

The Draft CBME Curriculum for PG Clinical is being Circulated for Comments and Suggestions. The Suggestions are to be sent to RGUHS by mail to dcd.rguhs@gmail.com and copy to be mailed to Chairman BOS PG Clinical ravikdoc@gmail.com

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES

4th T Block Jayanagar, Bangalore, Karnataka 560041



POSTGRADUATE STUDENT'S

LOGBOOK

Department of Otorhinolaryngology

Name: _____

Year:- _____

...INSTITUTE OF MEDICAL SCIENCES

(Affiliated to RGUHS, Karnataka, Bangalore)

COLLEGE

EMBLEM

CERTIFICATE

Certified that content of this Log Book is the Bonafide work of

Dr. _____

Post graduate Student of Department of Otolaryngology of

_____ Institute of Medical Sciences

for the academic year _____

Signature
Name & Seal of Guide

Signature
Name & Seal of Professor and HOD

Name and Seal of Director

Signature

Date

Date:

Date:

Department of Otorhinolaryngology & Head and Neck Surgery

The purpose of this log book is to:

1. Help the Resident to maintain a record of the work done by him/her.
 2. Enable the faculty to have first hand information about the work done by the Resident and suggest improvement for better performance.
 3. To assess clinical experience gained by the Resident.
- The Resident should make entries regarding personal data immediately after joining the course.
 - Various section of log book should from time to time.
 - The Resident should obtain the signature of the concerned faculty every week.
 - The log book should be submitted to Head of Department at the end of every rotation and at the end of the term.

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8	Periodic evaluation of dissertations	
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10	Details of participation in academic/CME/Workshop	
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17.	Sub specialty postings	
18.	Mortality meetings/surgical audits	
19.	Details of Annual Assessments	
20.	Details of leaves taken	
21.	Details of departmental postings	
22.	Details of achievements in curricular/extracurricular activities(If any)	

Biodata of the Student

1. Students Name:

2. Date of Birth:

3. Permanent Address:

Pass port size
photo of the
student to be
affixed and
attested by the
HOD

4. Tel. No. :

5. Local Address:

6. M.B.B.S Degree:

Year of Passing

College

University:

7. Date & year Registration:

8. Date of joining M.S. course:

9. Name of the Guide:

10. Previous work experience (give details):

11. Academic Achievements: Distinctions, Prizes, Medals, Scholarships etc.

12. Special Interest, Hobbies & Extra Curricular Activities:

13. Candidate Signature

Signature of Guide

Signature of HOD

Evaluation of the Clinical work-CLINICAL WORK RECORD

Guidelines for evaluation of Clinical Work in the Department

(This data include the overall care given to a patient who is admitted for surgery, where the surgery is assisted by the candidate)

(To be completed once a month by respective Unit Heads including posting in other departments)

Corollary Grading in all Check lists:

Poor: 0, Below Average-1, Average-2, Good-3, Very Good-4.

PG year 1

SI No	Points to be Considered													
1	Regularity of attendance													
2	Punctuality													
	Interaction with Colleagues and Supportive Staff													
3	Case Sheet completion													
4	Presentation of the case during rounds													
	Investigational Workup													
5	Relevant investigations done pre operatively													
6	Post operative Care given													
7	Maintenance of Case Records													
8	Bed Side Manners and Rapport with the patients.													
9	Counseling patient's relatives for blood donation or Postmortem and Case follow up.													
10	Overall Quality of the ward Work													
	Total													
	Signature of the Guide/Faculty													
	Date of Evaluation													

Evaluation of the Clinical work-CLINICAL WORK RECORD

Guidelines for evaluation of Clinical Work in the Department

(This data include the overall care given to a patient who is admitted for surgery, where the surgery is assisted by the candidate)

(To be completed once a month by respective Unit Heads including posting in other departments)

Corollary Grading in all Check lists:

Poor: 0, Below Average-1, Average-2, Good-3, Very Good-4.

PG year 2

SI No	Points to be Considered																		
1	Regularity of attendance																		
2	Punctuality																		
	Interaction with Colleagues and Supportive Staff																		
3	Case Sheet completion																		
4	Presentation of the case during rounds																		
	Investigational Workup																		
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10	Overall Quality of the ward Work																		
	Total																		
	Signature of the Guide/Faculty																		
	Date of Evaluation																		

Evaluation of the Clinical work-CLINICAL WORK RECORD

Guidelines for evaluation of Clinical Work in the Department

(To be completed once a month by respective Unit Heads including posting in other departments)

Corollary Grading in all Check lists:

Poor: 0, Below Average-1, Average-2, Good-3, Very Good-4.

PG year 3

Sl No	Points to be Considered																		
1	Regularity of attendance																		
2	Punctuality																		
	Interaction with Colleagues and Supportive Staff																		
3	Case Sheet completion																		
4	Presentation of the case during rounds																		
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10	Overall Quality of the ward Work																		
	Total																		
	Signature of the Guide/Faculty																		
	Date of Evaluation																		

Checklist for evaluation of the Communication skills.

(To be evaluated at least twice in a year)

Rating Scale 0-4 0=Did not made any attempt, 1= made an attempt but not satisfactory, 2=Satisfactory 3=Good, 4=Excellent

Sl No	Parameter Evaluated						
1	Builds the relationships						
2	Opens the discussion						
3	Gathers information						
4	Understands the patient's perspective						
5	Shares information						
6	Reaches agreement						
7	Provides closure						
	Total score						
	Brief Scenario						
	Name of the Evaluator						
	Signature of the Evaluator						
	Date of Evaluation						

(This data include the overall care given to a patient who is admitted for surgery, where the surgery is assisted by the candidate)

Corollary Grading in all Check lists:
Poor: 0, Below Average-1, Average-2, Good-3, Very Good-4.

[illegible][illegible]

Evaluation of Academic GRAND WARD ROUNDS

[illegible]

Evaluation of Academic GRAND WARD ROUNDS

[illegible]

Evaluation of Academic GRAND WARD ROUNDS

[illegible]

Evaluation of Academic GRAND WARD ROUNDS

[illegible]

Guidelines for evaluation of CLINICAL CASE PRESENTATION

Corollary Grading in all Check lists:

Poor: 0, Below Average-1, Average-2, Good-3, Very Good-4.

PG year 1

Sl. No.	Points to be considered										
1.	Completeness of history										
2.	Whether all relevant points elicited										
3.	Clarity of Presentation										
4.	Logical order										
5.	Mentioned all positive and negative points of importance										
6.	Accuracy of general physical examination										
7.	Whether all physical signs elicited correctly										
8.	Whether any major signs missed or misinterpreted										
9.	Diagnosis: Whether it follows logically from history and findings										
10	Investigations required Complete list										
	▪ Relevant order										
	▪ Interpretation of investigations										
11.	Ability to react to questioning Whether it follows logically from history and findings										
12	Ability to defend diagnosis										
13	Ability to justify differential diagnosis										
	Grand Total										
	Signature of the Faculty										
	Date of Presentation										

Guidelines for evaluation of CLINICAL CASE Presentation

Corollary Grading in all Check lists:

Poor: 0, Below Average-1, Average-2, Good-3, Very Good-4.

PG year 2

Sl. No.	Points to be considered										
	Completeness of history										
2	Whether all relevant points elicited										
3	Clarity of Presentation										
4	Logical order										
5	Mentioned all positive and negative points of importance										
6	Accuracy of general physical examination										
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	Signature of the Faculty										
	Date of Presentation										

Guidelines for evaluation of CLINICAL CASE PRESENTATION

Corollary Grading in all Check lists:

Poor: 0, Below Average-1, Average-2, Good-3, Very Good-4.

PG year 3

Sl. No.	Points to be considered										
	• Completeness of history										
	• Whether all relevant points elicited										
	• Clarity of Presentation										
	• Logical order										
	• Mentioned all positive and negative points of importance										
	• Accuracy of general physical examination										
	• Whether all physical signs elicited correctly										
	• Whether any major signs missed or misinterpreted										
	• Diagnosis: Whether it follows logically from history and findings										
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12	Ability to defend diagnosis										
13	Ability to justify differential diagnosis										
	Grand Total										
	Signature of the Faculty										
	Date of Presentation										

P.G. CASE PRESENTATIONS

Sl No.

Brief summary of the history:

Examination findings with diagrams:

Differential diagnosis:

Final Diagnosis:

Management:
Salient Investigations:

Teacher)

(Signature of the

P.G. CASE PRESENTATIONS

Treatment Planned:

DRAFT

Final Diagnosis:

Management: Remarks by the teacher:
--

Sl No.
Brief summary of the history:

Teacher)

(Signature of the

P.G. CASE PRESENTATIONS

Examination findings with diagrams:

Final Diagnosis:

Management:

Differential diagnosis:

Salient Investigations:

Teacher)

(Signature of the

P.G. CASE PRESENTATIONS

Treatment Planned:

DRAFT

Final Diagnosis:

Management: Remarks by the teacher:
--

Sl No.
Brief summary of the history:

Teacher)

(Signature of the

P.G. CASE PRESENTATIONS

Examination findings with diagrams:

Final Diagnosis:

Management:

Differential diagnosis:

Salient Investigations:

Teacher)

(Signature of the

P.G. CASE PRESENTATIONS

Treatment Planned:

DRAFT

Final Diagnosis:

Management: Remarks by the teacher:
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Brief summary of the history:

Teacher)

(Signature of the

P.G. CASE PRESENTATIONS

Examination findings with diagrams:

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Management:

Differential diagnosis:

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P.G. CASE PRESENTATIONS

Treatment Planned:

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Management: Remarks by the teacher:
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Brief summary of the history:

Teacher)

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P.G. CASE PRESENTATIONS

Examination findings with diagrams:

Final Diagnosis:

Management:

Differential diagnosis:

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Teacher)

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P.G. CASE PRESENTATIONS

Treatment Planned:

DRAFT

Final Diagnosis:

Management: Remarks by the teacher:
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Sl No.
Brief summary of the history:

Teacher)

(Signature of the

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Examination findings with diagrams:

Final Diagnosis:

Management:

Differential diagnosis:

Salient Investigations:

Teacher)

(Signature of the

P.G. CASE PRESENTATIONS

Treatment Planned:

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Examination findings with diagrams:

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Differential diagnosis:

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Teacher)

(Signature of the

P.G. CASE PRESENTATIONS

Treatment Planned:

DRAFT

Final Diagnosis:

Management: Remarks by the teacher:
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Sl No.
Brief summary of the history:

Teacher)

(Signature of the

P.G. CASE PRESENTATIONS

Examination findings with diagrams:

Final Diagnosis:

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Differential diagnosis:

Salient Investigations:

Teacher)

(Signature of the

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Treatment Planned:

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Final Diagnosis:

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Differential diagnosis:

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Teacher)

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P.G. CASE PRESENTATIONS

Treatment Planned:

DRAFT

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(Signature of the

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DRAFT

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Teacher)

(Signature of the

P.G. CASE PRESENTATIONS

Treatment Planned:

DRAFT

Final Diagnosis:

Management: Remarks by the teacher:
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Brief summary of the history:

Teacher)

(Signature of the

P.G. CASE PRESENTATIONS

Examination findings with diagrams:

Final Diagnosis:

Management:

Differential diagnosis:

Salient Investigations:

Teacher)

(Signature of the

P.G. CASE PRESENTATIONS

Treatment Planned:

DRAFT

Final Diagnosis:

Management: Remarks by the teacher:
--

Sl No.
Brief summary of the history:

Teacher)

(Signature of the

P.G. CASE PRESENTATIONS

Examination findings with diagrams:

Final Diagnosis:

Management:

Differential diagnosis:

Salient Investigations:

Teacher)

(Signature of the

P.G. CASE PRESENTATIONS

Treatment Planned:

DRAFT

Final Diagnosis:

Management: Remarks by the teacher:
--

Sl No.
Brief summary of the history:

Teacher)

(Signature of the

P.G. CASE PRESENTATIONS

Examination findings with diagrams:

Final Diagnosis:

Management:

Differential diagnosis:

Teacher)

(Signature of the

Management:

Salient Investigations:

Treatment Planned:

Remarks by the teacher:

(Signature of the Teacher)

Guidelines for evaluation of SEMINAR Presentation

Poor: 0, Below Average 3, Very Good-4.
Corollary Grading in all Check
lists:
-1, Average-2, Good-

Guidelines for evaluation of SEMINAR Presentation

Poor: 0, Below Average

3, Very Good-4.

PG year 1

Sl. No.	Points to be considered										
	Title of the Seminar										
1.	Whether other relevant publications consulted										
2.	Whether cross references have been consulted										
3.	Completeness of Preparation										
4.	Clarity of Presentation										
5.	Understanding of subject										
6.	Ability to answer questions										
7.	Time scheduling										
8.	Appropriate use of Audio-Visual aids										
9.	Overall Performance										
10	Others										
	Grand Total										
	Name of the Moderator										
	Signature of the Faculty										
	Date of Presentation										

Guidelines for evaluation of SEMINAR Presentation

Poor: 0, Below Average

3, Very Good-4.

Corollary Grading in all Check
lists:

-1, Average-2, Good **PG**
year 2

Guidelines for evaluation of SEMINAR Presentation

Poor: 0, Below Average

3, Very Good-4.

Sl. No.	Points to be considered										
	Title of the Seminar										
1.	Whether other relevant publications consulted										
2.	Whether cross references have been consulted										
3.	Completeness of Preparation										
4.	Clarity of Presentation										
5.	Understanding of subject										
6.	Ability to answer questions										
7.	Time scheduling										
8.	Appropriate use of Audio-Visual aids										
9.	Overall Performance										
10	Others										
	Grand Total										
	Name of the Moderator										
	Signature of the Faculty										
	Date of Presentation										

Guidelines for evaluation of SEMINAR Presentation

Poor: 0, Below Average 3, Very Good-4.
Corollary Grading in all Check
lists:
-1, Average-2, Good-

Guidelines for evaluation of SEMINAR Presentation

Poor: 0, Below Average

3, Very Good-4.

PG year 3

Sl. No.	Points to be considered										
	Title of the Seminar										
1.	Whether other relevant publications consulted										
2.	Whether cross references have been consulted										
3.	Completeness of Preparation										
4.	Clarity of Presentation										
5.	Understanding of subject										
6.	Ability to answer questions										
7.	Time scheduling										
8.	Appropriate use of Audio-Visual aids										
9.	Overall Performance										
10	Others										
	Grand Total										
	Name of the Moderator										
	Signature of the Faculty										
	Date of Presentation										

Guidelines for evaluation of SEMINAR Presentation

Poor: 0, Below Average 3, Very Good-4.
Corollary Grading in all Check
lists:
-1, Average-2, Good-

Guidelines for evaluation of SEMINAR Presentation

Poor: 0, Below Average

3, Very Good-4.

Sl. No.	Points to be considered										
	Title of the Seminar										
1.	Whether other relevant publications consulted										
2.	Whether cross references have been consulted										
3.	Completeness of Preparation										
4.	Clarity of Presentation										
5.	Understanding of subject										
6.	Ability to answer questions										
7.	Time scheduling										
8.	Appropriate use of Audio-Visual aids										
9.	Overall Performance										
10	Others										
	Grand Total										
	Name of the Moderator										
	Signature of the Faculty										
	Date of Presentation										

Guidelines for evaluation of JOURNAL CLUB PRESENTATION

Corollary Grading in all Check lists:

Poor: 0, Below Average-1, Average-2, Good-3, Very Good-4.

PG year 1

	<i>Signature of the Faculty</i>										
	<i>Date of Presentation</i>										

Sl. No.	Points to be considered										
	Title of the Journal Club										
1.	Article chosen was										
2.	Extent of understanding of scope & objectives of the paper by the candidate										
3.	Whether cross references have been consulted										
4.	Whether other relevant publications consulted										
5.	Ability to respond to questions on the paper / subject										
6.	Audio-Visual aids used										
7.	Ability to defend the paper										
8.	Clarity of presentation										
9.	Any other observation										
	Grand Total										
	Name of the Moderator										

Guidelines for evaluation of JOURNAL CLUB PRESENTATION

Corollary Grading in all Check lists:

	Signature of the Faculty										
	Date of Presentation										

Poor: 0, Below Average-1, Average-2, Good-3, Very Good-4.

PG year 2

Sl. No.	Points to be considered										
	Title of the Journal Club										
1.	Article chosen was										
2.	Extent of understanding of scope & objectives of the paper by the candidate										
3.	Whether cross references have been consulted										
4.	Whether other relevant publications consulted										
5.	Ability to respond to questions on the paper / subject										
6.	Audio-Visual aids used										
7.	Ability to defend the paper										
8.	Clarity of presentation										
9.	Any other observation										
	Grand Total										
	Name of the Moderator										

	Signature of the Faculty										
	Date of Presentation										

Guidelines for evaluation of Journal Club Presentation

Corollary Grading in all Check lists:

Poor: 0, Below Average-1, Average-2, Good-3, Very Good-4.

PG year 3

	<i>Signature of the Faculty</i>										
	<i>Date of Presentation</i>										

Sl. No.	Points to be considered										
	Title of the Journal Club										
1.	Article chosen was										
2.	Extent of understanding of scope & objectives of the paper by the candidate										
3.	Whether cross references have been consulted										
4.	Whether other relevant publications consulted										
5.	Ability to respond to questions on the paper / subject										
6.	Audio-Visual aids used										
7.	Ability to defend the paper										
8.	Clarity of presentation										
9.	Any other observation										
	Grand Total										
	Name of the Moderator										

	Signature of the Faculty										
	Date of Presentation										

DISSERTATION

Topic:

Guide:

Co-Guide:

Date of Presentation of proposed work (synopsis):

Remarks Guide:

Abstract:

Date of presentation of dissertation:

Remarks by guide:

Remarks by H.O.D.

Internal Thesis Progress Report 1

Name of the candidate:

Year of admission:

Title of the topic:

Guide/Evaluator Name:

To be filled by the candidate

Date of Submission:

Status of the Dissertation work:

Data collection

/ Article collection

/statistical work /
analysis of the data

/ results and interpretation

/ writing Thesis

No of Cases studied:

No of Articles reviewed:

Is Data Collected in accordance with the objective stated?

Any modifications/ additional data which needs to be collected.

Difficulties /problems encountered during the data collection

Any other

Brief report of the Study till date:

Continued.....

To be filled by the Guide:

Articles Collected:
Problems discussed:

Relevant/Partly irrelevant/ Irrelevant

Corrections Suggested / Remarks

Status/Progress of the work:

Satisfactory/ Non Satisfactory

Signature of the Guide / Evaluator with Date:

Data Reviewed:

complete/partly incomplete/incomplete

Signature of the Head of the Department

Signature of the Principal

Internal Thesis Progress Report 2

Name of the candidate:

Year of admission:

Title of the topic:

Guide/Evaluator Name:

To be filled by the candidate

Date of Submission:

Status of the Dissertation work:

Data collection

/ Article collection

/statistical work /
analysis of the data

/ results and interpretation

/ writing Thesis

No of Cases studied:

No of Articles reviewed:

Is Data Collected in accordance with the objective stated?

Any modifications/ additional data which needs to be collected.

Difficulties /problems encountered during the data collection
Any other

Brief report of the Study till date:

Continued.....

To be filled by the Guide:

**Articles Collected:
Problems discussed:**

Relevant/Partly irrelevant/ Irrelevant

Corrections Suggested / Remarks

Status/Progress of the work:

Satisfactory/ Non Satisfactory

Data Reviewed:

complete/partly incomplete/incomplete

Signature of the Guide / Evaluator with Date:

Signature of the Head of the Department

Signature of the Principal

Internal Thesis Progress Report 3

Name of the candidate:

Year of admission:

Title of the topic:

Guide/Evaluator Name:

To be filled by the candidate

Date of Submission:

Status of the Dissertation work:

Data collection

/ Article collection

/statistical work /
analysis of the data

/ results and interpretation

/ writing Thesis

No of Cases studied:

No of Articles reviewed:

Is Data Collected in accordance with the objective stated?

Any modifications/ additional data which needs to be collected.

Difficulties /problems encountered during the data collection

Any other

Brief report of the Study till date:

Continued.....

To be filled by the Guide:

Articles Collected:
Problems discussed:

Relevant/Partly irrelevant/ Irrelevant

Corrections Suggested / Remarks

Status/Progress of the work:

Satisfactory/ Non Satisfactory

Signature of the Guide / Evaluator with Date:

Data Reviewed:

complete/partly incomplete/incomplete

Signature of the Head of the Department

Signature of the Principal

Internal Thesis Progress Report 4

Name of the candidate:

Year of admission:

Title of the topic:

Guide/Evaluator Name:

To be filled by the candidate

Date of Submission:

Status of the Dissertation work:

Data collection

/ Article collection

/statistical work /
analysis of the data

/ results and interpretation

/ writing Thesis

No of Cases studied:

No of Articles reviewed:

Is Data Collected in accordance with the objective stated?

Any modifications/ additional data which needs to be collected.

Difficulties /problems encountered during the data collection

Any other

Brief report of the Study till date:

Continued.....

To be filled by the Guide:

Articles Collected:
Problems discussed:

Relevant/Partly irrelevant/ Irrelevant

Corrections Suggested / Remarks

Status/Progress of the work:

Satisfactory/ Non Satisfactory

Signature of the Guide / Evaluator with Date:

Data Reviewed:

complete/partly incomplete/incomplete

Signature of the Head of the Department

Signature of the Principal

PG Thesis Final Departmental Evaluation Form

Name of the Candidate

Year of Admission

Title of the Topic

Guide Name:

SI No	Topics	Sub Topics	Deficiency found	Corrections suggested	Reviewed/ Recorrections suggested Date	Approved/Not approved
	Title	Appropriateness Clarity Justification of the topic				
	Introduction	Purpose of the study Mention of lacune in the current literature Hypothesis				
	Review of Literature	Relevance Completeness Is it current and upto date Citation of the reference done properly				
	Materials	Type of the study Details of the subjects(control/cases) Details of the materials (instrument/Devices used Experimental design				
	Methodology	Procedure used for data collection Questionnaire Cases Statistical methods Statement of limitations Mention the ethical issues involved				

	Results and Observations	Logical organization in readily identifiable sections Correctness of data analysis Appropriate use of charts, tables, graphs, figures, etc Statistical interpretation Objectivity of interpretation				
	Discussion	Relevance (within framework of studyP and appropriateness for data Interpretation of implication of results. Statement of limitation of interpretation (mention of appropriate caution while stating inferences) Mention of unanswered questions Mention of questions raised				
	Conclusions	Rightly concluded Meets the objectives stated				
	Annexures	Whether all required annexure and appendices are included, eg. The clinical proforma, the questionnaire used, etc.				

Remarks By the guide:

Remarks by the Head of the department:

Signature of the co guide Signature of the Guide Signature of the HOD Signature of Principal

ASSESSMENT OF TEMPORAL BONE DISSECTION

Year of the Course:

Temporal bone dissection courses attended: if any : _____

No of the Temporal bone dissections done previously: _____

30
31

•

Specific remarks made by the evaluator

Bone No 1.

SI NO.	Criteria	Bone No 1 Dry / Wet	Bone No 2 Dry / Wet	Bone No 3 Dry / Wet
1	Fixing the temporal bone in proper position			
2	Holding of the instruments and burr			
3	Direction of the burr while removal of the bone.			
4	Maintains visibility while removing bone.			
5	Selects appropriate burr type and size			
6	Drills with smooth and deliberate strokes			
7	Antrum entered			
8	No violation of facial nerve sheath.			
9	Sigmoid sinus is not entered			
10	Identifies tympanic segment of the facial nerve			
11	Does not drill on the ossicle			
12	Firm low good hand position and grip on drill			
13	Identifies the chorda tympani			
14	Drills in best direction. Clear understanding of the cutting edge.			
15	Identifies the facial nerve at the cochleariform process.			
16	Appropriate depth of cavity			
17	Drills with broad strokes			
18	No holes in the EAC			
19	Posterior canal wall thinned			
20	Complete saucerisation.			
21	Facial recess completely exposed overlying bone sufficiently thinned so nerve can be seen, located and safely avoided.			
22	Identifies the facial nerve at the external genu.			
23	Low frequency of drill jumps			
24	No holes in the tegmen.			
25	Use of diamond burr within 2 mm of facial nerve.			
26	No cells remain on sinodural angle			
27	Sinodural angle sharply defined.			
28	Label of the Temporal bone:			
29	Remarks:			
Date: _____				
Signature of the evaluator Date: _____				

ASSESSMENT OF TEMPORAL BONE DISSECTION

Year of the Course:

Temporal bone dissection courses attended: if

Name and Signature of the Staff Member

Drill Jump: drill jump= drilling > 1 cm away from the previously removed bone

30
31

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Specific remarks made by the evaluator

Bone No 1.

Signature of the evaluator.
Date:

Bone No 2.

Signature of the Evaluator:
Date:

Bone No 3.

Signature of the evaluator Date:

ASSESSMENT OF TEMPORAL BONE DISSECTION

Year of the Course:

Temporal bone dissection courses attended: if

any:

No of the Temporal bone dissections done previously:

30

31

•

Specific remarks made by the evaluator

Bone No 1.				
SI NO.	Criteria	Bone No 1 Dry / Wet	Bone No 2 Dry / Wet	Bone No 3 Dry / Wet
1	Fixing the temporal bone in proper position			
2	Holding of the instruments and burr			
3	Direction of the burr while removal of the bone.			
4	Maintains visibility while removing bone.			
5	Selects appropriate burr type and size			
6	Drills with smooth and deliberate strokes			
7	Antrum entered			
8	No violation of facial nerve sheath.			
9	Sigmoid sinus is not entered			
10	Identifies tympanic segment of the facial nerve			
11	Does not drill on the ossicle			
12	Firm low good hand position and grip on drill			
13	Identifies the chorda tympani			
14	Drills in best direction. Clear understanding of the cutting edge.			
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17	Drills with broad strokes			
18	No holes in the EAC			
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20	Complete saucerisation.			
21	Facial recess completely exposed overlying bone sufficiently thinned so nerve can be seen, located and safely avoided.			
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25	Use of diamond burr within 2 mm of facial nerve.			
26	No cells remain on sinodural angle			
27	Sinodural angle sharply defined.			
28	Label of the Temporal bone:			
29	Remarks:			
Date: _____				
Signature of the evaluator Date: _____				

ASSESSMENT OF TEMPORAL BONE DISSECTION

Year of the Course:

Temporal bone dissection courses attended: if

Name and Signature of the Staff Member

Drill Jump: drill jump= drilling > 1 cm away from the previously removed bone

30
31

•

Specific remarks made by the evaluator

Bone No 1.

Signature of the evaluator.
Date:

Bone No 2.

Signature of the Evaluator:
Date:

Bone No 3.

Signature of the evaluator Date:

ASSESSMENT OF TEMPORAL BONE DISSECTION

Year of the Course: _____
Temporal bone dissection courses attended: if any _____
No of the Temporal bone dissections done previously: _____

30
31

•

Specific remarks made by the evaluator

Bone No 1.				
SI NO.	Criteria	Bone No 1 Dry / Wet	Bone No 2 Dry / Wet	Bone No 3 Dry / Wet
1	Fixing the temporal bone in proper position			
2	Holding of the instruments and burr			
3	Direction of the burr while removal of the bone.			
4	Maintains visibility while removing bone.			
5	Selects appropriate burr type and size			
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28	Label of the Temporal bone:			
29	Remarks:			
Date: _____				
Signature of the evaluator Date: _____				

ASSESSMENT OF TEMPORAL BONE DISSECTION

Year of the Course:

Temporal bone dissection courses attended: if

Name and Signature of the Staff Member

Drill Jump: drill jump= drilling > 1 cm away from the previously removed bone

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31

•

Specific remarks made by the evaluator

Bone No 1.

Signature of the evaluator.
Date:

Bone No 2.

Signature of the Evaluator:
Date:

Bone No 3.

Signature of the evaluator Date:

ASSESSMENT OF TEMPORAL BONE DISSECTION

Year of the Course:	
Temporal bone dissection courses attended: if	
	any
No of the Temporal bone dissections done previously:	

30
31

•

Specific remarks made by the evaluator

Bone No 1.				
SI NO.	Criteria	Bone No 1 Dry / Wet	Bone No 2 Dry / Wet	Bone No 3 Dry / Wet
1	Fixing the temporal bone in proper position			
2	Holding of the instruments and burr			
3	Direction of the burr while removal of the bone.			
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16	Appropriate depth of cavity			
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22	Identifies the facial nerve at the external genu.			
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25	Use of diamond burr within 2 mm of facial nerve.			
26	No cells remain on sinodural angle			
27	Sinodural angle sharply defined.			
28	Label of the Temporal bone:			
29	Remarks:			
Date: _____				
Signature of the evaluator Date: _____				

ASSESSMENT OF TEMPORAL BONE DISSECTION

Year of the Course:

Temporal bone dissection courses attended: if

Name and Signature of the Staff Member

Drill Jump: drill jump= drilling > 1 cm away from the previously removed bone

30
31

•

Specific remarks made by the evaluator

Bone No 1.

Signature of the evaluator.
Date:

Bone No 2.

Signature of the Evaluator:
Date:

Bone No 3.

Signature of the evaluator Date:

**REMARKS BY TEACHER ON CADAVERIC FESS / HEAD & NECK
DISSECTION / OTHER DISSECTIONS**

SPECIMEN No 1.

Signature of the evaluator.

Date:

SPECIMEN No 2.

Signature of the Evaluator:

Date:

SPECIMEN No 3.

Signature of the evaluator

Date:

**REMARKS BY TEACHER ON CADAVERIC FESS / HEAD & NECK
DISSECTION / OTHER DISSECTIONS**

SPECIMEN No 1.

Signature of the evaluator.

Date:

SPECIMEN No 2.

Signature of the Evaluator:

Date:

SPECIMEN No 3.

Signature of the evaluator

Date:

**DETAILS OF THE PARTICIPATION IN THE ACADEMIC
PROGRAMS/CME/WORKSHOPS**

SI No	Date	Name of the academic program	Name of the organiser	Nature of participation	Initial of HOD

DETAILS OF THE PAPER AND POSTER PRESENTATION

SI No	Date	Name of the academic program	Title of the Presentation	Paper/Poster/Quiz	Initial of HOD

PUBLICATIONS

SI No.	Details of the publications	Co Authors	Guide

UG TEACHING SKILL

(Theory Class/Clinics/Practicals/Demonstrations/Tutorials/Group Discussions) **Guideline for evaluation of teaching skills practice** Corollary

Grading in all Checklists:

Poor: 0, Below Average-1, Average-2, Good-3, Very Good-4.

Sl. No.	Points to be considered										
	Title of the Teaching program										
	Nature of Teaching Program Theory/clinics/Demonstration										
	Number of students Attended										
1.	Communication of the purpose of the talk										
2.	Evokes audience interest in the subject										
3.	The introduction										
4.	The sequence of ideas										
5.	The use of practical examples and/or illustrations										
6.	Speaking style (enjoyable, monotonous, etc., specify)										
7.	Attempts audience participation										
8.	Summary of the main points at the end										
9.	Asks questions										
10.	Answers questions asked by the audience										
11.	Rapport of speaker with his audience										
12.	Effectiveness of the talk										
13.	Uses AV aids appropriately										
	Total Score										
	Signature of the Evaluator										
	Date of Presentation										

UG TEACHING SKILL

(Theory Class/Clinics/Practicals/Demonstrations/Tutorials/Group Discussions) **Guideline for evaluation of teaching skills practice** Corollary
Grading in all Checklists:

Poor: 0, Below Average-1, Average-2, Good-3, Very Good-4.

Sl. No.	Points to be considered										
	Title of the Teaching program										
	Nature of Teaching Program Theory/clinics/Demonstration										
	Number of students Attended										
1.	Communication of the purpose of the talk										
2.	Evokes audience interest in the subject										
3.	The introduction										
4.	The sequence of ideas										
5.	The use of practical examples and/or illustrations										
6.	Speaking style (enjoyable, monotonous, etc., specify)										
7.	Attempts audience participation										
8.	Summary of the main points at the end										
9.	Asks questions										
10.	Answers questions asked by the audience										
11.	Rapport of speaker with his audience										
12.	Effectiveness of the talk										
13.	Uses AV aids appropriately										
	Total Score										
	Signature of the Evaluator										
	Date of Presentation										

CLINICO-PATHOLOGICAL CONFERENCES

Sl No	Date	Discussion	Diagnosis

—

**DIAGNOSTIC AND SURGICAL PROCEDURES PERFORMED
CLINICO-PATHOLOGICAL CONFERENCES**

SI No	Date	Discussion	Diagnosis

DIAGNOSTIC AND SURGICAL PROCEDURES PERFORMED

Guidelines for the Skills Performance (including Certifiable competencies)

For Certifiable competencies, if **review** or **remedial** measures are advised, post graduates have to repeat the procedure and get clearance from the assessors

Details of the certifiable skills and level of performance has been highlighted in the PG curriculum

1. Washed and Observed (O)
2. Perform under Assistance(A)

DIAGNOSTIC AND SURGICAL PROCEDURES PERFORMED

[illegible]

DIAGNOSTIC AND SURGICAL PROCEDURES PERFORMED

<i>Sl</i>	<i>Date</i>	<i>Patient</i>	<i>Name of</i>	<i>Name of the</i>	<i>Certifiable</i>	<i>O, A,</i>	<i>Cleared/</i>	<i>Signature</i>

DIAGNOSTIC AND SURGICAL PROCEDURES PERFORMED

[illegible]

DIAGNOSTIC AND SURGICAL PROCEDURES PERFORMED

[illegible]

Signature

Date

**DIAGNOSTIC AND SURGICAL PROCEDURES
PERFORMED**

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PERFORMED

148

DIAGNOSTIC AND SURGICAL PROCEDURES

PERFORMED

Sl Date Patient Name of Name of the Certifiable O, A, Cleared/ Signature

PERFORMED

DRAFT

PERFORMED

DRAFT

PERFORMED

152

PERFORMED

153

PERFORMED

DRAFT

PERFORMED

155

DIAGNOSTIC AND SURGICAL PROCEDURES PERFORMED

<i>Sl</i>	<i>Date</i>	<i>Patient</i>	<i>Name of</i>	<i>Name of the</i>	<i>Certifiable</i>	<i>O, A,</i>	<i>Cleared/</i>	<i>Signature</i>
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DIAGNOSTIC AND SURGICAL PROCEDURES PERFORMED

[illegible]

DIAGNOSTIC AND SURGICAL PROCEDURES PERFORMED

[illegible]

DIAGNOSTIC AND SURGICAL PROCEDURES PERFORMED

[illegible]

DIAGNOSTIC AND SURGICAL PROCEDURES PERFORMED

[illegible]

DIAGNOSTIC AND SURGICAL PROCEDURES PERFORMED

[illegible]

DIAGNOSTIC AND SURGICAL PROCEDURES PERFORMED

[illegible]

DIAGNOSTIC AND SURGICAL PROCEDURES PERFORMED

[illegible]

DIAGNOSTIC AND SURGICAL PROCEDURES PERFORMED

[illegible]

DIAGNOSTIC AND SURGICAL PROCEDURES PERFORMED

[illegible]

DIAGNOSTIC AND SURGICAL PROCEDURES PERFORMED

[illegible]

DIAGNOSTIC AND SURGICAL PROCEDURES PERFORMED

[illegible]

DIAGNOSTIC AND SURGICAL PROCEDURES PERFORMED

[illegible]

**DETAILS OF THE SUBSPECIALITY
POSTING**

SI NO.	Unit / SPECIAL POSTINGS	Date		Leaves taken with dates			Remarks by Head of Unit
		From	To	From	To	Total	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

**POSTINGS IN OTHER ALLIED DEPARTMENTS /SUB
SPECIALTIES**

Department of _____

Posted from : **to**

--	--	--

Signature of the Head of the department

POSTINGS IN OTHER ALLIED DEPARTMENTS /SUB SPECIALTIES

Date	Academic Activities attended / Skills learned	Remarks
	Signature of the Head of the department	
	171	

**POSTINGS IN OTHER ALLIED DEPARTMENTS /SUB
SPECIALTIES**

Department of _____

Posted from : **to**

--	--	--

Signature of the Head of the department

**POSTINGS IN OTHER ALLIED DEPARTMENTS /SUB
SPECIALTIES**

Date	Academic Activities attended / Skills learned	Remarks
	Signature of the Head of the department	
	173	

**POSTINGS IN OTHER ALLIED DEPARTMENTS /SUB
SPECIALTIES**

Department of _____

Posted from : **to**

--	--	--

Signature of the Head of the department

POSTINGS IN OTHER ALLIED DEPARTMENTS /SUB SPECIALTIES

Date	Academic Activities attended / Skills learned	Remarks

Signature of the Head of the department

**POSTINGS IN OTHER ALLIED DEPARTMENTS /SUB
SPECIALTIES**

Department of _____

Posted from : **to**

--	--	--

Signature of the Head of the department

POSTINGS IN OTHER ALLIED DEPARTMENTS /SUB SPECIALTIES

Date	Academic Activities attended / Skills learned	Remarks
	Signature of the Head of the department	
	177	

**POSTINGS IN OTHER ALLIED DEPARTMENTS /SUB
SPECIALTIES**

Department of _____

Posted from : **to**

--	--	--

Signature of the Head of the department

POSTINGS IN OTHER ALLIED DEPARTMENTS /SUB SPECIALTIES

Date	Academic Activities attended / Skills learned	Remarks
	Signature of the Head of the department	
	179	

**POSTINGS IN OTHER ALLIED DEPARTMENTS /SUB
SPECIALTIES**

Department of _____

Posted from : **to**

--	--	--

Signature of the Head of the department

POSTINGS IN OTHER ALLIED DEPARTMENTS /SUB SPECIALTIES

Date	Academic Activities attended / Skills learned	Remarks
	Signature of the Head of the department	
	181	

**POSTINGS IN OTHER ALLIED DEPARTMENTS /SUB
SPECIALTIES**

Department of _____

Posted from : **to**

--	--	--

Signature of the Head of the department

**POSTINGS IN OTHER ALLIED DEPARTMENTS /SUB
SPECIALTIES**

Date	Academic Activities attended / Skills learned	Remarks
	Signature of the Head of the department	
	183	

**POSTINGS IN OTHER ALLIED DEPARTMENTS /SUB
SPECIALTIES**

Department of _____

Posted from : **to**

--	--	--

Signature of the Head of the department

POSTINGS IN OTHER ALLIED DEPARTMENTS /SUB SPECIALTIES

Date	Academic Activities attended / Skills learned	Remarks
	Signature of the Head of the department	
	185	

**POSTINGS IN OTHER ALLIED DEPARTMENTS /SUB
SPECIALTIES**

Department of _____

Posted from : **to**

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Signature of the Head of the department

POSTINGS IN OTHER ALLIED DEPARTMENTS /SUB SPECIALTIES

Date	Academic Activities attended / Skills learned	Remarks
		Signature of the Head of the department
	187	

MISCELLANEOUS HEALTH RELATED ACTIVITIES
Camps / Radiotalks / public talks and any other

Sl No.	Unit & Date	Place	Activity	Remarks

SURGICAL AUDIT (MORTALITY, MORBIDITY MEETINGS)

SI NO	Date	IP No	Name of the Patient	Topic Discussed	Signature of the faculty

SURGICAL AUDIT (MORTALITY, MORBIDITY MEETINGS)

SI NO	Date	IP No	Name of the Patient	Topic Discussed	Signature of the faculty

PORTFOLIO (OVERALL ASSESSMENT)

Name of the Student:

Batch

Theory Internal Assessment						Practical Internal Assessments						Seminars	Ward work	Journal Clubs	UG teaching	Case Presentation	Log Book
Topic and Date																	
Max Marks																	
Marks scored																	
		Date	Venue/Journal				Title										
DISSERTATION																	
POSTER																	
PAPER																	
PUBLICATION																	

DETAILS OF THE LEAVES TAKEN

[illegible]

DETAILS OF THE CLINICAL POSTINGS

Sl No	Dates		Total Duration	Unit	Remarks of the Unit Chief	Signature of HOD/Unit chief
	From	To				

OTHER ACADEMIC/EXTRACURRICULAR ACHIEVEMENTS

Sl No	Date	Name of the Event	Prizes won	Remarks

Self Directed Learning

Sl No	Date	Topic Learnt	Mode of Learning Project. Workshops Academic body meeting	Signature

RECOMMENDED BOOKS AND JOURNALS

TEXT BOOKS

- Scott Brown's Otolaryngology –

Endoscopic sinus surgery by PJ Womald

Ballenger – Diseases of the Nose, Throat, Ear, Head and Neck

Mawson's Diseases of the Ear.

Glasscock and Shambaugh – Surgery of the Ear.

Learning Ear Surgery by Temporal Bone Dissection by Dr. K.K. Ramalingam and Dr. B. Sreeramoorthy

Year Book of Otolaryngology, Head and Neck Surgery Edited by Michael M. Paperella and Byron J. Bailey.

Stell and Marana Text book of surgery, Hodder Arnold

Rob and Smith – Operative Surgery – Three volumesRecent Advances in Otolaryngology.

Jacksons Textbook of Broncho – Oesophagology.

REFERENCE BOOKS

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- CUMMINGS TEXT BOOK OF OTORHINOLARYNGOLOGY
- Lore's Atlas or Head and Neck Surgery
- Microsurgery of the skull base by UgoFisch and DoughlasMatto.
- Text Book of Operative Surgery by Lee.
- Otology Neurology by D. Brachmann
- Monto gomer surgery of larynx_saunders.

Note : The editions are as applicable and the latest editions shall be the part of the syllabus.

JOURNALS

- Laryngoscope
- Otolaryngology Clinics of North America
- Annals of Otology, Rhinology and Laryngology
- ActaOtolaryngologica

- Archives of Otolaryngology, Head and Neck Surgery
- International Journal of Paediatric Otolaryngology
- Indian Journal of Oto-rhinolaryngology and Head & Neck Surgery
- Journal of Facio-maxillary surgery

DRAFT

DRAFT