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 East, Jayanagar, Bengaluru, Karnataka 560041



POST GRADUATE STUDENT LOG BOOK

RADIO-DIAGNOSIS

| Name: | |
|-------|---|
| Year: | |
| •••• | INSTITUTE OF MEDICAL SCIENCES |
| | (Affiliated to RGUHS, Bangalore, Karnataka) |

College emblem

CERTIFICATE

| Certified that the co | ontent of this Log Book is t | he bonafide work of |
|---------------------------|--|---------------------------|
| Dr | | |
| | tudent of Department of Ra Institute of Market | |
| for acade | mic year | |
| | | |
| Signature | Signature | Signature |
| Name and Seal of Guide | Name and Seal of Professor and HOD | Name and Seal of Director |
| Guide | Troicissor and Troib | Director |
| Date: | Date: | Date: |

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| SI NO | ITEM | PAGE NO. |
|-------|--|----------|
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| 4 | Log of cases of academic interest | |
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| 16 | Workshops, CME, conference, webinar attended | |
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| 24 | Resident evaluation | |
| 25 | Acknowledgement | |
| | | |

1. BIO-DATA OF THE RESIDENT

| | | Pass Port Size Photo of the |
|---------------------------|---|-----------------------------|
| Student's Name | : | student to be affixed and |
| | | attested by the HOD. |
| Date of Birth | : | |
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| MBBS Degree | : | |
| Year of passing | : | |
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| College | : | |
| University | : | |
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| Medical Registration No | : | |
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| Date of joining PG course | : | |
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| Permanent Address | : | |
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| Mobile no | | |
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| Email ID | | |
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| Name of the Guide | | |
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Candidate's Signature

Signature of Guide



2. Clinical Posting

| | | Per | iod | | Signature of Unit In |
|----------------------|------------------------|------|-----|---------|----------------------|
| | | From | To | POSTING | charge |
| 1 st Year | 1st Month | | | | |
| | 2 nd Month | | | | |
| | 3 rd Month | | | | |
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| | 5 th Month | | | | |
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| | 11 th Month | | | | |
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| 2 nd Year | 1st Month | | | | |
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| | | Period | | | Signature of Unit In | |
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| | | From | To | POSTING | charge | |
| 3 rd Year | 1 st | | | | | |
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| | 9 th Month | | | | | |
| | 10 th Month | | | | | |
| | 11 th Month | | | | | |
| | 12th Month | | | | | |

3. Daily Work Load

(Guidelines for evaluation of daily work record)

| Sl.No. | Points to be considered |
|--------|---|
| 1 | Patient selection |
| 2 | Patient preparation |
| 3 | Patient positioning |
| 4 | Contrast preparation |
| 5 | Acquisition & Interpretation of images |
| 6 | Pre & Post contrast monitoring of the patients (includes procedural patient monitoring) |

Corollary Grading in all Check lists:

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

Evaluation of Daily work in the Department

| SI No | Date | No of cases observed | No of cases performed | Signature of the guide/faculty |
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End of the Posting performance Grade:



| SI No | Date | No of cases observed | No of cases | Signature of the |
|-------|------|----------------------|-------------|------------------|
| | | | performed | guide/faculty |
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End of posting performance grade:

4. Log of Cases of Academic Interest

| SI. No | Date | Hosp.No. | Age/Sex | Procedure Performed/ Imaging Modality | Diagnosis | Remarks | Name of the Consultant & Signature |
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| SI. No | Date | Hosp.No. | Age/Sex | Procedure Performed/ Imaging Modality | Diagnosis | Remarks | Name of the Consultant & Signature |
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5. Diagnostic and Interventional Procedures

| Sl.No. | Points to be considered |
|--------|---|
| 1 | Patient selection |
| 2 | Patient preparation |
| 3 | Patient positioning |
| 4 | Contrast preparation |
| 5 | Acquisition & Interpretation of images |
| 6 | Pre & Post contrast monitoring of the patients (includes procedural patient monitoring) |

Corollary Grading in all Check lists:

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

O: Observed A: Assisted P: Performed

| SI No | Date | Patient OP/ IP No | Procedure | O/A/P | Average Grade | Signature of faculty |
|-------|------|----------------------|-----------|-------|------------------|----------------------|
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| SI No | Date | Patient OP/ IP No | Procedure | O/A/P | Average Grade | Signature of faculty |
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6. Evaluation of Skill Lab Sessions

(Skills on mannequins, cadavers, phantoms to be considered)

| Sl No | Date | Procedure performed | Grade | Signature of the faculty |
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| Sl No | Date | Procedure performed | Grade | Signature of the faculty |
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7. Case Presentation

Guidelines for assessment of Clinical Case Presentation

| Sl. No. | Points to be considered |
|---------|---|
| 1 | Completeness of history& examination |
| 2 | Clarity on presentation of imaging |
| 3 | Logical order& interpretation |
| 4 | Differential Diagnosis |
| 5 | Ability to defend diagnosis |
| 6 | Ability to justify differential diagnosis |
| 7 | Ability to recommend management of the case |

Corollary Grading in all Check lists:

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

Evaluation of Clinical Case Presentation

| Sl. No | Date | Patient OP/IP no | Diagnosis | Average grade | Signature of the faculty |
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| Sl. No | Date | Patient OP/IP no | Diagnosis | Average grade | Signature of the faculty |
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8. Seminar Presentation

Guidelines for evaluation of Seminar Presentation

| Sl.No. | Items for observation | | | | |
|--------|---|--|--|--|--|
| 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, and Very Good-4.

Evaluation of Seminar Presentations

| Sl. No. | Date | Seminar Topic | Average Grade | Name and Signature of Moderator |
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| Sl. No. | Date | Seminar Topic | Average Grade | Name and Signature of Moderator |
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9. Journal Review Presentations

Guidelines for evaluation of Journal Review Presentation

| Sl No. | Items for observation |
|--------|--|
| 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 analyze 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

| Sl. No. | Date | Journal Article & Publication details | Average Grade | Name and Signature of Moderator |
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| Sl. No. | Date | Journal Article & Publication details | Average Grade | Name and Signature of Moderator |
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10. Weekly Interdepartmental Meets with Surgery, Medicine & Allied Specialties

(Discussion on interpretation of various imaging modalities and their applications in management under facilitation of faculty)

| SI No | Date | Topic discussed | Name and Signature of Moderator |
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| SI No | Date | Topic discussed | Name and Signature of Moderator |
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11. Monthly Clinical-Radiological-Pathological Meets

(The residents of different departments present the clinical details of the case, discuss the radiological findings and its interpretation and management of the same case)

| Sl. No | Date | Topic discussed | Name of the radiology postgraduate resident | Name of the pathology/ Clinical postgraduate resident | Signature of the Radiology faculty |
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| Sl. No | Date | Topic discussed | Name of the radiology | Name of the pathology/ | Signature of the Radiology |
|-----------|------|-----------------|--------------------------|--------------------------------------|----------------------------|
| | | | postgraduate resident | Clinical postgraduate resident | faculty |
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12. Monthly Medical Audit (Mortality, morbidity, meetings)

| Sl. No | Date | IP/ Hosp. Number | Age / Sex | Topic discussed | Signature of the Radiology faculty |
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13. UG Teaching Skills

(Theory Class / Clinics / Practical / Demonstrations, Tutorials, Group Discussion)

| Sl. 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 |

Guidelines for evaluation of teaching skills practice (UG)

Corollary Grading in all Check lists:

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

Evaluation of UG teaching skills

| Sl. | Date | Topic of Teaching | Class/ Clinics/ | Average | Name and |
|-----|------|-------------------|--------------------|---------|------------------------|
| No. | | | Practical / Demos. | Grade | Signature of |
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| | | | | | Supervising Faculty |
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| Sl. No. | Date | Topic of Teaching | Class/ Clinics/ Practical / Demos. | Average Grade | Name and Signature of the Supervising Faculty |
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14. Dissertation: Synopsis evaluation

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

| | or joining into the course) | |
|--------------|--|----------------------------|
| Title of the | ne Topic : | |
| Name of | the Guide : | |
| Sl. No. | Points to be considered (guide | elines) |
| 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 | |
| | Grading in all Check lists: atisfactory -1, Average-2, Good-, Very Good-4 | |
| 1 001-0, 5 | ansactory -1, 71verage-2, Good-, very Good-4 | |
| Sl. No. | Name of the Faculty & Designation | Average Grade |
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| Signature | of the Candidate | Signature of the Guide |
| Signature | of the HOD | Signature of the Principal |

& Official Seal

with Official Seal

Periodic evaluation of Dissertation work

Check list guide for evaluation of Dissertation Work

| S. No. | Items for Observations |
|--------|---|
| 1 | Periodic consultation with guide / co-guide |
| 2 | Regular collection of case material |
| 3 | Depth of analysis / discussion |
| 4 | Departmental presentation of findings |
| 5 | Quality of final output |
| 6 | Others |

^{*}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 Grade | Signature of the Guide |
|-------------------------|---|---------------|------------------------|
| 1 st quarter | | | |
| 2 nd quarter | | | |
| 3 rd quarter | | | |
| 4 th quarter | | | |
| 5 th quarter | | | |
| 6 th quarter | | | |

DISSERTATION WORK

| Subject | : | |
|--|---|------------------------|
| | | |
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| | | |
| Name of the guide | : | |
| Date of Allotment | : | |
| Date of Registration of Dissertation Topic | : | |
| Date of 1 st review | : | |
| Date of 2 nd review | : | |
| Date of 3 rd review | : | |
| Date of 4 th review | | |
| Date of 5 th review | | |
| Date of 6 th review | : | |
| Date of approval of Dissertation | : | |
| Date of Submission of Dissertation | | |
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| Signature of the Candidate | | Signature of the Guide |
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15. Sub Specialty Postings

| Sl. No. | Place of Posting | No. of Days | Date | Name and Signature of the HOD/ Incharge |
|------------|----------------------------------|-------------|------|--|
| 1. | Sub specialty Posting | | | |
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| 2. | Posting to Higher Centre | | | |
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| 3. | Posting to Ancillary Departments | | | |
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16. Participation in the academic programs

(CME/ Conference/ Workshops/ Webinar attended)

| Sl. No | Date | Name of the academic program | Nature of participation (delegate/presentation) | Signature of the HOD |
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17. Guest Lectures Attended

| Sl. No | Date | Title of Presentation | Name of the Presenter | Signature of the faculty Incharge |
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18. Scientific Posters and Paper presentation

| Sl No | Date | Title of the presentation | Academic event of presentation | Paper/ Poster | Signature of HOD |
|----------|------|---------------------------|--------------------------------|------------------|------------------|
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19. Publications in Journals and Books

| Sl No | Title of the paper | Name of the Journal of publication | Year/ Volume/ Page No. | Signature of the HOD |
|-------|--------------------|------------------------------------|---------------------------|----------------------|
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20. Memberships, Awards, Prizes and Certificates of appreciation obtained

| Sl. No. | Type of Credits | Date / Duration | Name and Signature of the HOD/ faculty Incharge |
|------------|---|-----------------|---|
| 1. | Memberships (Provisional student membership of IRIA is mandatory) | | |
| | | | |
| | | | |
| 2. | Awards, Prizes and Certificate of Appreciation obtained | | |
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21. Leaves Availed

| f the charge | Initial of HOD/ In c | Remarks | No. of Days | То | From | Date of application |
|-----------------|-------------------------|---------|-------------|----|------|---------------------|
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22. Periodic Internal Assessment Evaluation

| SI No. | Date | Internal Assessment | Ma | rks Obta | ined |
|--------|------|---------------------|--------|----------|-----------|
| | | | Theory | Viva | Skill lab |
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23. Annual Overall Assessment

(To be filled at the end of each year)

Corollary Grading in all Check lists:

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

| Academic year – I SI No Faculty Member Grade Grade Grade Grade Signature of the HOD Academic year – II SI No Faculty Member Grade Grade Signature of the HOD |
|---|
| Academic year – II |
| |
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| SI No Faculty Member Grade |
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| Mean grade Signature of the HOD |
| Academic year – III |
| SI No Faculty Member Grade |
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Mean grade Signature of the HOD

24. Resident Evaluation

Postgraduate Students Appraisal Form Pre/Para/Clinical Disciplines

| Name | of the Department/Unit | | : | | | | | | | | |
|------------|--|-------|---------------|---------|-----|-------|------|------|-------|------|------------|
| Name | of the PG Student | | : | | | | | | | | |
| Perio | d of Training | | : | | | | | | | | |
| Sl. No. | PARTICULARS | Sa | Not tisfac | | Sat | isfac | tory | | re Th | | Remarks |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| 1. | Journal based/recent | | | | | | | | | | |
| | Advances learning | | | | | | | | | | |
| 2. | Patient based/Laboratory | | | | | | | | | | |
| | Or Skill based learning | | | | | | | | | | |
| 3. | Self directed learning and | | | | | | | | | | |
| | Teaching | | | | | | | | | | |
| 4. | Departmental and | | | | | | | | | | |
| | interdepartmental | | | | | | | | | | |
| | Learning activity | | | | | | | | | | |
| 5. | External and Outreach | | | | | | | | | | |
| | Activities/CMEs | | | | | | | | | | |
| 6. | Thesis/Research work | | | | | | | | | | |
| 7. | Log Book Maintenance | | | 7 | | | | | | | |
| | MTO | | | | | | | YE | CS/NC |) | |
| REM. | ARKS* | | | | | | | | | | |
| mentio | IARKS: Any significant pooned. For score less than 4 in tgraduate student is strongly r | any o | catego | ory, re | | | | | | | |
| Signa | ture of Assessee | | | | | | | Sign | ature | of (| Consultant |

Signature of HOD

