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



# POSTGRADUATESTUDENT'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 B	Bonafide work of
D	r	
Post gradua	ate Student of Department of Otol	aryngology of
	Institute of Med	ical 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.

### **INDEX**

SLNO	ITEM	Page No
1	Bio data of the Student	
2.	Evaluation of Clinical work	
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6	Journal Review Presentations	
7	Dissertation details	
8	Periodic evaluation of dissertations	
9	Evaluation of skill lab sessions/cadaveric dissection	
10	Details of participation in academic/CME/Workshop	
11	Details of paper and poster presentation and publications	
12	UG teaching skills	
13	Clinico Pathological conferences	
14.	Diagnostic procedures	
15.	Surgical procedures-(major)	
16.	Surgical procedures-(minor)	
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 acitivites(If any)	

# **Biodata of the Student**

1. Students Name:	Pass port size photo of the student to be
2. Date of Birth:	affixed and
3. Permanent Address:	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, Schola	arships etc.
12. Special Interest, Hobbies & Extra Curricular Activities:	
13.Candidate Signature	
Signature of Guide Sig	gnature of HOD

### **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.

SI	Points to be Considered				100					
No						Da.				
1	Regularity of attendance	6	1			1				
2	Punctuality	100					1			
	Interaction with Colleagues and Supportive Staff			4						
3	Case Sheet completion									
4	Presentation of the case during rounds									
	Investigational Workup				100					
5	Relevant investigations done pre operatively	1								
6	Post operative Care given									
7	Maintenance of Case Records		1							
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.

SI No	Points to be Considered									
1	Regularity of attendance	+=				-				
2	Punctuality				- 4		1			
2	Interaction with Colleagues and Supportive Staff									
3	Case Sheet completion				1					
4	Presentation of the case during rounds			100	4					
	Investigational Workup	AND THE	A	1						
5	Relevant investigations done pre operatively									
6	Post operative Care given		100							
7	Maintenance of Case Records		1	9						
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**

(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.

SI	Points to be Considered	Т	Т			1				Т	
	Points to be Considered										
No	B 1 11 6 11 1	+-	+						_	-	
1	Regularity of attendance	_		W		160	-			_	
2	Punctuality	<u> </u>	400	7			100				
	Interaction with Colleagues and		1				-6	Da			
	Supportive Staff	-									
3	Case Sheet completion				$\mathcal{A}$			7	CA		
4	Presentation of the case during		1						1		
	rounds										
	Investigational Workup										
5	Relevant investigations done pre		1								
	operatively										
6	Post operative Care given	100		1							
7	Maintenance of Case Records		7,37			9					
8	Bed Side Manners and Rapport with		ALL V								
	the patients.		19								
9	Counseling patient's relatives for		1								
	blood donation or Postmortem and	-									
	Case follow up.										
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

SI	Parameter Evaluated			
No				
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			

### **Guidelines for evaluation of Academic grand ward rounds**

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

SI No	Points to be considered
1	Presentation of the case
2	Ability to manage the case in the emergency setting
3	Investigational Workup
4	Relevant investigations done pre operatively
5	Post operative Care given
6	Maintenance of Case Records

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

SI No	Date	Patient IP No	Name of the Patient	Diagnosis	Average Grade	Signature of the Faculty

No No Grade of the Faculty	SI	Date	Patient IP	Name of the Patient	Diagnosis	Average	Signature
	No		No			Grade	of the Faculty
							)
					2		

SI	Date	Patient IP	Name of the Patient	Diagnosis	Average	Signature
No		No			Grade	of the Faculty
						)
			15			

SI	Date	Patient IP	Name of the Patient	Diagnosis	Average	Signature
No		No			Grade	of the Faculty
						)
			16			

SI	Date	Patient IP	Name of the Patient	Diagnosis	Average	Signature
No		No			Grade	of the Faculty
						)
			17			

### **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.

SI. 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					
	Investigations required Complete list					
10	Relevant order					
	<ul> <li>Interpretation of investigations</li> </ul>					
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

			 1			
SI. 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					
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					
	Investigations required Complete list					
10	<ul> <li>Relevant order</li> </ul>					
	<ul> <li>Interpretation of investigations</li> </ul>					
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.

SI. 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		X				
	Investigations required Complete list						
10	<ul> <li>Relevant order</li> </ul>						
	<ul> <li>Interpretation of investigations</li> </ul>						
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						

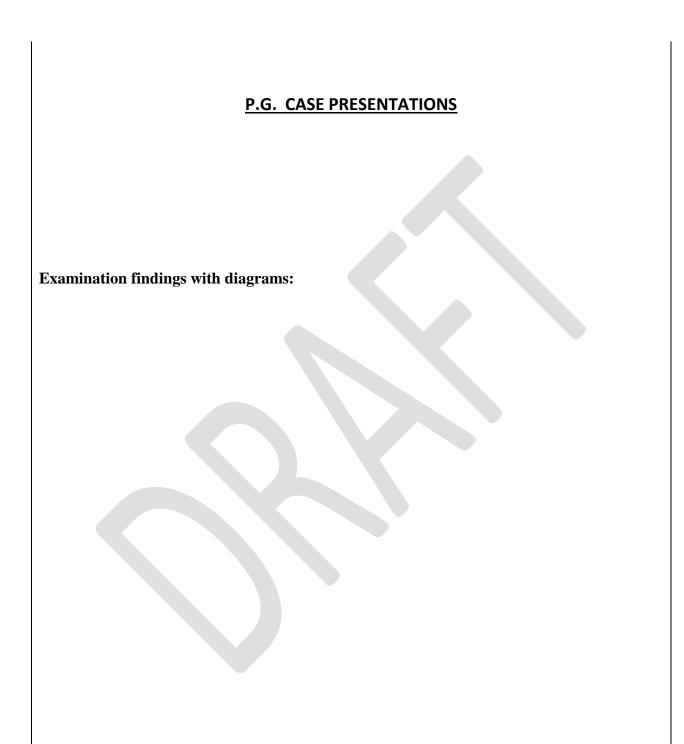
Management:	7	
Management: Salient Investigations:	1	
Ç		
		(Signature of the
Touchor)		(Signature of the
Teacher)		

### **P.G. CASE PRESENTATIONS**

**Treatment Planned:** 

Remarks by the teacher:	
Sl No. Brief summary of the history:	
	(Signature of the
Teacher)	25

**Management:** 



Management:	1
Differential diagnosis:	
Salient Investigations:	
	(Signature of the

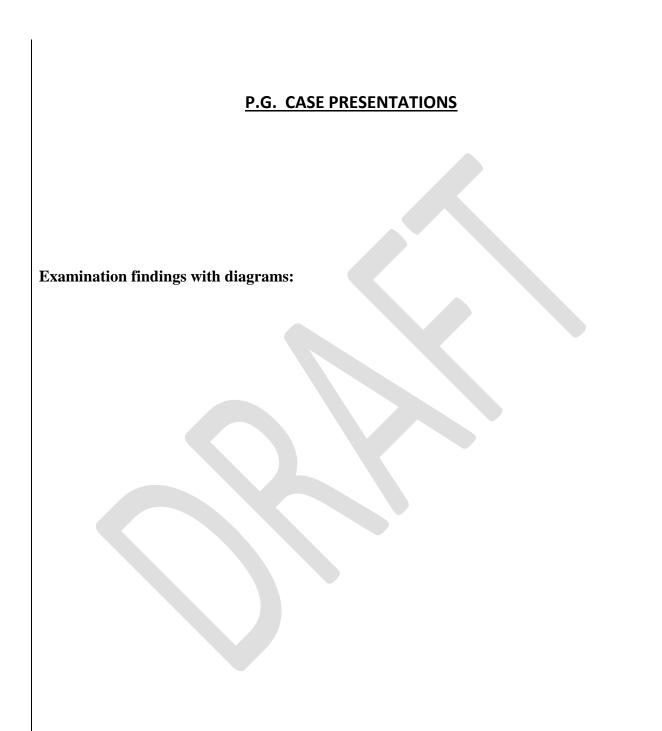
Teacher)

### **P.G. CASE PRESENTATIONS**

**Treatment Planned:** 

Remarks by the teacher:		
Sl No. Brief summary of the history:		
		(Cionatava of the
Teacher)	29	(Signature of the

**Management:** 



Management:	
Differential diagnosis:	
Salient Investigations:	

Teacher)

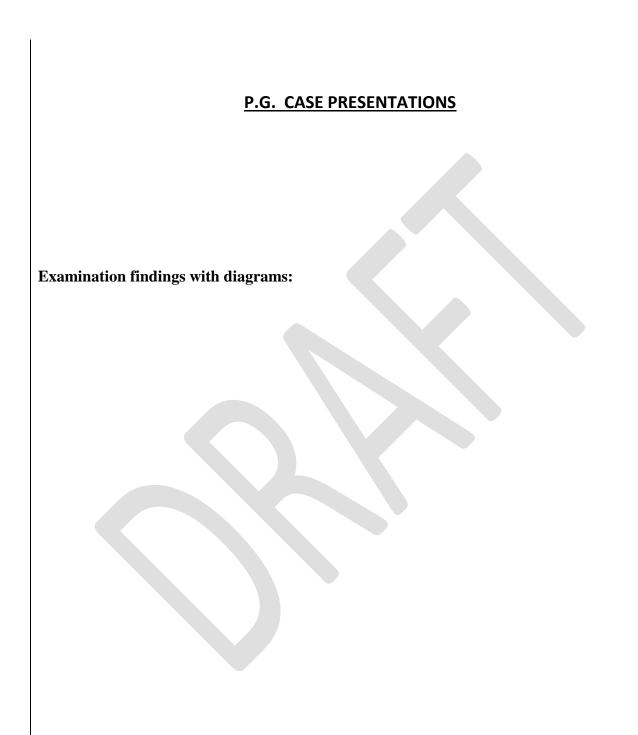
(Signature of the

### **P.G. CASE PRESENTATIONS**

**Treatment Planned:** 

Remarks by the teacher:			
Sl No. Brief summary of the history:			
Teacher)		(Signature of the	
,	33		

**Management:** 



Management:	
Differential diagnosis:	
Salient Investigations:	
	(Signature of the

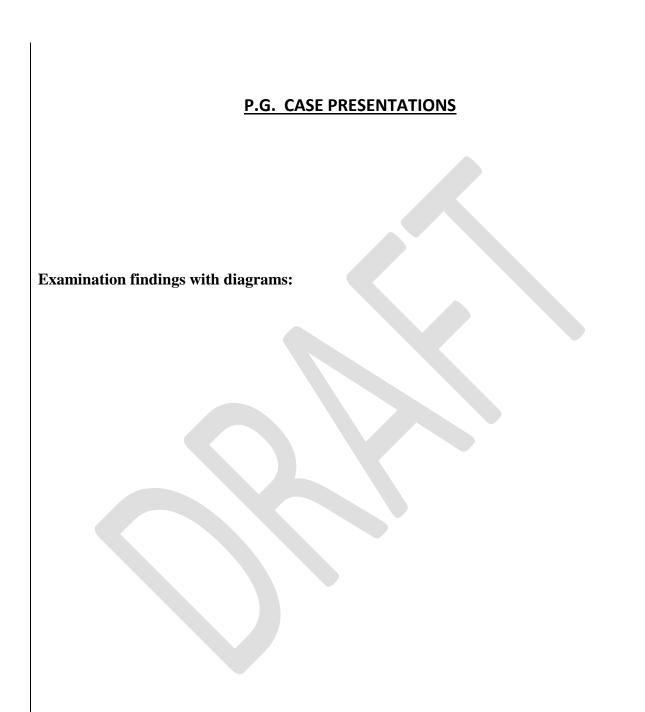
Teacher)

### **P.G. CASE PRESENTATIONS**



Remarks by the teacher:		
CLNo		
Sl No. Brief summary of the history:		
		(Signature of the
Teacher)	27	

**Management:** 

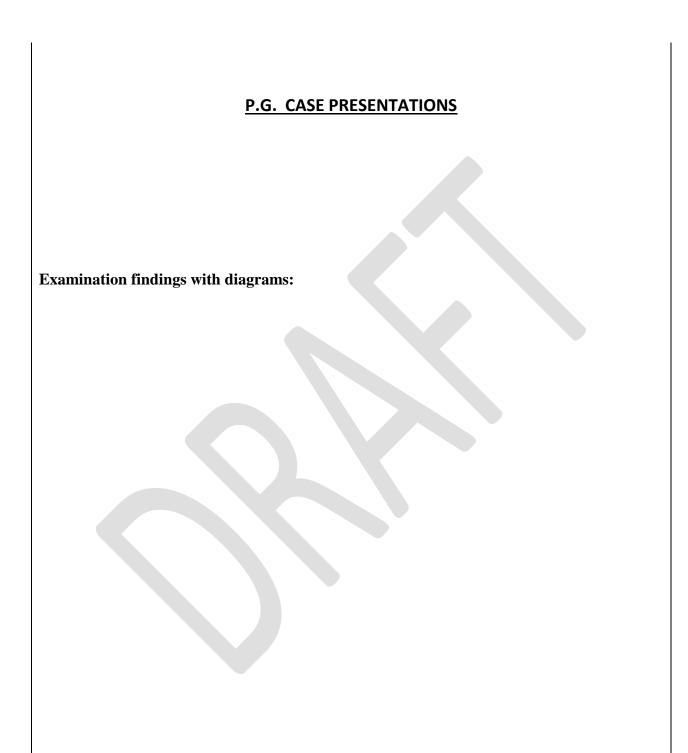


(Signature of the

**Treatment Planned:** 

Remarks by the teacher:		
Sl No.		
Brief summary of the history:		
		(6)
Teacher)		(Signature of the
	41	

Management:



Management:		
Differential diagnosis:		
Salient Investigations:		
I		
	(Signature of the	
1	` U	

**Treatment Planned:** 

Remarks by the teacher:	
Sl No. Brief summary of the history:	
Teacher)	(Signature of the

**Management:** 

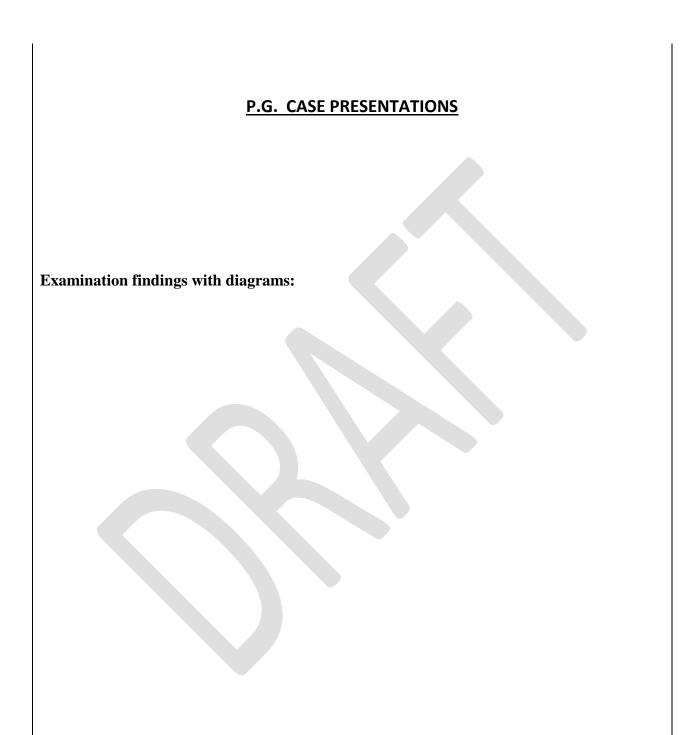
# **P.G. CASE PRESENTATIONS Examination findings with diagrams:**

Management:			
Differential diagno	osis:		
Salient Investigation	ons:		

(Signature of the

**Treatment Planned:** 

Management:		
Remarks by the teacher:		
•		
Sl No.		
<b>Brief summary of the history:</b>		
	(Signa	ture of the
Teacher)	(Signa	THE VALUE



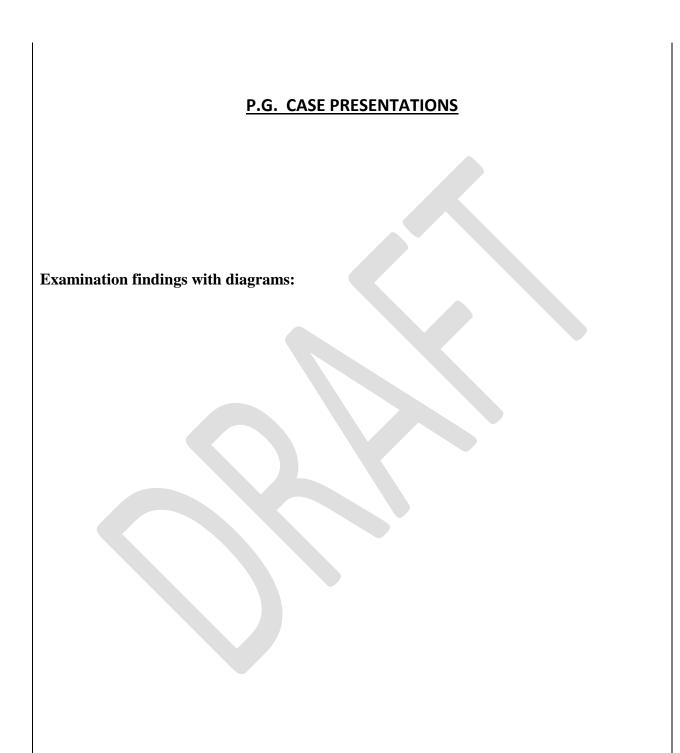
Management:	
Differential diagnosis:	
<b>Salient Investigations:</b>	
	(Signature of the

**Treatment Planned:** 

Sl No. Brief summary of the history:		
Teacher)		(Signature of the
	53	

Management:

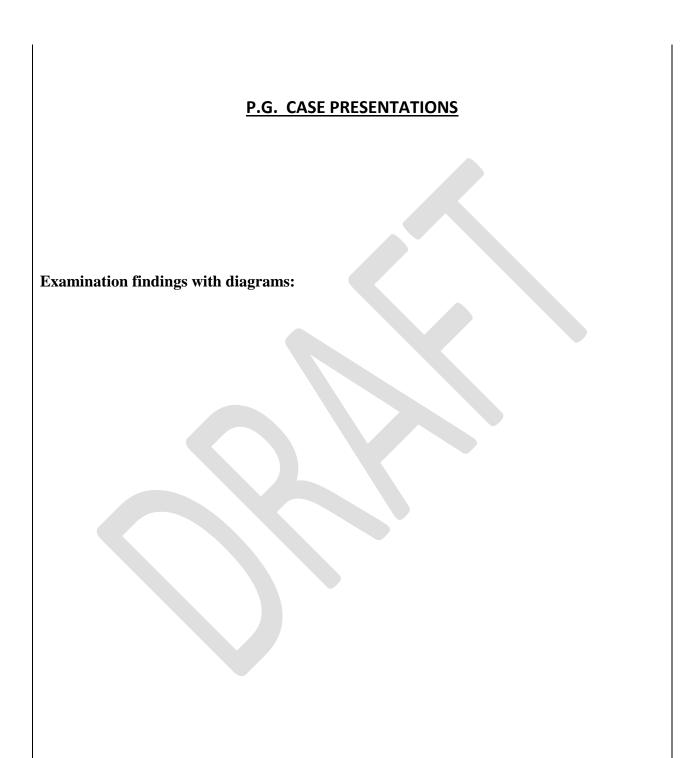
Remarks by the teacher:



Management:	
Differential diagnosis:	
Salient Investigations:	
	(Signature of the

**Treatment Planned:** 

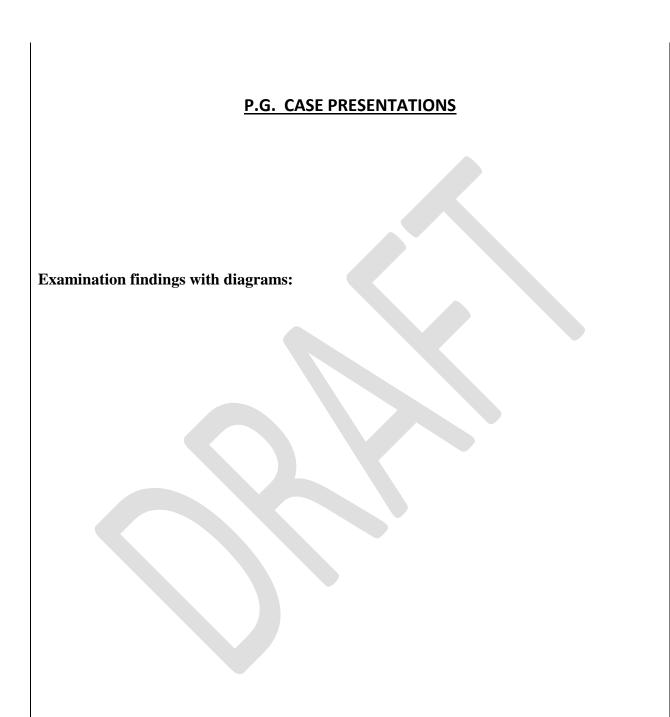
Management:		
Remarks by the teacher:		
SI No.		
Brief summary of the history:		
brief summary of the instory.		
		(Signature of the
Teacher)		(Dignature of the
i cuciici j		
	57	



Management:	
Differential diagnosis:	
Salient Investigations:	
	(Signature of the

**Treatment Planned:** 

Management: Remarks by the teacher:	
Sl No. Brief summary of the history:	
ı	
Teacher)	(Signature of the



Management:		
Differential diagnosis:		
Salient Investigations:		
I		
	(Signature of the	
	(Dignature of the	

**Treatment Planned:** 

Management:			
Remarks by the teacher:			
Sl No.			
<b>Brief summary of the history:</b>			
		(Signature of the	
Teacher)		(Dignature of the	
i cuciici )			
	65		

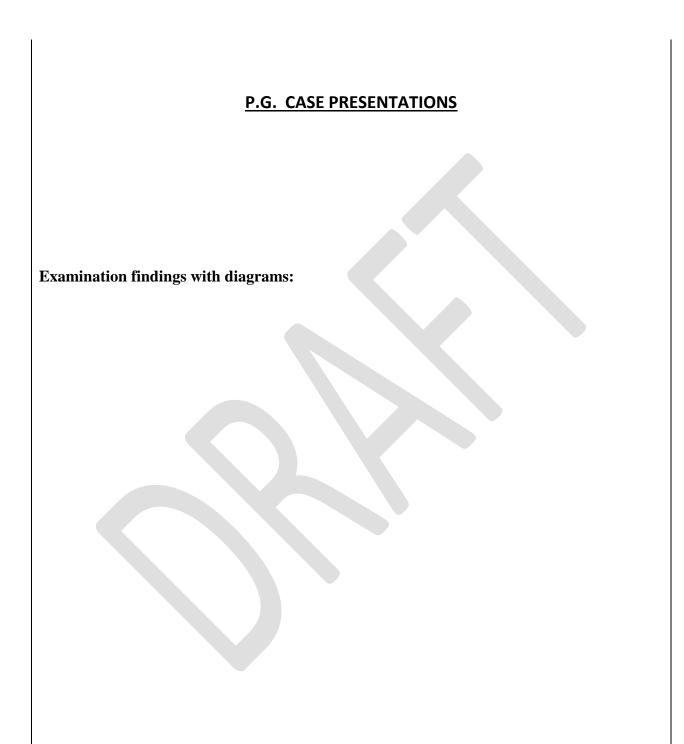
**Examination findings with diagrams:** 

Management:	
Differential diagnosis:	
Salient Investigations:	

(Signature of the

**Treatment Planned:** 

Remarks by the teacher:  SI No. Brief summary of the history:  (Signature of the Teacher)	Management:	
Brief summary of the history:  (Signature of the	Remarks by the teacher:	
Brief summary of the history:  (Signature of the		
Brief summary of the history:  (Signature of the	CI NI	
(Signature of the		
	brief summary of the history:	
Teacher)		(Signature of the
	Teacher)	



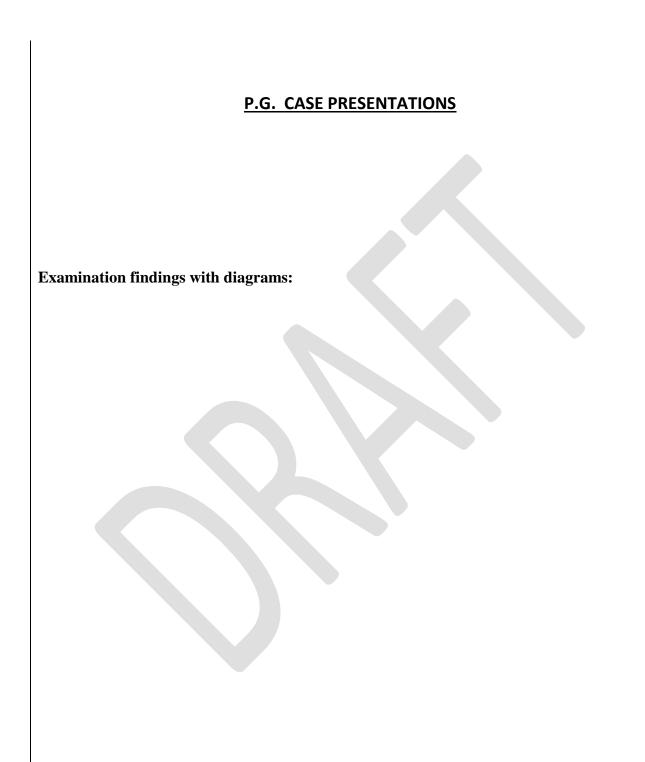
Management:	
Differential diagnosis:	
Salient Investigations:	
	(Signature of the

**Treatment Planned:** 

Sl No. Brief summary of the history:		
		(Signature of the
Teacher)	73	(Dignature of the

**Management:** 

Remarks by the teacher:



Final Diagnosis:

Management:		
Differential diagnosis:		
Salient Investigations:		
	(Signature of the	

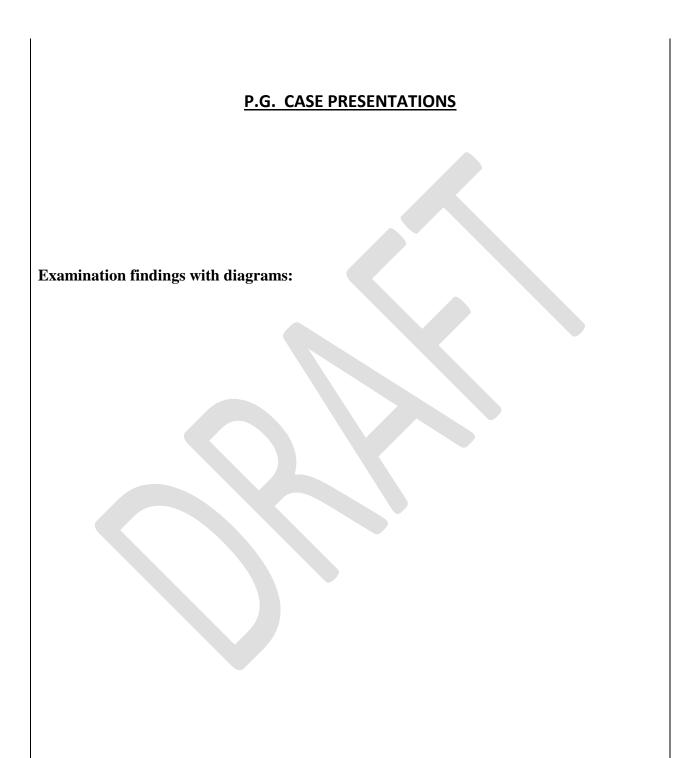
Teacher)

### **P.G. CASE PRESENTATIONS**

**Treatment Planned:** 

Final Diagnosis:

Management:
Remarks by the teacher:
Sl No.
<b>Brief summary of the history:</b>
Teacher)



Final Diagnosis:

Ianagement:	
ifferential diagnosis:	
nahor)	(Signature of the
eacher)	

Management:
Salient Investigations:
Treatment Planned:
Treatment Planned:
Remarks by the teacher:
Training by the tenents.
(Signature of the Teacher)

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

lists:

-1, Average-2, Good-

Poor: 0, Below Average

3, Very Good-4.

SI. 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		M			
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					

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

Corollary Grading in all Check lists:

-1, Average-2, Good PG

year 2

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

	1 001. 0, Below	Ĭ		l y door		
SI. 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					

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

lists:

-1, Average-2, Good-

Poor: 0, Below Average

3, Very Good-4.

SI. 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		M				
7.	Time scheduling						
8.	Appropriate use of Audio- Visual aids						
9.	Overall Performance						
10	Others						
	Grand Total						
	the						
	Name of Moderator						
	Signature of the Faculty						
	Date of Presentation						

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

lists:

-1, Average-2, Good-

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

SI. No.  Points to be considered  ### ### #### #######################		I UUI. U, DEIUW	111014	<u> </u>		0, 10	y door	* **		
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  Signature of the Faculty		Points to be considered								
1. 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  Signature of the Faculty  Signature of the Faculty		Title of the Seminar								
2. 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  Signature of the Faculty	1.									
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  Signature of the Faculty	2.									
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  Signature of the Faculty	3.	Completeness of Preparation								
6. Ability to answer questions 7. Time scheduling 8. Appropriate use of Audio-Visual aids 9. Overall Performance 10 Others  Grand Total  Signature of the Faculty	4.	Clarity of Presentation								
7. Time scheduling  8. Appropriate use of Audio-Visual aids  9. Overall Performance  10 Others  Grand Total  Signature of the Faculty	5.	Understanding of subject								
8. Appropriate use of Audio-Visual aids  9. Overall Performance  10 Others  Grand Total  41	6.	Ability to answer questions			V					
9. Overall Performance  10 Others  Grand Total  Signature of the Faculty	7.	Time scheduling								
10 Others  Grand Total  ### Joint Signature of the Faculty  Signature of the Faculty	8.	Appropriate use of Audio- Visual aids								
Grand Total  Way  Way  Way  Way  Way  Way  Way  Signature of the Faculty	9.	Overall Performance								
Signature of the Faculty  Signature of the Faculty	10	Others								
Signature of the Faculty		Grand Total								
Signature of the Faculty		the								
Signature of the Faculty		of tor								
		Name Modera								
Date of Presentation		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.

Signature of the Faculty					
Date of Presentation					

SI. No.	Points to be considered					
	Title of the Journal Club					
1.	Article chosen was					
2.	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.

SI. 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						
	6						· '
	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.

Signature of the Faculty					
Date of Presentation					

SI. 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					
	the					
	of rtor					
	Name of the Moderator					

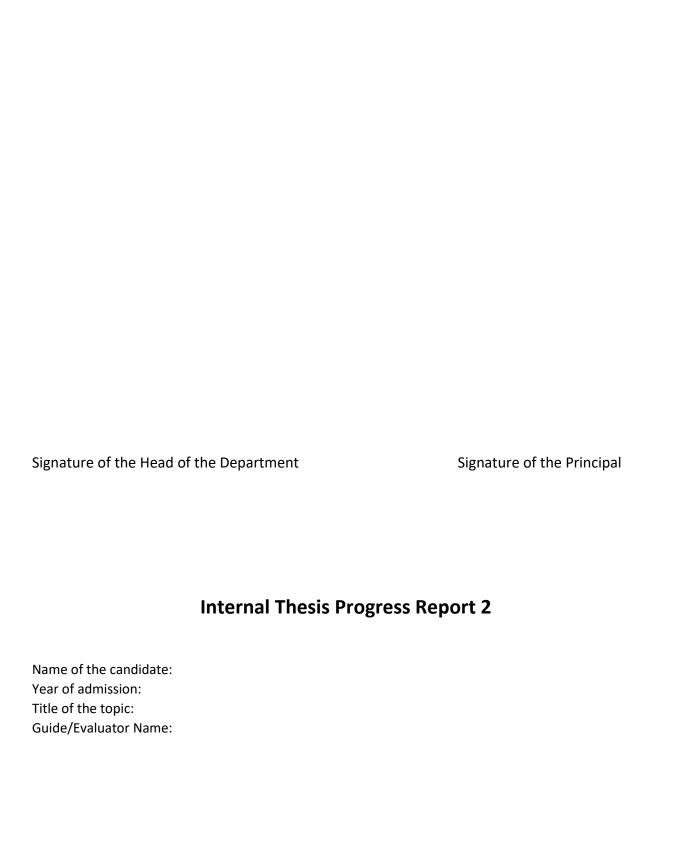
Signature of the Faculty					
Date of Presentation					

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 accordcance 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 irrelevent/ Irrelevent
Corrections Suggested / Remarks	
Status/Progress of the work:	Satisfactory/ Non Satisfactory
Signature of the Guide / Evaluator	with Date:
Data Reviewed:	complete/partly incomplete/incompete



### 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 accordcance 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 irrelevent/ Irrelevent
Corrections Suggested / Remarks	
Status/Progress of the work:	Satisfactory/ Non Satisfactory
Data Reviewed:	complete/partly incomplete/incompete

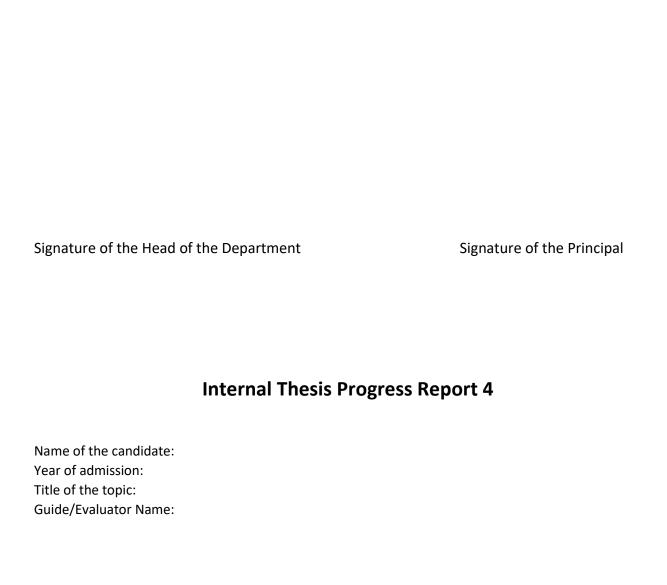
Signature of the Guide / Evaluator with Date:	
Signature of the Head of the Department	Signature of the Principal
Internal Thesis Progress Rep	oort 3
Name of the candidate: Year of admission: Title of the topic: Guide/Evaluator Name:	

#### 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 accordcance 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 irrelevent/ Irrelevent
Corrections Suggested / Remarks	
Status/Progress of the work:	Satisfactory/ Non Satisfactory
Signature of the Guide / Evaluator with Date:	
Data Reviewed:	complete/partly incomplete/incompete

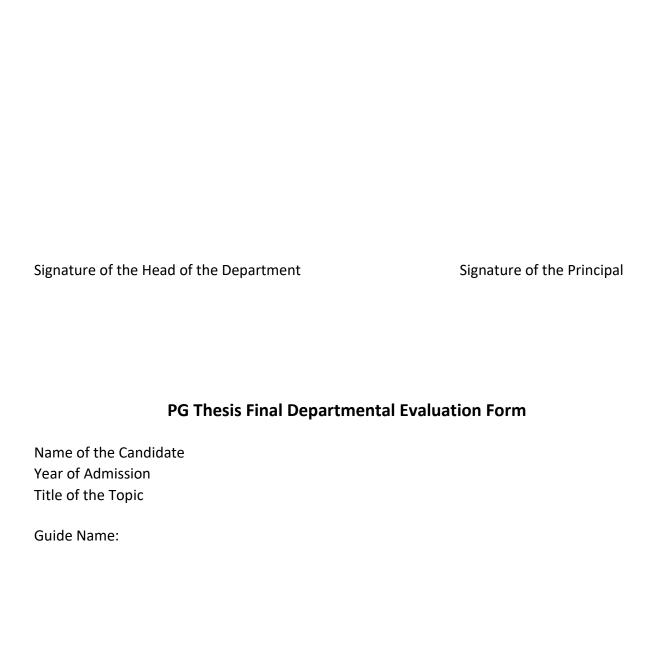


#### To be filled by the candidate

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 accordcance 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 irrelevent/ Irrelevent		
Corrections Suggested / Remarks			
Status/Progress of the work:	Satisfactory/ Non Satisfactory		
Signature of the Guide / Evaluator with Date:			
Data Reviewed:	complete/partly incomplete/incompete		



SI No	Topics	Sub Topics	Deficienc y 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:

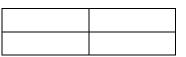
### Remarks by the Head of the department:

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

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

	No 1.	Band No. 4	Done No C	Dans Nr. 3
SI	Criteria	Bone No 1	Bone No 2	Bone No 3
NO.		Dry / Wet	Dry / Wet	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	100		
8	No violation of facial nerve sheath.	100		
9	Sigmoid sinus is not entered			
10	Identifies tympanic segment of the facial nerve	169		
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:			
			J	
	Date:			
			_	
Cico-	ture of the avaluator Data.			
<u> આgna</u>	ture of the evaluator Date:			ı

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	



Bone No 1.
Signature of the evaluator.
Date:
Bone No 2.
Signature of the Evaluator:
Date:
Bone No 3.
Signature of the evaluator Date:

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

SI	No 1.  Criteria	Bone No 1	Bone No 2	Bone No 3
NO.	Criteria	Dry / Wet	Dry / Wet	Dry / Wet
1	Fixing the temporal bone in proper position	Diy/ wet	Diy/ wet	Diy/ wei
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	10.3		
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			
	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:		J	
,				
C: -	Land Other and Alexander		•	
Signa	ture of the evaluator Date:			I

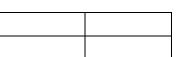
Year of the Course:	
Temporal bone dissection courses attended: if	
Name and Signature of the Staff Member	•
Drill Jump: drill jump= drilling > 1 cm away from the previously removed bone	

Bone No 1.
Signature of the evaluator.
Date:
Bone No 2.
Signature of the Evaluator:  Date:
Date.
Bone No 3.
1
Signature of the evaluator Date:
Signature of the evaluator bate.

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

	No 1.	Band No. 4	Done No C	Dans Nr. 3
SI	Criteria	Bone No 1	Bone No 2	Bone No 3
NO.		Dry / Wet	Dry / Wet	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	100		
8	No violation of facial nerve sheath.	100		
9	Sigmoid sinus is not entered			
10	Identifies tympanic segment of the facial nerve	169		
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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	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:			
			J	
	Date:			
			_	
Cico-	ture of the avaluator Data.			
<u> આgna</u>	ture of the evaluator Date:			ı

Year of the Course:	
Temporal bone dissection courses attended: if	
Name and Signature of the Staff Member	ı
Drill Jump: drill jump= drilling > 1 cm away from the previously removed bone	



Bone No 1.
Signature of the evaluator.
Date:
Bone No 2.
Signature of the Evaluator:
Date:
Bone No 3.
Signature of the evaluator Date:

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

SI	No 1.  Criteria	Bone No 1	Bone No 2	Bone No 3
NO.	Criteria	Dry / Wet	Dry / Wet	Dry / Wet
1	Fixing the temporal bone in proper position	Diy/ wet	Diy/ wet	DIY/ Wel
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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7	Antrum entered			
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9	Sigmoid sinus is not entered	100		
10	Identifies tympanic segment of the facial nerve			
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	Identifies the chorda tympani			
14	Drills in best direction. Clear understanding of the cutting edge.			
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19	Posterior canal wall thinned			
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	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:			
ı				
	Date:		J	'
			-	
Signa	ture of the evaluator Date:			

7.001001112111 01 12111 011/12 00112 01001011	
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	

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.

SI. No.	Points to be considered						
	Title of the Teaching program						
	Nature of Teaching Program Theory/clinics/Demonstration		1				
	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		M				
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.

	F 001. 0, Belov	 0 - ,		_,	,	,		
SI. 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		M					
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**

SI No	Date	Discussion	Diagnosis
110			

# DIAGNOSTIC AND SURGICAL PROCEDURES PERFORMED CLINICO-PATHOLOGICAL CONFERENCES

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)

SI No	Date	Patient OP/IP No	Name of the patient	Name of the Competency/ Procedure	Certifiable Competency Yes/No	O, A, PA, PI	Cleared/ Review/ Remedial Measures/ (for Certifiable competency only)	Signature of the Assessor

- 3. Perfoms and May need Assistance(PA)
- 4. Performs independently without assistance(PI)

### **DIAGNOSTIC AND SURGICAL PROCEDURES PERFORMED**

	Date	SI	_		-			Signature
No		OP/IP No	the patient	Competency/ Procedure	Competency Yes/No	PA, PI	Review/ Remedial Measures/ (for Certifiable competency only)	of the Assessor
				7				

### **DIAGNOSTIC AND SURGICAL PROCEDURES PERFORMED**

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

	Date	SI						Signature
No	Dute	Patient OP/IP No	Name of the patient	Name of the Competency/ Procedure	Certifiable Competency Yes/No	O, A, PA, PI	Cleared/ Review/ Remedial Measures/ (for Certifiable competency only)	of the Assessor
				/				

SI	Date	Patient	Name of	Name of the	Certifiable	0, A,	Cleared/	Signature
No		OP/IP No	the patient	Competency/ Procedure	Competency	PA, PI	Review/ Remedial Measures/ (for	of the Assessor
					Yes/No		Certifiable competency only)	

_	Signature DI	si AGNOST	IC AND S	URGICAL	PRO	CEDURES		——— Date
	PE	RFORME	D					

SI	Date	Patient	Name of	Name of the	Certifiable	0, A,	Cleared/	Signature
No		Patient OP/IP No	Name of the	Name of the Competency/	Certifiable Competency	0, A, PA,	Cleared/ Review/	of the
740		01/11 110	patient	Procedure	competency	PI.	Remedial	Assessor
							Measures/ (for	
					Yes/No		(for Certifiable competency	
							only)	
				/				
				1 4 0				

#### **PERFORMED**

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

Γ					

SI	Date	Patient	Name of	Name of the	Certifiable	0, A,	Cleared/	Signature
No		OP/IP No	the patient	Competency/ Procedure	Competency	PA, PI	Review/ Remedial Measures/	of the Assessor
					Yes/No		(for Certifiable competency only)	
				150				

SI .	Date	Patient	Name of	Name of the	Certifiable	0, A,	Cleared/	Signature
No		OP/IP No	the patient	Competency/ Procedure	Competency	PA, PI	Review/ Remedial Measures/	of the Assessor
					Yes/No		(for Certifiable competency only)	
				151				

SI .	Date	Patient	Name of	Name of the	Certifiable	0, A,	Cleared/	Signature
No		OP/IP No	the patient	Competency/ Procedure	Competency	PA, PI	Review/ Remedial Measures/	of the Assessor
					Yes/No		(for Certifiable competency only)	

SI	Date	Patient	Name of	Name of the	Certifiable	0, A,	Cleared/	Signature
No		OP/IP No	the patient	Competency/ Procedure	Competency	PA, PI	Review/ Remedial Measures/	of the Assessor
					Yes/No		(for Certifiable competency only)	
				152				

SI .	Date	Patient	Name of	Name of the	Certifiable	0, A,	Cleared/	Signature
No		OP/IP No	the patient	Competency/ Procedure	Competency	PA, PI	Review/ Remedial Measures/	of the Assessor
					Yes/No		(for Certifiable competency only)	
				154				

SI	Date	Patient	Name of	Name of the	Certifiable	0, A,	Cleared/	Signature
No		OP/IP No	the patient	Competency/ Procedure	Competency	PA, PI	Review/ Remedial Measures/	of the Assessor
					Yes/No		(for Certifiable competency only)	

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

156

SI	Date	Patient	Name of	Name of the	Certifiable	O, A,	Cleared/	Signature
No		OP/IP No	the patient	Competency/ Procedure	Competency	PA, PI	Review/ Remedial Measures/	of the Assessor
					Yes/No		(for Certifiable competency only)	
				157				
				137				

SI .	Date	Patient	Name of	Name of the	Certifiable	0, A,	Cleared/	Signature
No		OP/IP No	the patient	Competency/ Procedure	Competency Vas/No.	PA, PI	Review/ Remedial Measures/ (for Certifiable	of the Assessor
					Yes/No		certifiable competency only)	
				150				
				158				

SI .	Date	Patient	Name of	Name of the	Certifiable	0, A,	Cleared/	Signature
No		OP/IP No	the patient	Competency/ Procedure	Competency	PA, PI	Review/ Remedial Measures/ (for	of the Assessor
					Yes/No		(for Certifiable competency only)	
				159				
				139				

SI .	Date	Patient	Name of	Name of the	Certifiable	0, A,	Cleared/	Signature
No		OP/IP No	the patient	Competency/ Procedure	Competency	PA, PI	Review/ Remedial Measures/ (for Certifiable	of the Assessor
					Yes/No		certifiable competency only)	
				160				
				160				

SI	Date	Patient	Name of	Name of the	Certifiable	O, A,	Cleared/	Signature
No		OP/IP No	the patient	Competency/ Procedure	Competency	PA, PI	Review/ Remedial Measures/ (for	of the Assessor
					Yes/No		(for Certifiable competency only)	
				121				
				161				

SI .	Date	Patient	Name of	Name of the	Certifiable	0, A,	Cleared/	Signature
No		OP/IP No	the patient	Competency/ Procedure	Competency Yes/No	PA, PI	Review/ Remedial Measures/ (for Certifiable competency	of the Assessor
							only)	
				162				
				102				_
				162				

SI .	Date	Patient	Name of	Name of the	Certifiable	0, A,	Cleared/	Signature
No		OP/IP No	the patient	Competency/ Procedure	Competency	PA, PI	Review/ Remedial Measures/ (for	of the Assessor
					Yes/No		(for Certifiable competency only)	
				163				
				103				

SI	Date	Patient	Name of	Name of the	Certifiable	0, A,	Cleared/	Signature
No		OP/IP No	the patient	Competency/ Procedure	Competency	PA, PI	Review/ Remedial Measures/	of the Assessor
					Yes/No		(for Certifiable competency only)	
				1				
				164				

SI	Date	Patient	Name of	Name of the	Certifiable	0, A,	Cleared/	Signature
No		OP/IP No	the patient	Competency/ Procedure	Competency Yes/No	PA, PI	Review/ Remedial Measures/ (for Certifiable competency	of the Assessor
							only)	
				165				
				103				

Date	Patient	Name of	Name of the	Certifiable	0, A,	Cleared/	Signature
	OP/IP No	the patient	Competency/ Procedure	Competency	PA, PI	Review/ Remedial Measures/	of the Assessor
				Yes/No		(Jor Certifiable competency only)	
			166				
			OP/IP No the		OP/IP No the patient Competency/ Procedure Yes/No	OP/IP No the patient Competency/ Procedure PA, PI Yes/No	OP/IP No the patient Procedure PA, PI Remedial Measures (for Certifiable competency only)

SI	Date	<b>Patient</b>	Name of	Name of the	Certifiable	0, A,	Cleared/	Signature
No		OP/IP No	the patient	Competency/ Procedure	Competency	PA, PI	Review/ Remedial Measures/	of the Assessor
					Yes/No		(for Certifiable competency only)	
				167				

SI	Date	Patient	Name of	Name of the	Certifiable	O, A,	Cleared/	Signature
No		OP/IP No	the patient	Competency/ Procedure	Competency Yes/No	PA, PI	Review/ Remedial Measures/ (for Certifiable	of the Assessor
							competency only)	
				168				

# DETAILS OF THE SUBSPECIALITY POSTING

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

	Department of		
Posted from:	to		

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

Department of \_\_\_\_\_

Posted from :	to	

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

Department of \_\_\_\_\_

Posted from :	to	

Date	Academic Activities attended / Skills learned	Remarks
	Signature of	the Head of the department
	175	

Department of \_\_\_\_\_

Posted from :	to	

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

	Department of _		
Posted from:	to		

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

	Department of		
Posted from:	to		

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

	Department of	 	
Posted from:	to		

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

	Department of _	 	
Posted from:	to		

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

	Department of	 	
Posted from:	to		

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

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### **PORTFOLIO (OVERALL ASSESSMENT)**

Name of the Student: Batch

	Theory Internal Assessment					Practical Internal					Semi nars	Ward work	Journ al Clubs	UG teac hin g	Case Prese ntati on	Log Book		
	Topic and Date																	
	Max Marks																	
	Marks scored																	
	Date V		Ve	Venue/Journal				Title										
D	DISSERTATION																	
P	POSTER																	
PA	PAPER		1															
PU	JBLICATIO!	V		4														

#### **DETAILS OF THE LEAVES TAKEN**

SI No	Dates		Total Duration	Reason	Signature of HOD
	From	То			

### **DETAILS OF THE CLINICAL POSTINGS**

SI No	Dates		Total Duration	Unit	Remarks of the Unit Chief	Signature of
	From	То				HOD/Unit chief

### OTHER ACADEMIC/EXTRACURRICULAR ACHIEVEMENTS

SI 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
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#### **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 Otolaryngolgy, 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  $\_$  Operartive 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



