

Odisha University of Health Sciences
Dhanwantari Bhavan, Bhubaneswar, Odisha

LOG BOOK
For
DM STUDENTS

Department of: NEUROLOGY

Name of the Institution:

LOG BOOK

for

DM STUDENTS

Name of the Institution: S.C.B. Medical College & Hospital, Cuttack

[illegible]

CERTIFICATE

This is to certify that, this logbook contains bonafide work of
Dr. _____, a DM
student of the Department of **NEUROLOGY** of
_____, Odisha for the
session _____.

Date:

DM Guide

Head of the Department

Dean & Principal

GENERAL INSTRUCTIONS:

This log book is intended to be a record of all the activities of DM 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-point scale/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:		Paste your PP size Photograph
Address:		
E-mail ID:		
Phone No.:		
DOB (dd/mm/yy):		
Blood group:		
Vaccination status:		

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 DM student

COURSE DETAILS:

Degree / Diploma			
Date of Joining		Date of completion	

Details of Postings [as per Curriculum by NMC]:

[illegible]

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 the examination	Date of publication 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:						
SL 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

Evaluation of STUDENTS SEMINAR PRESENTATION:						
Guidelines for evaluation of Seminar Presentation						
Sl. 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.						
Sl. 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						

Evaluation of LABORATORY WORK / BEDSIDE CLINIC:						
Guidelines for evaluation of Laboratory work / Bedside clinic						
Sl. 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.						
Sl. 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						

Evaluation of INTERDEPARTMENTAL COLLOQUIUM:					
Guidelines for evaluation:					
Sl. 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.					
Sl. 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					

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]				
Sl. 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]:				
Sl. 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			
Sl. 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:

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						

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 DM in Neurology

[illegible]

[illegible]