational Procedures	5	
	TOTAL		

SCORING SCALE: Parameters for assessment of intern's work					
POOR	FAIR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT
0	1	2	3	4	5
<i>A score of less than 3 indicates unsatisfactory completion of internship and the posting needs to be repeated</i>					

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Other academic/non-academic activities

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CONFERENCE/CME/WORKSHOP ATTENDED

SL NO	DATE	PARTICULARS	REMARKS IF ANY	SIGNATURE OF STAFF

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SCIENTIFIC PROJECT PRESENTATIONS/ REPORTS/ OUTREACH ACTIVITIES

<i>SL NO</i>	<i>DATE</i>	<i>PARTICULARS</i>	<i>SIGNATURE OF STAFF</i>

ACHIEVEMENTS/ AWARDS /ANY OTHER ACTIVITIES

<i>SL NO</i>	<i>DATE</i>	<i>PARTICULARS</i>	<i>SIGNATURE OF STAFF</i>

EXTRACURRICULAR ACTIVITIES

<i>SL NO</i>	<i>DATE</i>	<i>PARTICULARS</i>	<i>SIGNATURE OF STAFF</i>