

**Odisha University of Health Sciences
Dhanwantari Bhavan, Bhubaneswar, Odisha**

**LOG BOOK
For
POST GRADUATE STUDENTS**

Department of: PEDIATRICS

Name of the Institution: _____

**Prepared by:
Log book Committee (Broad Specialties) 2023
OUHS, Bhubaneswar**

**ODISHA UNIVERSITY OF HEALTH SCIENCES,
DHANWANTARI BHAVAN, BHUBANESWAR.**

**LOG BOOK
for
POST GRADUATE STUDENTS**

Department of: PEDIATRICS

Name of the Institution: _____

INDEX		
Sl. No.	Title	Page No.
1	Certificate	3
2	General Instructions	4
3	Personal profile of the student	5
4	Course details	6
5	Training details: Research Methodology, BCBR, BCME, BCLS, BNRP,ANRP,ACLS	7
6	Leave record	8
7	Academic participation & Publications	9
8	Internal Assessment	10
9	District Residency Programme	11-22
10	Structured training program schedule	23
11	Students seminar	24-32
12	Journal review	33-41
13	Bedside clinic	42-58
14	Students symposium	59-60
14	Interdepartmental colloquium	61-65
15	UG teaching	66-69
16	Thesis work	70-71
17	Competencies to be learnt	72-75
18	Competency evaluation sheets	76-88
19	Students feedback	89-90
20	NMC prescribed students appraisal form (Annexure I)	91-92

CERTIFICATE

This is to certify that, this logbook contains bonafide work of

Dr. _____, a Post-
Graduate student of the Department of **PEDIATRICS** of
_____, Odisha for the
session _____.

Date:

Post Graduate Guide

Head of the Department

Dean & Principal

GENERAL INSTRUCTIONS:

This log book is intended to be a record of all the activities of Postgraduate students, as they perform and participate in the course, including training.

1. It shall solely be the responsibility of the student to ensure that, the desired entries are made in day-to-day basis and relevant documents if any are kept.
2. It shall be the responsibility of the HOD to ensure that, all students maintain their log books in an orderly manner.
3. Each student shall enter his/her leave record in the concerned section immediately after returning from leave.
4. The learners feedback form should be filled up before submitting the log book for the University Examination. It is expected that, students should give their feedback with all seriousness and help the University in improving and strengthening the Postgraduate education.
5. Submission of Logbook: The up-to-date log book is a pre-requisite for fill up of forms for the University Examination and hence the completed Logbook shall be submitted to the department when the same is asked for.

6. **INSTRUCTIONS FOR FILLING THE LOG BOOK:**

Please Note: All assessments would be in Likert's 5-pointscale/score:	
Score	Interpretation
0	Poor
1	Below average
2	Average
3	Good
4	Very good

- a. All entries should be properly entered and duly signed from the Supervisor / Unit In charges / Guide / HOD, as required.
- b. Under Instructions from the Head of Department, suitable corrections can be incorporated.
- c. Research participation pertaining to Conferences, Poster / Oral presentation and publication shall be entered directly in a Consolidated form.
- d. At the end of training, it's mandatory to fill up the feedback form and submit it to Postgraduate Office.
- e. It is an integral part of practical evaluation in the University examination.
- f. After the practical examination it shall be returned back to the student.
- g. There would be periodic evaluation regarding maintenance of log book by Postgraduate education office, and in case of any deficiency, the student would be responsible and suitable action may be taken against them for the same.
- h. Additional pages [if required] can be added.

PERSONAL PROFILE OF THE STUDENT:

Name:		
Address:		
E-mail ID:		
Phone No.:		
DOB (dd/mm/yy):		
Blood group:		
Vaccination status:		
Paste your PP size Photograph		

Registration Number:	Name of the Medical Council:	Valid up to:

OUHS Registration Number:	
---------------------------	--

Qualification Details	College	University	Month & Year of completion
MBBS			

Experience before joining:

Designation	Department	Institution	From	To

Date:

Signature of the PG student

COURSE DETAILS:

Degree / Diploma			
Date of Joining		Date of completion	

Details of Postings [as per Curriculum by NMC]:

Participation in Research Methodology training:

Name of the Institution	From	To	Signature of the Guide / HOD

Participation in BCBR Course

Name of the institute	Date of registration	Date of the examination	Date of publication of result	Signature of the HOD

Participation in BCME training:

Name of the Institution	From	To	Signature of the HOD

Participation in BCLS / ACLS training:

Name of the Institution	From	To	Signature of the HOD

Leave record:

Sl. No.	From	To	Reason:	Signature of the Unit Head
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
Total No. of Leaves				

Signature & Seal of the Head of Department

DETAILS OF PARTICIPATION IN ACADEMIC PROGRAMS:

SI. No.	Date	Name of the Academic Program	International / National / State / Institutional Event	Organized by	Nature of participation [Delegate / Presentation if any]	Initials of the HOD
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

PUBLICATIONS	
Title:	
Authors:	
Name of the journal:	
Indexed in [NMC approved agency only]:	
Status of publication:	
Citation if published:	
Title:	
Authors:	
Name of the journal:	
Indexed in [NMC approved agency only]:	
Status of publication:	
Citation if published:	
Title:	
Authors:	
Name of the journal:	
Indexed in [NMC approved agency only]:	
Status of publication:	
Citation if published:	

Internal Assessment Results:

Year		Theory [100]	Practical/Clinical/ Oral [100]	Total out of 200 [%]
1 ST	I			
	II			
	III			
2 ND	I			
	II			
	III			
3 RD	I			
	Prelims			

Date:

Signature & Seal of the Head of Department

DETAILS OF THE DRP SCHEDULE [AS PER CURRICULUM BY NMC]:

Name of the Institution	Year of PGT	From	To	Duration

Sl. No.	Day / Date	Place of work	Nature of work	Activity learn [Should include: 1. Patient care / Diagnostic services as per the subject. 2. Health care Management activities both HR & Logistics, Communication skill. 3. Team work]	Level of participation [Observation / Performs under observation / Performs independently]	Signature of the DRPC
1						
2						
3						
4						
5						
6						

7						
8						
9						
10						
11						
12						
13						
14						
15						

16						
17						
18						
19						
20						
21						
22						
23						
24						

25						
26						
27						
28						
29						
30						
31						
32						
33						

34						
35						
36						
37						
38						
39						
40						
41						
42						

43						
44						
45						
46						
47						
48						
49						
50						
51						

52						
53						
54						
55						
56						
57						
58						
59						
60						

61						
62						
63						
64						
65						
66						
67						
68						
69						

70						
71						
72						
73						
74						
75						
76						
77						
78						

79						
80						
81						
82						
83						
84						
85						
86						
87						

88						
89						
90						

REFLECTIONS

CERTIFICATE OF COMPLETION OF DISTRICT RESIDENCY PROGRAM

It is certified that Dr. _____ has satisfactorily completed the District Residency program w.e.f. _____ to _____ . During his/her District Residency Program training at _____ District, his / her performance has been reported to be _____ .

Department:

Date:

Place:

Signature of Guide / Mentor

Signature of Head of Department

Signature of the District Residency Program Coordinator

Signature of the Medical Superintendent

Signature of the CDM PHO

STRUCTURED TRAINING PROGRAM:

Teaching learning methods:

1. Lectures: at least 10 per year.
2. Student Seminar [Topic]: once in 1 – 2 weeks.
3. Journal club: once in 1 – 2 weeks.
4. Bedside clinic: once a week.
5. Interdepartmental colloquium: once monthly.
6. Student symposium: once quarterly.
7. Rotational clinical / community / institutional postings:

Sl. No .	Section / Subject	Duration in months
Mandatory postings		
1	Pediatric emergency	3 [1/year]
2	NICU	9 [3/year]
3	PICU	6 [2/year]
Desirable postings		
	Child Psychiatry Pediatric Surgery Developmental Pediatrics Pediatric Nephrology Pediatric Hemato-oncology Pediatric Cardiology Pediatric Gastroenterology Pediatric Rheumatology/Immunology/Allergy Genetic Pediatric Pulmonology Pediatric Dermatology Pediatric Endocrinology Adolescent Health DOTS, PPTCT, ART center with pediatric exposure Microbiology diagnostic Lab Radiology including CT/MRI Forensic Medicine especially Child related Neuro-rehabilitation (PMR, Physiotherapy, Occupational Therapy)	

8. UG Teaching:

Evaluation of STUDENTS SEMINAR PRESENTATION:						
Guidelines for evaluation of Seminar Presentation						
SI. No.	Points to be considered					
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 checklists: Poor-0, Satisfactory-1, Average-2, Good-3, Very Good-4.						
SI. No.	Date	Seminar Topic	Presented / Participated	Average Grade*	Name of the Moderator	Initials of the Moderator
1						
2						
3						
4						
5						
6						

7						
8						
9						
10						
11						
12						
13						
14						
15						

16					
17					
18					
19					
20					
21					
22					
23					
24					

25						
26						
27						
28						
29						
30						
31						
32						
33						

34					
35					
36					
37					
38					
39					
40					
41					
42					

43					
44					
45					
46					
47					
48					
49					
50					
51					

52						
53						
54						
55						
56						
57						
58						
59						
60						

61						
62						
63						
64						
65						
66						
67						
68						
69						

70						
71						
72						

Evaluation of JOURNAL REVIEW PRESENTATION:						
Guidelines for evaluation of Journal Review Presentation						
SI. No.	Points to be considered					
1	Article chosen is relevant and appropriate					
2	Extent of understanding of scope & objectives of the paper by the candidate					
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 checklists: Poor-0, Satisfactory-1, Average-2, Good-3, Very Good-4.						
SI. No.	Date	Journal Topic	Presented / Participated	Average Grade*	Name of the Moderator	Initials of the Moderator
1						
2						
3						
4						
5						

6						
7						
8						
9						
10						
11						
12						
13						
14						

15					
16					
17					
18					
19					
20					
21					
22					
23					

24						
25						
26						
27						
28						
29						
30						
31						
32						

33						
34						
35						
36						
37						
38						
39						
40						
41						

42						
43						
44						
45						
46						
47						
48						
49						
50						

51						
52						
53						
54						
55						
56						
57						
58						
59						

60						
61						
62						
63						
64						
65						
66						
67						
68						

69						
70						
71						
72						

Evaluation of BEDSIDE CLINIC:						
Guidelines for evaluation of Bedside clinic						
SI. No.	Points to be considered					
1	Clarity of Presentation					
2	Completeness of history					
3	Ability to arrive at a differential diagnosis & diagnosis					
4	Ability to defend the diagnosis					
5	Ability to answer questions					
6	Understanding of subject					
Corollary Grading in all checklists: Poor-0, Satisfactory-1, Average-2, Good-3, Very Good-4.						
SI. No.	Date	Topic	Presented / Participated	Average Grade*	Name of the Moderator	Initials of the Moderator
1						
2						
3						
4						
5						
6						

7						
8						
9						
10						
11						
12						
13						
14						
15						

16						
17						
18						
19						
20						
21						
22						
23						
24						

25						
26						
27						
28						
29						
30						
31						
32						
33						

34						
35						
36						
37						
38						
39						
40						
41						
42						

43						
44						
45						
46						
47						
48						
49						
50						
51						

52						
53						
54						
55						
56						
57						
58						
59						
60						

61						
62						
63						
64						
65						
66						
67						
68						
69						

70						
71						
72						
73						
74						
75						
76						
77						
78						

79						
80						
81						
82						
83						
84						
85						
86						
87						

88						
89						
90						
91						
92						
93						
94						
95						
96						

97						
98						
99						
100						
101						
102						
103						
104						
105						

106						
107						
108						
109						
110						
111						
112						
113						
114						

115						
116						
117						
118						
119						
120						
121						
122						
123						

124					
125					
126					
127					
128					
129					
130					
131					
132					

133						
134						
135						
136						
137						
138						
139						
140						
141						

142						
143						
144						

Evaluation of STUDENTS SYMPOSIUM:						
Guidelines for evaluation of Students symposium						
SI. No.	Points to be considered					
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 checklists: Poor-0, Satisfactory-1, Average-2, Good-3, Very Good-4.						
SI. No.	Date	Topic	Presented / Participated	Average Grade*	Name of the Moderator	Initials of the Moderator
1						
2						
3						
4						
5						
6						

7						
8						
9						
10						
11						
12						

Evaluation of INTERDEPARTMENTAL COLLOQUIUM:

Guidelines for evaluation:

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

Corollary Grading in all checklists: Poor-0, Satisfactory-1, Average-2, Good-3, Very Good-4.

SI. No.	Date	Case History	Diagnosis	Presentation / Participation	Initial of the Guide / HOD
1					
2					
3					
4					
5					

6					
7					
8					
9					
10					
11					
12					
13					
14					

15					
16					
17					
18					
19					
20					
21					
22					
23					

24					
25					
26					
27					
28					
29					
30					
31					
32					

33					
34					
35					
36					

Evaluation of UG Teaching Skills:						
Guidelines for evaluation of UG Teaching skills:						
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 of AV aids appropriately					
Corollary Grading in all checklists: Poor-0, Satisfactory-1, Average-2, Good-3, Very Good-4.						
SI. No.	Date	Topic of teaching	Class / Practical / Clinics / Demos	Average Grade*	Name of the Supervising faculty	Initials of Guide/ Faculty
1						
2						
3						
4						

5						
6						
7						
8						
9						
10						
11						
12						

13						
14						
15						
16						
17						
18						
19						
20						

21						
22						
23						
24						

THESIS

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

Title of the Topic:

Name of the Guide:

Name of the Co-guide(s) if any:

Guidelines for evaluation of Thesis [Synopsis]				
SI. No.	Points to be considered			
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-3, Very Good-4.

Evaluation of Thesis [Synopsis]:				
SI. No.	Date	Average Grade*	Name of the Faculty & Designation	Initials of the Faculty

Signature of the Candidate:

Signature of the Guide

Signature of the HoD:

THESIS WORK

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

Name of the Topic:

Name of the Guide(s):

Date of Registration of Thesis Topic:

Date of approval of the Thesis:

Date of Submission of Thesis:

PERIODIC EVALUATION OF THESIS WORK

Guidelines for periodic evaluation of Thesis			
SI. No.	Points to be considered		
1	Periodic consultation with guide / co-guide		
2	Regular collection of case material		
3	Discussion with guide / co-guide		
4	Departmental presentation of progress of work		
5	Assessment of final output		
6	Others		

Corollary Grading in all checklists: Poor-0, Satisfactory-1, Average-2, Good-3, Very Good-4.

Evaluation of Thesis:			
Date of the review	Average Grade*	Name of the members of the review committee	Initials of the Guide
12 th month			
18 th month			
24 th month			
30 th month			

Signature of the Candidate:

Signature of the Guide

Signature of the HoD:

COMPETENCIES TO BE LEARNT:

At the end of the course, the student should acquire skills in the following broad areas and be able to:

1. Physical Examination
 - 1.1. Measurement of Vitals
 - 1.2. Measurement of Anthropometry
 - 1.3. General physical examination
 - 1.4. Physical Examination of Systems
 - 1.5. Development (Screening) Assessment
 - 1.6. Behavioral (Screening) Assessment
 - 1.7. Sexual Maturity Assessment
 - 1.8. Newborn Assessment including gestational assessments
 - 1.9. Breastfeeding Assessment of Position and Attachment
 - 1.10. Motor Disability Assessment
 - 1.11. Autism Spectrum Disorder Screening
 - 1.12. Fundus examination
 - 1.13. Middle ear examination
 - 1.14. Throat examination
 - 1.15. Triage - Rapid assessment of Airway, Breathing and Circulation
 - 1.16. Hand hygiene
 - 1.17. Biomedical Waste disposal guidelines
2. Non-Invasive Monitoring
 - 2.1. Pulse oximetry
 - 2.2. Electrocardiogram
 - 2.3. Vital Data Monitor
3. Procedures – Diagnostic
 - 3.1. Informed Consent
 - 3.2. Aseptic measures for all invasive procedures
 - 3.3. Sampling
 - 3.3.1. Venous blood
 - 3.3.2. Arterial blood
 - 3.3.3. Capillary blood
 - 3.4. Vascular Access and cannulation
 - 3.4.1. Intravenous – Peripheral
 - 3.4.2. Intravenous - Central
 - 3.4.3. Intraosseous
 - 3.4.4. Intraarterial
 - 3.4.5. Umbilical Vein
 - 3.5. Diagnostic Taps
 - 3.5.1. Pleural
 - 3.5.2. Peritoneal
 - 3.5.3. CSF
 - 3.5.4. Pericardial
 - 3.5.5. Joint fluid
 - 3.5.6. Subdural
 - 3.5.7. Ventricular
 - 3.6. Urinary Catheterization
 - 3.7. Urine collection
 - 3.7.1. Mid-stream sampling
 - 3.7.2. Catheter sampling
 - 3.7.3. Suprapubic puncture

- 3.8. Tuberculin Skin Test
- 3.9. Antibiotic Test Dose
- 3.10. Feeding/Ryles Tube
 - 3.10.1. Insertion
 - 3.10.2. Gastric Aspiration
 - 3.10.3. Feeds
 - 3.10.4. Stomach wash
- 3.11. Respiratory
 - 3.11.1. Naso, Pharyngeal and Nasopharyngeal swab collection
- 3.12. Suppository insertion
- 3.13. Per rectal exam
- 3.14. Inspection of Vulva/Vagina
- 3.15. Aspiration/Biopsy
 - 3.15.1. Bone marrow
 - 3.15.2. Liver
 - 3.15.3. Kidney
 - 3.15.4. FNAC Lymph node
- 3.16. Ultrasound – Lung (B line, Effusion), Circulation (IVC Volume), Vascular access (Central venous), Soft Tissue (Pus)
- 3.17. Blood Group/Type
- 3.18. Smears
 - 3.18.1. Malaria Parasite Smear/Rapid Antigen Test
 - 3.18.2. Peripheral Blood Smear
 - 3.18.3. CSF/Pus Grams Stain
 - 3.18.4. Sputum Ziehl Neilson Smear
- 3.19. Urine dipstick
- 3.20. Stool Hanging drop
- 3.21. Glucometer Blood Sugar
- 3.22. Shake test (Newborn gastric aspirate)
- 3.23. Electrocardiogram
- 3.24. Specific Screening/Assessment Tools
 - 3.24.1. Gestation Assessments
 - 3.24.2. Anthropometric measurements and Growth charting
 - 3.24.3. Peak Flow Meter Measurement
 - 3.24.4. HEADSS screening (Adolescence)
 - 3.24.5. DDST screening (Development Assessment)
 - 3.24.6. Assessment of Sexual Maturity using Tanner's
 - 3.24.7. M-CHAT-R screening (Autism Assessment)
 - 3.24.8. GMSCF Assessment of Motor Disability (Cerebral Palsy)
 - 3.24.9. Pain assessment

4. Procedures – Therapeutic

- 4.1. Informed Consent
- 4.2. Prescriptions/Medication Orders
- 4.3. Neonatal Resuscitation Program including intubation
- 4.4. Basic Life Support
- 4.5. Advanced Paediatric Life Support including intubation
- 4.6. Heimlich, Foreign Body Removal
- 4.7. Exchange Transfusion
- 4.8. Stomach wash

4.9. Injections:

- 4.9.1. Intravenous
- 4.9.2. Intramuscular
- 4.9.3. Subcutaneous
- 4.9.4. Intradermal

4.10. Infusions

- 4.10.1. IV bolus
- 4.10.2. Intravenous
- 4.10.3. Intraosseous
- 4.10.4. Blood Component Transfusion

4.11. Respiratory

- 4.11.1. Meter dose inhalation with or without Spacer/Mask
- 4.11.2. Nebulization
- 4.11.3. Airway Insertion – Nasopharyngeal, Oropharyngeal
- 4.11.4. Needle Cricothyroidotomy
- 4.11.5. Oxygen delivery methods
- 4.11.6. HFNC/CPAP/Non-Invasive Ventilation
- 4.11.7. Ventilation – Conventional
- 4.11.8. Intercostal drainage
- 4.11.9. Surfactant Administration (INSURE)

4.12. Spinal infusion/injection

4.13. Therapeutic Ascitic Tap

4.14. Peritoneal dialysis

4.15. Phototherapy

4.16. Incision and Drainage

4.17. Dressings

4.18. Sling

4.19. Transport onto and off stretcher

4.20. Neonatal Temperature Warm Chain Measures

- 4.20.1. Wrapping up Newborn

- 4.20.2. Kangaroo Mother Care

4.21. Immunization Cold Chain Measures

- 4.21.1. Refrigerator

- 4.21.2. Vaccine carrier

4.22. Restraining a child

4.23. Transporting a child

4.24. Early Interventional Therapy

4.25. Chest Physiotherapy

Milestones	1 st Year	2 nd Year	3 rd Year
1. Physical Examination			
1.1. Measurement of Vitals	PI		
1.2. Measurement of Anthropometry	PI		
1.3. General physical examination	PI		
1.4. Physical Examination of Systems			
1.5. Development (Screening) Assessment	O, PS	PI	
1.6. Behavioral (Screening) Assessment	O	PS	PI
1.7. Sexual Maturity Assessment	O, PS	PI	
1.8. Newborn Assessment including gestational assessments	PI		
1.9. Breastfeeding Assessment	PI		
1.10. Motor Disability Assessment	O	PS	PI
1.11. Autism Spectrum Disorder Screening	O	PS	PI
1.12. Fundus examination	PI		
1.13. Middle ear examination	PI		
1.14. Throat examination	PI		
1.15. Triage - Rapid assessment of ABC	PI		
1.16. Hand hygiene	PI		
1.17. Biomedical Waste disposal guidelines	PI		
2. Non-Invasive Monitoring			
2.1. Pulse oximetry	PI		
2.2. Electrocardiogram	PI		
2.3. Vital Data Monitor	PI		
3. Procedures – Diagnostic			
3.1. Informed Consent	PI		
3.2. Aseptic measures for all procedures	PI		
3.3. Sampling			
3.3.1. Venous blood	PI		
3.3.2. Arterial blood	PI		

Sl. No.	Competency addressed	Nature of Activity	Level of competency achieved}			Signature of the Faculty
			O	PS	PI	
O – Observed, PUS – Performed under supervision, PI – Performed independently						
1						
2						
3						
4						
5						
6						
7						
8						

9						
10						
11						
12						
13						
14						
15						
16						
17						

18						
19						
20						
21						
22						
23						
24						
25						
26						

27						
28						
29						
30						
31						
32						
33						
34						
35						

36					
37					
38					
39					
40					
41					
42					
43					
44					

45					
46					
47					
48					
49					
50					
51					
52					
53					

54						
55						
56						
57						
58						
59						
60						
61						
62						

63						
64						
65						
66						
67						
68						
69						
70						
71						

72						
73						
74						
75						
76						
77						
78						
79						
80						

81						
82						
83						
84						
85						
86						
87						
88						
89						

90						
91						
92						
93						
94						
95						
96						
97						
98						

99						
100						
101						
102						
103						
104						
105						
106						
107						

108						
109						
110						
111						
112						
113						
114						

FEEDBACK BY THE STUDENT

(To be filled up at the time of filling up of forms for University Examination. The filled up form is to be sent in a sealed envelope addressed to the Vice-Chancellor, OUHS, Bhubaneswar. It will be opened only after the student has passed.)

Name of Student:

Department:

Period of study: From _____ to _____

Due date of examination:

Date of submission of Thesis/Topic:

Name of Guide:

Name of H.O.D.:

- i. Do you think that, your goal of pursuing post-graduate education in the subject is achieved: Yes/No
- ii. Do you think that, you have been trained adequately by the department in:
 - a. Professional experience Yes/No
 - b. Academic teaching Yes/No
 - c. Recent advances Yes/No
 - d. Exposure to specialist from outside the institution Yes/No
 - e. Interaction with the patients Yes/No
 - f. Interaction with the colleagues Yes/No
 - g. Interaction with seniors Yes/No
 - h. Thesis/Research Yes/No
 - i. Article preparation Yes/No
 - j. Workshop Yes/No
 - k. Conferences Yes/No
 - l. C M E Yes/No
- iii. Do you think that, you have been trained as a fairly competent consultant: Yes/No
- iv. Were you harassed by your guide during the training period: Yes/No, if yes Name & Type:
- v. What was the attitude of HOD?:

- vi. What was attitude of other staff members:
- vii. Were you forced for anything by anybody: Money/Tuition/Gifts/Other/None, if yes then by Whom:

- viii. Any comment about interaction with other depts./colleague:
- ix. Hostel:
- x. Extra-curricular activity
 - a. Sports
 - b. Cultural
- xi. Teaching aids:
- xii. Library:
 - a. Central
 - b. Department
- xiii. Work place safety:
- xiv. Deficiencies you would like to point out particularly:
- xv. Brief comments:

Signature & Date

Student appraisal form for MD in Pediatrics											
	Elements	Less than Satisfactory			Satisfactory			More than satisfactory			Comments
		1	2	3	4	5	6	7	8	9	
1	Scholastic Aptitude and Learning										
1.1	Has Knowledge appropriate for level of training										
1.2	Participation and contribution to learning activity (e.g., Journal Club, Seminars, CME etc)										
1.3	Conduct of research and other scholarly activity assigned (e.g. Posters, publications etc.)										
1.4	Documentation of acquisition of competence (eg Log book)										
1.5	Performance in work based assessments										
1.6	Self- directed Learning										
2	Care of the patient										
2.1	Ability to provide patient care appropriate to level of training										
2.2	Ability to work with other members of the health care team										
2.3	Ability to communicate appropriately and empathetically with patients families and care givers										
2.4	Ability to do procedures appropriate for the level of training and assigned role										

2.5	Ability to record and document work accurately and appropriate for level of training										
2.6	Participation and contribution to health care quality improvement										
3	Professional attributes										
3.1	Responsibility and accountability										
3.2	Contribution to growth of learning of the team										
3.3	Conduct that is ethically appropriate and respectful at all times										
4	Space for additional comments										
5	Disposition										
	Has this assessment been discussed with the trainee?	Y es	N o								
	If not explain										
	Name and Signature of the assessee										
	Name and Signature of the assessor										
	Date										