

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

**LOG BOOK
For
POST GRADUATE STUDENTS**

Department of: DERMATOLOGY, VENEROLOGY & LEPROSY

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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POST GRADUATE STUDENTS**

Department of: DERMATOLOGY, VENEROLOGY & LEPROSY

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 **DERMATOLOGY, VENEROLOGY &**

LEPROSY 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
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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
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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
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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: minimum.
2. Student Seminar [Topic]: once in a week.
3. Journal club: once in a week.
4. Student symposium: once quarterly.
5. Clinical case presentation: once in 2 months.
6. Interdepartmental colloquium: once monthly.
7. Academic grand rounds.
8. Rotational clinical / community / institutional postings:

Sl. No .	Section / Subject	Duration in weeks
1	General Medicine	2 to 4

9. UG Teaching:

Evaluation of STUDENTS SEMINAR PRESENTATION:						
Guidelines for evaluation of Seminar Presentation						
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	Seminar Topic	Presented / Participated	Average Grade*	Name of the Moderator	Initials of the Moderator
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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
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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
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Evaluation of CLINICAL CASE PRESENTATION:						
Guidelines for evaluation of Clinical Case Presentation						
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	IP No. /OP No.	Name of the patient	Diagnosis & treatment done	Average Grade*	Initials of Guide/ Faculty
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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
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Evaluation of ACADEMIC GRAND ROUNDS IN THE DEPARTMENT:						
Guidelines for evaluation of academic grand ward rounds.						
SI. No.	Points to be considered					
1	Presentation of the case					
2	Ability to manage the case in the emergency department					
3	Ability to perform required therapeutic procedures					
4	Day today management of the admitted patient					
Corollary Grading in all checklists: Poor-0, Satisfactory-1, Average-2, Good-3, Very Good-4.						
SI. No.	Date	IP No. /OP No.	Name of the patient	Diagnosis & treatment done	Average Grade*	Initials of Guide/ Faculty
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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
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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:

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:

- **A student at the end of training of 3 years of MD programme, must acquire the following practical skills:**
 - General medical skills as learnt in MBBS to be maintained:
 - Should be able to provide basic life support (BLS).
 - Should be expert in blood pressure measurement, intravenous access, bloodsampling, fluid electrolytes therapy, pleural and cerebrospinal; fluid (CSF) fluid examination.
 - Should be able to provide basic and advanced life-saving support services in emergency situations.
 - Should be able to undertake complete monitoring of the patient and identify social, economic, environmental and emotional determinants in a given case and take them into account for planning therapeutic measures.
 - Recognize conditions that may be outside the area of his specialty/competence and refer them to the proper specialist.
- **Dermatology, Venereology and Leprosy, HIV/AIDS Skills**
- **The student should:**
 - Acquire skills in history taking, physical examination, diagnosis and management of patients in dermatology, venereology and leprosy.
 - Be able to identify, classify and differentiate cutaneous findings in dermatological terms in a systematic way.
 - Be able to perform systemic examination (chest, cardiac, abdomen, neurological, genitals, oral, eye and gynaecological examination) relevant to dermatologic condition.
 - Be competent to manage dermatologic emergencies like angioedema, toxic epidermal necrolysis (TEN), Stevens-Johnson syndrome (SJS), pemphigus, drug reaction and necrotic erythema nodosum leprosum (ENL).
 - Be able to plan and deliver comprehensive treatment for diseases using principles of rational drug therapy.
 - Be able to plan and advice measures for the prevention of infectious disease.
 - Be able to plan rehabilitation of patient suffering from chronic illness and disability and those with special needs like leprosy.
 - Demonstrate skills in documentation of case details and of morbidity/mortality data relevant to the assigned situation.
- **Laboratory Skills**
- **The student:**
 - Should be able to perform common laboratory procedures like potassium hydroxide (KOH) mount, Gram stain, Giemsa stain, acid fast bacilli (AFB) stain, Woods lamp examination, stains, culture media etc. related to the cutaneous diagnosis independently.
 - Should be able to order relevant investigations and interpret them to reach to a diagnosis.
 - Should be familiar with other recent investigations.
- **Dermatopathology - Student should be competent enough to:**
 - To interpret histopathology of common skin diseases.
 - To diagnose common skin diseases by examining slides under microscope.
- **Surgery in dermatology**
- **At the end of training following skills should be performed independently by the student:**
 - Should be able to give incisions, take stitches and sutures.
 - Should be trained in taking skin biopsy and nail biopsy.

- Should be able to perform chemical peels, manual dermabrasion, skin punch grafting and wound dressing independently.
- Should be able to perform cryosurgery, nail surgery and acne surgery.
- Able to perform chemical cauterization, cryotherapy, patch and photopatch test, slit smears and tissue smears.
- **Venereology**
- Should be competent in the clinical approach to the patient of STDs and HIV/AIDS.
- Should be able to interpret the histopathological diagnosis including laboratory aids related with venereology.
- Able to perform dark ground illumination, gram stain, Bubo aspiration and tissue smear.
- Able to manage the patient according to syndromic approach for treatment of STDs.
- **Leprosy**
- **The student should be:**
 - Able to diagnose and approach the case of leprosy.
 - Perform AFB smear.
 - Able to manage cases of lepra reaction.
 - Identify, judge and decide when to refer the patients at appropriate level for surgery or rehabilitation. Should able to manage pediatric cases with skin diseases.

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						
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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.....**

Sr. 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									

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**