RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES

32nd E Cross Rd, 4th T Block East, Pattabhirama Nagar, Jayanagar, Bengaluru, Karnataka 560041



POST GRADUATE STUDENT'S LOG BOOK

Department of

NAME :

YEAR :.....

COLLEGE EMBLAM

CERTIFICATE

Certified that the content of this Log Book is the Bonafide work of Dr.....Post Graduate Student of Department of of Institute of Medical Sciences, for the academic year.....

Signature Name & Seal of Guide

Signature Name & Seal of Professor & HOD Signature Name & Seal of Director

Date:

Date:

Date:

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BIO-DATA OF THE CANDIDATE

Student's Name : Pass Port Size Photo of the DateofBirth 1 student to be MBBSDegree : affixed and attested by the Yearofpassing • HOD. College University : MedicalRegistrationno : PermanentAddress : Mobile no :

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Date of joining PGcourse

Name of the Guide

Candidate's Signature

Signature of Guide

Signature of HOD

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)

SI.	Points to be considered
No.	
1	Regularity of attendance
2	Punctuality
3	Case sheet completion
4	Presentation of the case during rounds
5	Relevant investigations done pre-operatively
6	Post operative care given
7	Maintenance of case records
8	Bedside manners and rapport with the patients

Corollary Grading in all Check lists:

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

Evaluation of Clinical Work in the Department

SI. No.	Date	IP No. /OP No.	Name of the patient	Diagnosis & surgery done	Average Grade *	Initials of Guide / Faculty
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Guidelines for evaluation of academic grand ward rounds

SI.	Points to be considered
No.	
1	Presentation of the case
2	Ability to manage the case in the emergency department
2	Plaster/splint/traction application
5	Day today management of the admitted patient
4	Day today management of the use of the second

Corollary Grading in all Check lists:

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

Evaluation of academic grand ward rounds Signature Average Diagnosis Name of the Patient Date SI of faculty grade patient op/Ip no no

Guidelines for evaluation of Clinical Case Presentation

SI.No.	Points to be considered
1	Completeness of history
2	Clarity of presentation
5	Logical order
5	Accuracy of general physical examination
6	Diagnosis
7	Ability to defend diagnosis
8	Ability to justify differential diagnosis
	Ability to plan management of the case

Corollary Grading in all Check lists:

10

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

SI	Date	Dati	E	valuation of on Name of the	Clinica	Case D.	-000			
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SEMINAR PRESENTATIONS Guidelines for evaluation of Seminar Presentation

SI/	Items for observation	
No.		
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	

Corollary Grading in all Check lists:

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

Evaluation of Seminar Presentations

SI. No.	Date	Seminar Topic	Average Grade *	Name of the Moderator	Initials of Moderator
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JOURNAL REVIEW PRESENTATION Guidelines for evaluation of Journal Review Presentation

SI/	Items for observation
No.	
1	Article chosen is relevant and appropriate
2	Extent of understanding of scope & objectives of the paper by the candidates
3	Whether understood the Material, Methods, Observation and statistical analysis
4	Whether cross references have been consulted
5	Ability to respond to questions on the paper / subject
6	Ability to analyse the paper and co-relate with the existing knowledge
7	Ability to defend the paper
8	Clarity of presentation

Corollary Grading in all Check lists:

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

Evaluation of Journal Review Presentation

(This table should be filled and signed by the concerned teacher regularly)

SI. No.	Date	Journal Article & Publication details	Average Grade *	Name of the Moderator	Initials of moderator
		(B)			
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DISSERTATION

(To be submitted be for registration of the demonstration topic within six months from the date of joining into the course)

Title oftheTopic : Name oftheGuide :

S. No.	Points to be considered (guidelines)
1	Interest shown in selecting a topic
2	Appropriate review of literature
3	Discussion with guide and other faculty
4	Quality of protocol
5	Preparation of proforma

*Corollary Grading in all Checklists: Poor-0, Satisfactory -1, Average-2, Good-, Very Good-4

SI. No.	Name of the Faculty & Designation	Average Grade *

Signature of the Candidate

1

Signature oftheHOD WithOfficialSeal Signature of the Guide

Signature of thePrincipal & OfficialSeal

DISSERTATION WORK

(Form to be filled before submitting the dissertation to the University & retained in this book)

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3

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:

:

Subject

Name oftheguide

DateofAllottement

Date of Registration of Dissertation Topic :

Date of1 st review	:
Date of2 nd review	;
Date of3 rd review	:
Date of4 th review	:

Date of approvalofDissertation

Date of SubmissionofDissertation

(1)

Signature of the Candidate

Signature of Guide

Periodic evaluation of Dissertation work

Check list guide for evaluation of Dissertation Work

Items for Observations	
Periodic consultation with guide / co-guide	1
Regular collection of case material	
Quality of final output	
Others	
	Periodic consultation with guide / co-guide Regular collection of case material Depth of analysis / discussion Departmental presentation of findings Quality of final output

*Corollary Grading in all Check lists: Poor-0, Satisfactory -1, Average-2, Good-, Very Good-4

Evaluation of Dissertation Work

Date of Review	Name of the Members of the review Committee Average Initial of							
	Committee	Average	Initial of					
		Grade *	Guide					
12 th month								
18 th month								
24 th month	3 72							
30 th month								

Evaluation of skill lab sessions/Cadaveric dissectionnoDateProcedure performedGradeSignature of the SI no Signature of the faculty 100 с 41° (1) See. De

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	program and date	organizers	Nature of participation (delegate/	Initial of the HOD
			presentation if any)	
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Details of the participation in the academic p

Details of paper and poster presentations

SI	Title of the presentation		and poste	гр	resentat	ions
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UG Teaching Skills

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(Theory Class / Clinics / Practicals / Demonstrations, Tutorials, Group Discussion) Guidelines for evaluation of teaching skills practice (UG).

SI no	Points to be considered
1	Communication of the purpose of the talk
2	Evokes the interest of audience in the subject
3	Introduction & Sequence of ideas
4	Speaking style (enjoyable, monotonous, etc., specify)
5	Attempts audience participation
6	Answer the questions asked by the audience
7	Summary of the main points at the end
8	Rapport of speaker with his audience
9	Effectiveness of the talk
10	Use AV aids appropriately

Corollary Grading in all Check lists:

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

SI. No.	Date	Topic of Teaching	Class/ Clinics / Practicals / Demos.	Average Grade *	Name of the Supervising Faculty	Initials of Guide / Faculty
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Evaluation of UG teaching skills

Clinic Pathological Conferences

Date	Discussion	Diagnosis
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Diagnostic and surgical procedures performed

- O: Washed and observed
- A : Assisted
- P: Performed

SI no	Date	Patient op/Ip no	Name of the patient	Surgery performed	O/A/P 🍬 🔹	Signature of faculty
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Details of Sub specialty postings

Date	Duration	Duration Details of Initials o					
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Surgical Audit(Mortality, morbidity meetings)

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ANNUAL OVERALL ASSESSMENT SHEET (To be filled at the end of each year)

Academic Year – I

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

SI. No.	Faculty Member	Grade
7		

Mean Grade

Signature of the HOD

Academic Year – II

Grade:- Poor-0, Satisfactory-1, Average -2, Good-3, Very Good -4,

CI	Epoulty Manshar			
SI.	Faculty Member	Grade		
No.		Ciuuc		
L				

Mean Grade

Academic Year –III

Signature of the HOD

Grade:- Poor-0, Satisfactory-1, Average -2, Good-3, Very Good -4.					
51.	Faculty Member	Grade			
No.					

3					

Mean Grade

Signature of the HOD

(3)

Details of the Leave taken

Date		Reason	Signature of	the
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Date		Donortmont		Remarks of the HOD /	Signature of	
From	То	Department	Unit Remarks of the HOD Unit Chief		/ the HOD / Unit Chief	
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Details of the Clinical Postings