

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

**LOG BOOK  
For  
POST GRADUATE STUDENTS**

**Department of: RADIODIAGNOSIS**

**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: RADIODIAGNOSIS**

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

<b>INDEX</b>		
<b>Sl. No.</b>	<b>Title</b>	<b>Page No.</b>
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, 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	Case discussion	42-50
14	Interdepartmental colloquium	51-55
15	UG teaching	56-59
16	Thesis work	60-61
17	Competencies to be learnt	62-63
18	Competency evaluation sheets	64-74
19	Students feedback	75-76
20	NMC prescribed students appraisal form (Annexure I)	77

## **CERTIFICATE**

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

**Dr. \_\_\_\_\_**, a Post-  
Graduate student of the Department of **RADIODIAGNOSIS** 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:						
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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<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. Journal club: once in 1 – 2 weeks.
2. Student Seminar: once in 1 – 2 weeks.
3. Case discussion: once in 1 – 2 weeks.
4. Interdepartmental colloquium.
5. Rotational clinical / community / institutional postings:

<b>Sl. No.</b>	<b>Section / Subject</b>	<b>Duration in months</b>
1	Conventional chest, abdomen, musculoskeletal including skull, spine, PNS and mammography etc	8
2	Contrast studies: G.U., GIT, Hepato-biliary, angiography etc including fluoroscopic guided interventions	8
3	US, Doppler and US guided interventions	8
4	CT and CT guided interventions	6
5	Emergency radiology	2
6	M.R.I.	2
7	Elective posting	2

6. 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 INTERDEPARTMENTAL COLLOQUIUM [CCR / CPC / Autopsy conference:</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:

Practical Training will include two major aspects:

- A) Interpretation of images, and
- B) Skill in performing a procedure.

### **A) Interpretation of images:**

**The student should be able to interpret images on all imaging modalities of diseases of following organs :**

- 1. **Musculo-skeletal System** - Interpretation of diseases of muscles, soft tissue, bones and joints including congenital, inflammatory, traumatic, endocrine and metabolic, neoplastic and miscellaneous conditions.
- 2. **Respiratory System** - Interpretation of diseases of the chest wall, diaphragm, pleura and airway; pulmonary infections, pulmonary vasculature; pulmonary neoplasm; diffuse lung disease; mediastinal disease, chest trauma; post-operative lung and X-ray in intensive care.
- 3. **Cardiovascular System** - Interpretation of diseases and disorders of cardiovascular system (congenital and acquired conditions) and the role of imaging by conventional radiology, ultrasound, colour Doppler, CT, MRI, Angiography and Isotopes Studies.
- 4. **Gastro-intestinal tract and hepato-biliary pancreatic system** - Interpretation of diseases and disorders of mouth, pharynx, salivary glands, esophagus, stomach, small intestine, large intestine, diseases of omentum, peritoneum and mesentery: acute abdomen, abdominal trauma. Diseases and disorders of liver, biliary system and pancreas.
- 5. **Urogenital System** - Interpretation of various diseases and disorders of genitourinary system. These include: congenital, inflammatory, traumatic, neoplastic, calculus disease and miscellaneous conditions.
- 6. **Central Nervous System (C.N.S.)** - Interpretation of diseases and disorders of the head, neck and spine covering, congenital, infective, vascular, traumatic neoplastic degeneration, metabolic and miscellaneous condition.
- 7. Imaging in Emergency Medicine.
- 8. Imaging in Obstetrics and Gynecology.
- 9. Imaging of Breast and interventional procedures.
- 11. ENT, EYE and Dental Imaging.
- 11. Imaging of endocrine glands and those involved with metabolic diseases.
- 12. Clinical applied radionuclide imaging.
- 13. Interventional Radiology

## **B) Skills in performing a procedure**

**The student should be able to perform the following procedures:** fistulogram; sialogram; cologram/ileostogram,

**2) GU:** Excretory urography, MCU, RGU, nephrostogram, genitogram,

**3) Ultrasound:** Studies of whole body including neonatal transfontanell studies, Doppler studies,

**4) CT scan:** should be able to position a patient, plan study as per the clinical indication, do reconstruction of images, perform triple phase study, perform & interpret advanced applications like CT enterography, CT angiography etc.

**5) MRI:** plan and perform MRI studies of whole body

**6) DSA:** should be able to describe the techniques, do (if available to student) transfemoral puncture and insert catheter, help in angiographic procedures both diagnostic and interventional.

**7) Radiography:** should be able to independently do radiography of common and some important uncommon views of different body parts. This includes positioning, centering of X ray beam, setting of exposure parameters, exposing and developing the films. The student should be familiar with not only conventional radiography but with CR and DR systems.

**8) Interventional radiology:** The student should be able to perform simple, common non-vascular procedures under ultrasound and fluoroscopy guidance e.g. abscess drainage, drainage catheter placement, nephrostomy, biliary drainage etc. The student should have knowledge of common vascular interventions e.g. stricture dilatation using balloon catheters, embolization with gel foam and other agents, names of common catheters, handling of intravenous contrast reactions; techniques, indications and contraindications for various procedures;

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:

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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>			<b>Satisfactory</b>	<b>More Than Satisfactory</b>	<b>Remarks</b>			
		1	2	3	4	5	6	7	8	9
<b>1.</b>	<b>Journal based / recent advances learning</b>									
<b>2.</b>	<b>Patient based /Laboratory or Skill based learning</b>									
<b>3.</b>	<b>Self directed learning and teaching</b>									
<b>4.</b>	<b>Departmental and interdepartmental learning activity</b>									
<b>5.</b>	<b>External and Outreach Activities / CMEs</b>									
<b>6.</b>	<b>Thesis / Research work</b>									
<b>7.</b>	<b>Log Book Maintenance</b>									

**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**