

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

**LOG BOOK  
For  
POST GRADUATE STUDENTS**

**Department of: GENERAL SURGERY**

**Name of the Institution:** \_\_\_\_\_

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

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

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for  
POST GRADUATE STUDENTS**

**Department of: GENERAL SURGERY**

**Name of the Institution:** \_\_\_\_\_

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# **CERTIFICATE**

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

**Dr. \_\_\_\_\_**, a Post-  
Graduate student of the Department of **GENERAL SURGERY**, 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:**

<b>Please Note: All assessments would be in Likert's 5-pointscale/score:</b>	
<b>Score</b>	<b>Interpretation</b>
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:		
<b>Paste your PP size Photograph</b>		

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:**

<b>Sl. No.</b>	<b>From</b>	<b>To</b>	<b>Reason:</b>	<b>Signature of the Unit Head</b>
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<b>Total No. of Leaves</b>				

**Signature & Seal of the Head of Department**

**DETAILS OF PARTICIPATION IN ACADEMIC PROGRAMS:**

<b>SI. No.</b>	<b>Date</b>	<b>Name of the Academic Program</b>	<b>International / National / State / Institutional Event</b>	<b>Organized by</b>	<b>Nature of participation [Delegate / Presentation if any]</b>	<b>Initials of the HOD</b>
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<b>PUBLICATIONS</b>	
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 <sup>ST</sup>	I			
	II			
	III			
2 <sup>ND</sup>	I			
	II			
	III			
3 <sup>RD</sup>	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
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### **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. Journal club: once in 1 – 2 weeks.
3. Student Seminar [Topic]: once in 1 – 2 weeks.
4. Laboratory work / Bedside Clinic: once in 1 – 2 weeks.
5. Interdepartmental colloquium [Clinical combined rounds – CCR, Clinico-pathologic correlation conferences – CPC, Autopsy conferences]: once monthly.
6. Student symposium: once quarterly.
7. Rotational clinical / community / institutional postings:

<b>Sl. No .</b>	<b>Section / Subject</b>	<b>Duration in months</b>
1	A major portion of posting should be in General Surgery. It should include inpatients, out-patients, ICU, trauma, emergency room and speciality clinics.	
2	Inter-unit rotation in the department	12
3	Rotation in appropriate related subspecialties	6

8. UG Teaching:

<b>Evaluation of STUDENTS SEMINAR PRESENTATION:</b>						
<b>Guidelines for evaluation of Seminar Presentation</b>						
<b>SI. No.</b>	<b>Points to be considered</b>					
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.						
<b>SI. No.</b>	<b>Date</b>	<b>Seminar Topic</b>	<b>Presented / Participated</b>	<b>Average Grade*</b>	<b>Name of the Moderator</b>	<b>Initials of the Moderator</b>
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<b>Evaluation of JOURNAL REVIEW PRESENTATION:</b>						
<b>Guidelines for evaluation of Journal Review Presentation</b>						
<b>SI. No.</b>	<b>Points to be considered</b>					
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.						
<b>SI. No.</b>	<b>Date</b>	<b>Journal Topic</b>	<b>Presented / Participated</b>	<b>Average Grade*</b>	<b>Name of the Moderator</b>	<b>Initials of the Moderator</b>
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<b>Evaluation of LABORATORY WORK / BEDSIDE CLINIC:</b>						
<b>Guidelines for evaluation of Laboratory work / Bedside clinic</b>						
<b>SI. No.</b>	<b>Points to be considered</b>					
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.						
<b>SI. No.</b>	<b>Date</b>	<b>Topic</b>	<b>Presented / Participated</b>	<b>Average Grade*</b>	<b>Name of the Moderator</b>	<b>Initials of the Moderator</b>
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<b>Evaluation of STUDENTS SYMPOSIUM:</b>						
<b>Guidelines for evaluation of Students symposium</b>						
<b>SI. No.</b>	<b>Points to be considered</b>					
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.						
<b>SI. No.</b>	<b>Date</b>	<b>Topic</b>	<b>Presented / Participated</b>	<b>Average Grade*</b>	<b>Name of the Moderator</b>	<b>Initials of the Moderator</b>
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<b>Evaluation of INTERDEPARTMENTAL COLLOQUIUM:</b>					
<b>Guidelines for evaluation:</b>					
<b>SI. No.</b>	<b>Points to be considered</b>				
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.					
<b>SI. No.</b>	<b>Date</b>	<b>Case History</b>	<b>Diagnosis</b>	<b>Presentation / Participation</b>	<b>Initial of the Guide / HOD</b>
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<b>Evaluation of UG Teaching Skills:</b>						
<b>Guidelines for evaluation of UG Teaching skills:</b>						
<b>SI. No.</b>	<b>Points to be considered</b>					
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.						
<b>SI. No.</b>	<b>Date</b>	<b>Topic of teaching</b>	<b>Class / Practical / Clinics / Demos</b>	<b>Average Grade*</b>	<b>Name of the Supervising faculty</b>	<b>Initials of Guide/ Faculty</b>
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## **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:

<b>Guidelines for evaluation of Thesis [Synopsis]</b>				
<b>SI. No.</b>	<b>Points to be considered</b>			
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.

<b>Evaluation of Thesis [Synopsis]:</b>				
<b>SI. No.</b>	<b>Date</b>	<b>Average Grade*</b>	<b>Name of the Faculty &amp; Designation</b>	<b>Initials of the Faculty</b>

**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

<b>Guidelines for periodic evaluation of Thesis</b>	
<b>SI. No.</b>	<b>Points to be considered</b>
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.

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

**Signature of the Candidate:**

**Signature of the Guide**

**Signature of the HoD:**

## **COMPETENCIES TO BE LEARNT:**

**At the end of the course, post graduate students should be able to perform independently (including perioperative management) the following:**

1. Start IV lines and monitor infusions
2. Start and monitor blood transfusion
3. Venous cut-down
4. Start and manage a C.V.P. line
5. Conduct CPR (Cardiopulmonary resuscitation)
6. Basic/ advance life support
7. Endotracheal intubation
8. Insert nasogastric tube
9. Proctoscopy
10. Urethral catheterisation
11. Surgical management of wounds
12. Biopsies including image guided
13. Manage pneumothorax / pleural space collections
14. Infiltration, surface and digital Nerve blocks
15. Incise and drain superficial abscesses
16. Control external hemorrhage
17. Vasectomy (Preferably non-scalpel)
18. Circumcision
19. Surgery for hydrocele
20. Surgery for hernia
21. Surgery and Injection/banding of piles
22. Management of all types of shock
23. Assessment and management of burns
24. Hemithyroidectomy
25. Excision of thyroglossal cyst
26. Excision Biopsy of Cervical Lymphnode
27. Excision of benign breast lump
28. Modified Radical mastectomy
29. Axillary Lymphnode Biopsy
30. Excision of gynaecomastia
31. Excision of skin and subcutaneous swellings
32. Split thickness skin graft
33. Management of hernias
34. Laparoscopic and open cholecystectomy
35. Management of Liver abscess
36. appendectomy
37. Management of intestinal obstruction, small bowel resection, perforation and
38. anastomosis
39. Colostomy

**The student must have observed or assisted (the list is illustrative) in the following:**

1. Hartmann's procedure for cancer rectum

2. Splenectomy (emergency)
3. Stomach perforation
4. Varicose Vein surgery
5. Craniotomy (Head Injury)
6. Superficial parotidectomy
7. Submandibular gland excision
8. Soft tissue tumours including sarcoma
9. Pancreaticoduodenal resection
10. Hydatid cyst liver
11. Pancreatic surgery
12. Retroperitoneal operations

Sl. No.	Competency addressed	Nature of Activity	Level of competency achieved}			Signature of the Faculty
			O	PS	PI	
<b>O – Observed, PUS – Performed under supervision, PI – Performed independently</b>						
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## **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**

**Postgraduate Students Appraisal Form****Annexure 1****Pre / Para /Clinical Disciplines****Name of the Department/Unit :****Name of the PG Student** :**Period of Training** : **FROM.....TO.....**

<b>Sr. No.</b>	<b>PARTICULARS</b>	<b>Not Satisfactory</b> 1 2 3	<b>Satisfactory</b> 4 5 6	<b>More Than Satisfactory</b> 7 8 9	<b>Remarks</b>
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				

**Publications** **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**