

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, Bengaluru, Karnataka 560041



POST GRADUATE STUDENT'S LOG BOOK Department of Dermatology

NAME

YEAR:.....INSTITUTE OF MEDICAL SCIENCES

(Affiliated to RGUHS, Karnataka, Bangalore)

**COLLEGE
EMBLEM**

CERTIFICATE

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

Date of Birth

MBBS Degree

Year of passing

College

University

Pass Port Size
Photo of the
student to be
affixed and
attested by the
HOD.

Medical Registration

Permanent Address

Mobile no

Date of joining PG course

Name of the Guide

Candidate's Signature

Signature of Guide

Signature of HOD

SEMINAR PRESENTATIONS
Guidelines for evaluation of Seminar Presentation

SI/ No.	Items for observation
1	Whether other relevant publications referred
2	Whether cross references have been verified
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.

DISSERTATION

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

Title of the Topic

Name of the Guide

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

Signature of the Guide

Signature of the HOD
With Official Seal

Signature of the Principal
& Official Seal

DISSERTATION WORK

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

Subject :

Name of the guide :
Date of Allotment :

Date of Registration of Dissertation Topic :

Date of 1st review :

Date of 2nd review :

Date of 3rd review :

Date of 4th review :

Date of approval of Dissertation :

Date of Submission of Dissertation :

Signature of the Candidate

Signature of Guide

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	Initials of guide
12th month			
18th month			
24th month			
30th month			

Details of the participation in the academic programs

Sl no	Name of the academic program and date	Name of the organizers	Nature of participation (delegate / presentation if any)	Initials of the HOD

UG Teaching Skills

(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.

DRAFT

Diagnostic and Dermatology procedures performed

O: Observed/Watched

A: Assisted

P: Performed

Sl no	Date	Patient OP / IP no	Name of the patient	Procedure performed	O/A/P	Signature of faculty

DRAFT

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

Mean Grade

Signature of the HOD / Unit Chief

Academic Year – II

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

Sl No	Faculty Member	Grade

Mean Grade

Signature of the HOD / Unit Chief

Academic Year – III

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

Sl No	Faculty Member	Grade

Mean Grade

Signature of the HOD / Unit Chief

