



LOG BOOK
POST DOCTORAL
DEPARTMENT OF
GYNAECOLOGICAL
ONCOLOGY

**ACHARYA HARIHAR REGIONAL
CANCER CENTRE, CUTTACK
(UNDER UTKAL UNIVERSITY)
ODISHA, INDIA**

**FOR
M.Ch. GYNAECOLOGICAL ONCOLOGY**



POST DOCTORAL DEPARTMENT OF GYNAECOLOGICAL ONCOLOGY

**ACHARYA HARIHAR REGIONAL CANCER CENTRE,
CUTTACK, ODISHA-753007
(UNDER UTKAL UNIVERSITY)**

Phone No.: 0671-2304264 Website : www.ahrcc.org.in,
as.ori.nic.in/ahrcc Odisha Email: deanahrcc@gmail.com

SESSION: 20 TO 20

LOG BOOK

SIGNATURE OF CANDIDATE

SIGNATURE OF PROF. & H.O.D

SIGNATURE OF DEAN & PRINCIPAL

POST DOCTORAL DEPARTMENT OF GYNAECOLOGICAL ONCOLOGY

STUDENT'S PARTICULARS

1. Name of the student : _____
2. Discipline : _____
3. Study period : _____
4. University : _____
5. College Identity card No. : _____
6. University Roll No. : _____
7. University Registration No. : _____
8. Permanent Address : _____

9. Mobile / E-mail : _____
10. Title of the Thesis/ Dissertation: _____

Signature of the Candidate:

CERTIFICATE OF AUTHENTICITY & COMPLETION

Certified that this log book carries all the entries that are genuine & original based on the real learning experiences the post-doctoral trainee is exposed to during the course period at ACHARYA HARIHAR REGIONAL CANCER CENTRE, Cuttack.

**Prof. & HOD,
Department of GYNAECOLOGICAL
ONCOLOGY
*AHRCC, Cuttack***

**Dean & Principal
*AHRCC, Cuttack***

**(The countersignatures with official seal are mandatory for filling up the form for
appearance in the final degree examination)**

INSTRUCTIONS:

- This log book is to be mandatory maintained by each of the post graduate trainee enrolled for education at AHRCC, Cuttack.
- It is published and put to practice vide clause 13-c and 13-d of 'Regulation of post graduate Medical Education-2000' of Medical Council of India.
- It is a record of all the learning experiences the post graduate trainee is exposed to during the whole training period at the institute with each of the entry duly countersigned by the 'teacher' and/ or the 'Head' of the Department.
- It is personal property of the student concerned after the course is completed.
- It shall be mandatory produced for due counter signed by the Head of the Institute before any student is allowed to fill up the application form to appear for the final Post Graduate Degree Examination.
- It must be produced at the time of 'formative internal assessments' for necessary evaluation by the Head of the Department.
- It must be produced at the time of 'final degree examination' for evaluation by all the external and internal examination with due signature of the assigned spots.
- The student has to obtain 50% marks to qualify for P.G. examination.
- 20% marks from log book marking will be added in the final examination.

CHAPTER IV (Contd.)

Format of Model Check Lists

Check List -1. MODEL CHECK-LIST FOR EVALUATION OF JOURNAL REVIEW PRESENTATIONS

Name of the Student:

Name of the Faculty/Observer:

Date:

Sl. No.	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Article chosen was					
2.	Extent of understanding of scope & objectives of the paper by the candidate					
3.	Whether cross references have been consulted					
4.	Whether other relevant publications consulted					
5.	Ability to respond to questions on the paper / subject					
6.	Audio-Visual aids used					
7.	Ability to defend the paper					
8.	Clarity of presentation					
9.	Any other observation					
	Total Score					

Check List - 2. MODEL CHECK-LIST FOR EVALUATION OF SEMINAR PRESENTATIONS

Name of the Student:

Name of the Faculty/Observer:

Date:

Sl. No.	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
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					
7.	Time scheduling					
8.	Appropriate use of Audio-Visual aids					
9.	Overall Performance					
10.	Any other observation					
	Total Score					

Check List - 3

MODEL CHECK LIST FOR EVALUATION OF CLINICAL WORK IN WARD / OPD

(To be completed once a month by respective Unit Heads including posting in other departments)

Name of the Student:

Name of the Unit Head:

Date:

Sl. No.	Points to be considered:	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Regularity of attendance					
2.	Punctuality					
3.	Interaction with colleagues and supportive staff					
4.	Maintenance of case records					
5.	Presentation of cases during rounds					
6.	Investigations work up					
7.	Beside manners					
8.	Rapport with patients					
9.	Counseling patient's relatives for blood donation or PM					
10.	Overall quality of Ward work					
	Total Score					

Check List – 4. EVALUATION FORM FOR CLINICAL PRESENTATION

Name of the Student: _____ Name of the Faculty: _____ Date: _____

Sl. No.	Points to be considered	Poor 0	Below Average 1	Average 2	Above Average 3	Very Good 4
1.	Completeness of history					
2.	Whether all relevant points elicited					
3.	Clarity of Presentation					
4.	Logical order					
5.	Mentioned all positive and negative points of importance					
6.	Accuracy of general physical examination					
7.	Whether all physical signs elicited correctly					
8.	Whether any major signs missed or misinterpreted					
9.	Diagnosis: Whether it follows logically from history and findings					
10	Investigations required					
	▪ Complete list					
	▪ Relevant order					
	▪ Interpretation of investigations					
11.	Ability to react to questioning Whether it follows logically from history and findings					
12.	Ability to defend diagnosis					
13.	Ability to justify differential diagnosis					
14.	Others					
	Grand Total					

Check List - 5**MODEL CHECK LIST FOR EVALUATION OF TEACHING SKILL PRACTICE**

Sl. No.		Strong Point	Weak Point
1.	Communication of the purpose of the talk		
2.	Evokes audience interest in the subject		
3.	The introduction		
4.	The sequence of ideas		
5.	The use of practical examples and/or illustrations		
6.	Speaking style (enjoyable, monotonous, etc., specify)		
7.	Attempts audience participation		
8.	Summary of the main points at the end		
9.	Asks questions		
10.	Answers questions asked by the audience		
11.	Rapport of speaker with his audience		
12.	Effectiveness of the talk		
13.	Uses AV aids appropriately		

LOG BOOK

Table 1 : Academic activities attended

Name:

Admission Year:

College:

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Table 2 : Academic presentations made by the student

Name: _____

Admission Year:

College:

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Table 3 : Diagnostic and Operative procedures performed

Name: _____

Admission Year:

College:

* **Key:** O - Washed up and observed
 A - Assisted a more senior Surgeon
 PA - Performed procedure under the direct supervision of a senior surgeon
 PI - Performed independently

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PERIPHERAL POSTINGS

Department :

Date : _____ to _____

Name: _____

Admission Year:

College:

Signature of Unit Incharge / HOD

Model Overall Assessment Sheet

Name of the College:

Academic Year:

Check List No	Particulars	Name of Student and Mean Score				
		A	B	C		
I	Journal Review Presentations					
II	Seminars					
III	Clinical work in wards					
IV	Clinical presentation					
V	Teaching skill practice					
Total Score						

Note: Use separate sheet for each year

1st Year

PROFORMA FOR INTERNAL ASSESSMENT OF POST-DOCTORAL RESIDENT

NAME OF THE POST-DOCTORAL RESIDENT :

PERIOD OF ASSESSMENT :

DATE

MONTH

YEAR

TO

DATE

MONTH

YEAR

POSTING DURING ABOVE PERIOD :

ASSESSMENT DONE BY :

(Should preferably be done by post-doctoral teacher with whom the post-doctoral resident worked for most part of above period)

SL. NO	QUALITY BEING ASSESSED	TOTAL MARKS	MARKS SECURED
01.	Patient/ skill evaluation	50	
02.	Academic Knowledge	20	
03.	Curiosity about unexplained observations	10	
04.	Counseling Skill	10	
05.	Seminar Presentation	50	
06.	Teaching Skills	20	
07.	Punctuality/ Discipline	10	
08.	Attitude towards teacher/ Colleagues/ Paramedics	10	
09.	Practical/ Clinical examination every year	100	
10.	Research	20	

In presence of Post-doctoral resident concerned :

Signature of Concerned Post-doctoral resident :

Signature of concerned faculty :

2nd Year**PROFORMA FOR INTERNAL ASSESSMENT OF POST-DOCTORAL RESIDENT**

NAME OF THE POST-DOCTORAL RESIDENT :

PERIOD OF ASSESSMENT :

DATE

MONTH

YEAR

TO

DATE

MONTH

YEAR

POSTING DURING ABOVE PERIOD :

ASSESSMENT DONE BY :

(Should preferably be done by post-doctoral teacher with whom the post-doctoral resident worked for most part of above period)

SL. NO	QUALITY BEING ASSESSED	TOTAL MARKS	MARKS SECURED
01.	Patient/ skill evaluation	50	
02.	Academic Knowledge	20	
03.	Curiosity about unexplained observations	10	
04.	Counseling Skill	10	
05.	Seminar Presentation	50	
06.	Teaching Skills	20	
07.	Punctuality/ Discipline	10	
08.	Attitude towards teacher/ Colleagues/ Paramedics	10	
09.	Practical/ Clinical examination every year	100	
10.	Research	20	

In presence of Post-doctoral resident concerned :

Signature of Concerned Post-doctoral resident :

Signature of concerned faculty :

3RD Year

PROFORMA FOR INTERNAL ASSESSMENT OF POST-DOCTORAL RESIDENT

NAME OF THE POST-DOCTORAL RESIDENT :

PERIOD OF ASSESSMENT :

DATE	MONTH	YEAR	TO	DATE	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

POSTING DURING ABOVE PERIOD :

ASSESSMENT DONE BY :

(Should preferably be done by post-doctoral teacher with whom the post-doctoral resident worked for most part of above period)

SL. NO	QUALITY BEING ASSESSED	TOTAL MARKS	MARKS SECURED
01.	Patient/ skill evaluation	50	
02.	Academic Knowledge	20	
03.	Curiosity about unexplained observations	10	
04.	Counseling Skill	10	
05.	Seminar Presentation	50	
06.	Teaching Skills	20	
07.	Punctuality/ Discipline	10	
08.	Attitude towards teacher/ Colleagues/ Paramedics	10	
09.	Practical/ Clinical examination every year	100	
10.	Research	20	

In presence of Post-doctoral resident concerned :

Signature of Concerned Post-doctoral resident :

Signature of concerned faculty :

CERTIFICATE

*This is to certify that this Log Book of
..... for M.Ch. GYNAECOLOGICAL ONCOLOGY
contains no. of pages.*

*Date :
Place : Cuttack*

*Prof. & Head
Post-Doctoral Department of
GYNAECOLOGICAL ONCOLOGY
AHPGIC, Cuttack, Odisha.*

