

# SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES

*(A University established by an act of A.P. State Legislature)*

**TIRUPATI - 517 507**



## LOG BOOK FOR POSTGRADUATES MD/DM/M.Ch.

Name of the Candidate .....

Subject / Course .....

Admn. No. ....

# PROFORMA FOR INTERNAL ASSESSMENT OF POSTGRADUATES

Name of the postgraduate :

Subject (specialty) :

Date of joining :

Address for communication with

Mobile No. :

Email address :

Period of Assessment : From...../...../..... To ...../...../.....

Posting during above period :

Name of the guide :

Assessment done by :

*(Preferably be done by the faculty with whom the resident worked for most part of the period)*

Quality being Assessed

1. Patient Evaluation
2. Academic Knowledge About Patients Problems
3. Curiosity about unexplained Observations
4. Patient Care
5. Patient / Relation Education
6. Academic Presentation
7. Punctuality / discipline

*Signature of the candidate*

*Signature of the guide*

*Signature of the HoD with seal*

## DETAILS OF POSTINGS OVER 3 YEARS

**1<sup>st</sup> YEAR**

From..... To.....

MONTH	AREA OF POSTING	DEPARTMENT / UNIT	NO. OF NIGHT DUTIES

Total :

*Signature of Faculty :*

**2<sup>nd</sup> YEAR**

From..... To.....

MONTH	AREA OF POSTING	DEPARTMENT / UNIT	NO. OF NIGHT DUTIES

Total :

*Signature of Faculty :*

3rd YEAR From..... To.....

MONTH	AREA OF POSTING	DEPARTMENT / UNIT	NO. OF NIGHT DUTIES

Total :

*Signature of Faculty :*

**Thesis Topic :**

**Chief Guide :**

**Co-Guides :**

## SEMINARS / TOPIC REVIEWS PRESENTED

S. No.	Date	Topic	Role Presenter / Moderator	Signature of supervising Faculty

### Guidelines for evaluation of Seminar Presentations

Sl.No.	Items for observation
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 of the preparation
8.	Appropriate use of Audio-Visual Aids
9.	Overall Performance
10.	Any other observation

\* Corollary Grading in all Check lists:

Poor -0, Satisfactory-1, Average-2, Good-3, Very Good-4.

## JOURNAL / TOPICS REVIEWED

S. No.	Date	Topic	Role Presenter / Moderator	Signature of supervising Faculty

## Guidelines for evaluation of Journal Review Presentations

Sl.No.	Items for observation
1.	Article chosen is relevant and appropriate
2.	Extent of understanding of scope & objectives of the paper by the candidate
3.	Whether cross references have been consulted
4.	Whether the understood the Material , Methods, Observations and statistical analysis?
5.	Ability to respond to questions on the paper / subject
6.	Audio-Visual aids used
7.	Ability to analyse the paper and co-relate with the existing knowledge
8.	Clarity of presentation
9.	Any other observation

\* Corollary Grading in all Check lists:  
 Poor -0, Satisfactory-1, Average-2, Good-3, Very Good-4.

### CASES PRESENTED IN MORTALITY CONFERENCE

S. No.	Topic	Signature of supervising Faculty

### LIST OF CLINICO PATHOLOGICAL CONFERENCES PRESENTED

S. No.	Topic	Signature of supervising Faculty

### LAB / INVASIVE PROCEDURES PERFORMED

S. No.	Date	Procedures	Complications if Any	Signature of supervising Faculty

### CONFERENCES ATTENDED

S. No.	Name	Role	Signature of supervising Faculty

### PUBLICATIONS

S. No.	Topic	Journal	Role

### BEDSIDE CASE DISCUSSION

S. No.	Date	Diagnosis	Signature of Faculty Presented to

## SUMMARY OF LOG BOOK

(To be filled at the end of the course & retained in this book)

Name of the student : \_\_\_\_\_ Admn.No. \_\_\_\_\_

Name of the Course : \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Name of the Institute: \_\_\_\_\_

- |  |   |                |
|--|---|----------------|
| 1) No. of Journal Review Presentations   | : Presented .....                         | Attended ..... |
| 2) No. of Seminar Presentations  | : Presented .....                         | Attended ..... |
| 3) No. of Clinical Presentations   | : Presented .....                         | Attended ..... |
| 4) No. of Case Presentations   | : Presented .....                         | Attended ..... |
| 5) No. of UG Teaching Programms<br>(Theory class / Clinics / Practicals /<br>Demonstrations / Tutorials) | : Conducted .....                         | Attended ..... |
| 6) No. of PG Teaching Programmes   | : Attended                                |                |
| 7) No. of Investigative Procedures   | : Performed .....Assisted.....Observed... |                |
| 8) No. of Major Operations /<br>Procedures /<br>Experiments  | : Performed .....Assisted.....Observed... |                |
| 9) No. of Minor Operations /<br>Procedures /<br>Experiments  | : Performed .....Assisted.....Observed... |                |
| 10) No. of Emergencies   | : Performed .....Assisted.....Observed... |                |
| 11) No. of Medicolegal work  | : Performed .....Assisted.....Observed... |                |
| 12) No. of Public Health Visit /<br>Social work /<br>Survey /<br>Immunization /<br>Camps                 |   |                |
| 13) No. of Clinico Pathological Conference:  | Presented .....                           | Attended ..... |
| 14) No.of special investigation /<br>Procedure   | : Conducted .....                         | Attended ..... |
| 15) No. of events attended   | Conferences..... Symposia .....           |                |
|  | Workshops ..... CME .....                 |                |
| 16) Any other activities   | :   |                |

*Signature of the candidate*

*Signature of the guide*

*Signature of the HoD with seal*