

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 content of this Log Book is the bonafide work of

Dr

Post Graduate Student of Department of Radio-diagnosis of
..... Institute of Medical Sciences,

for academic year

Signature Name and Seal of Guide	Signature Name and Seal of Professor and HOD	Signature Name and Seal of Director
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Date:

Date:

Date:

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1. BIO-DATA OF THE RESIDENT

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

Candidate's Signature

Signature of Guide

Signature of HOD

DRAFT

2. Clinical Posting

		Period		POSTING	Signature of Unit In charge
		From	To		
1st Year	1st Month				
	2nd Month				
	3rd Month				
	4th Month				
	5th Month				
	6th Month				
	7th Month				
	8th Month				
	9th Month				
	10th Month				
	11th Month				
	12th Month				
2nd Year	1st Month				
	2nd Month				
	3rd Month				
	4th Month				
	5th Month				
	6th Month				
	7th Month				
	8th Month				
	9th Month				
	10th Month				
	11th Month				
	12th Month				

		Period		POSTING	Signature of Unit In charge
		From	To		
3rd Year	1st Month				
	2nd Month				
	3rd Month				
	4th Month				
	5th Month				
	6th Month				
	7th Month				
	8th Month				
	9th Month				
	10th Month				
	11th Month				
	12th Month				

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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

End of the Posting performance Grade:

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SI No	Date	No of cases observed	No of cases performed	Signature of the guide/faculty

End of posting performance grade:

DRAFT

DRAFT

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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)

Title of the Topic :

Name of the Guide :

Sl. 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 Check lists:

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

Sl. 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

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	:	
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	:	

Signature of the Candidate

Signature of the Guide

Signature of the HOD
with Official Seal

15. Sub Specialty Postings

Sl. No.	Place of Posting	No. of Days	Date	Name and Signature of the HOD/ Incharge
1.	Sub specialty Posting			
2.	Posting to Higher Centre			
3.	Posting to Ancillary Departments			

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		

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

Mean grade

Signature of the HOD

Academic year – II

SI No	Faculty Member	Grade

Mean grade

Signature of the HOD

Academic year – III

SI No	Faculty Member	Grade

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 :

Period of Training :

Sl. No.	PARTICULARS	Not Satisfactory			Satisfactory			More Than Satisfactory			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										

FROM.....TO.....

PUBLICATION

YES/NO

REMARKS* _____

***REMARKS:** Any significant positive or negative attributes of a postgraduate student to be mentioned. For score less than 4 in any category, remediation must be suggested. Individual feedback to postgraduate student is strongly recommended.

Signature of Assessee

Signature of Consultant

Signature of HOD

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