

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

**LOG BOOK  
For  
POST GRADUATE STUDENTS**

**Department of: PEDIATRICS**

**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  
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**Department of: PEDIATRICS**

**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 **PEDIATRICS** 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:		<b>Paste your PP size Photograph</b>
Address:		
E-mail ID:		
Phone No.:		
DOB (dd/mm/yy):		
Blood group:		
Vaccination status:		

<b>Registration Number:</b>	<b>Name of the Medical Council:</b>	<b>Valid up to:</b>

<b>OUHS Registration Number:</b>	
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<b>Qualification Details</b>	<b>College</b>	<b>University</b>	<b>Month &amp; Year of completion</b>
MBBS			

**Experience before joining:**

<b>Designation</b>	<b>Department</b>	<b>Institution</b>	<b>From</b>	<b>To</b>

**Date:**

**Signature of the PG student**

### **COURSE DETAILS:**

Degree / Diploma			
Date of Joining		Date of completion	

#### **Details of Postings [as per Curriculum by NMC]:**

<b>Unit / Specialty / Section</b>	<b>Year of PGT</b>	<b>From</b>	<b>To</b>	<b>Duration</b>

**Participation in Research Methodology training:**

<b>Name of the Institution</b>	<b>From</b>	<b>To</b>	<b>Signature of the Guide / HOD</b>

**Participation in BCBR Course**

<b>Name of the institute</b>	<b>Date of registration</b>	<b>Date the examination</b>	<b>Date of publication of result</b>	<b>Signature of the HOD</b>

**Participation in BCME training:**

<b>Name of the Institution</b>	<b>From</b>	<b>To</b>	<b>Signature of the HOD</b>

**Participation in BCLS / ACLS training:**

<b>Name of the Institution</b>	<b>From</b>	<b>To</b>	<b>Signature of the HOD</b>

**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:**

<b>Sl. No.</b>	<b>Date</b>	<b>Name of the Academic Program</b>	<b>International / National / State / Institutional Event</b>	<b>Organized by</b>	<b>Nature of participation [Delegate / Presentation if any]</b>	<b>Initials of the HOD</b>
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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:**

<b>Year</b>		<b>Theory [100]</b>	<b>Practical/Clinical/ Oral [100]</b>	<b>Total out of 200 [%]</b>
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]:**

<b>Name of the Institution</b>	<b>Year of PGT</b>	<b>From</b>	<b>To</b>	<b>Duration</b>

<b>Sl. No.</b>	<b>Day / Date</b>	<b>Place of work</b>	<b>Nature of work</b>	<b>Activity learn</b> [Should include: 1. Patient care / Diagnostic services as per the subject. 2. Health care Management activities both HR & Logistics, Communication skill. 3. Team work	<b>Level of participation</b> [Observation / Performs under observation / Performs independently]	<b>Signature of the DRPC</b>
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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: at least 10 per year.
2. Student Seminar [Topic]: once in 1 – 2 weeks.
3. Journal club: once in 1 – 2 weeks.
4. Bedside clinic: once a week.
5. Interdepartmental colloquium: once monthly.
6. Student symposium: once quarterly.
7. Rotational clinical / community / institutional postings:

Sl. No	Section / Subject	Duration in months
Mandatory postings		
1	Pediatric emergency	3 [1/year]
2	NICU	9 [3/year]
3	PICU	6 [2/year]
Desirable postings		
	Child Psychiatry Pediatric Surgery Developmental Pediatrics Pediatric Nephrology Pediatric Hemato-oncology Pediatric Cardiology Pediatric Gastroenterology Pediatric Rheumatology/Immunology/Allergy Genetic Pediatric Pulmonology Pediatric Dermatology Pediatric Endocrinology Adolescent Health DOTS, PPTCT, ART center with pediatric exposure Microbiology diagnostic Lab Radiology including CT/MRI Forensic Medicine especially Child related Neuro-rehabilitation (PMR, Physiotherapy, Occupational Therapy)	

8. UG Teaching:

<b>Evaluation of STUDENTS SEMINAR PRESENTATION:</b>						
<b>Guidelines for evaluation of Seminar Presentation</b>						
<b>Sl. 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>Sl. 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>Sl. 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>Sl. 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 BEDSIDE CLINIC:</b>						
<b>Guidelines for evaluation of Bedside clinic</b>						
<b>Sl. 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>Sl. 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 STUDENTS SYMPOSIUM:</b>						
<b>Guidelines for evaluation of Students symposium</b>						
<b>Sl. 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>Sl. 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:</b>					
<b>Guidelines for evaluation:</b>					
<b>Sl. 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>Sl. 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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**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 / Clincs / 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:

<b>Guidelines for evaluation of Thesis [Synopsis]</b>				
<b>Sl. 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>Sl. 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>Sl. 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:**

At the end of the course, the student should acquire skills in the following broad areas and be able to:

1. Physical Examination
  - 1.1. Measurement of Vitals
  - 1.2. Measurement of Anthropometry
  - 1.3. General physical examination
  - 1.4. Physical Examination of Systems
  - 1.5. Development (Screening) Assessment
  - 1.6. Behavioral (Screening) Assessment
  - 1.7. Sexual Maturity Assessment
  - 1.8. Newborn Assessment including gestational assessments
  - 1.9. Breastfeeding Assessment of Position and Attachment
  - 1.10. Motor Disability Assessment
  - 1.11. Autism Spectrum Disorder Screening
  - 1.12. Fundus examination
  - 1.13. Middle ear examination
  - 1.14. Throat examination
  - 1.15. Triage - Rapid assessment of Airway, Breathing and Circulation
  - 1.16. Hand hygiene
  - 1.17. Biomedical Waste disposal guidelines
2. Non-Invasive Monitoring
  - 2.1. Pulse oximetry
  - 2.2. Electrocardiogram
  - 2.3. Vital Data Monitor
3. Procedures – Diagnostic
  - 3.1. Informed Consent
  - 3.2. Aseptic measures for all invasive procedures
  - 3.3. Sampling
    - 3.3.1. Venous blood
    - 3.3.2. Arterial blood
    - 3.3.3. Capillary blood
  - 3.4. Vascular Access and cannulation
    - 3.4.1. Intravenous – Peripheral
    - 3.4.2. Intravenous - Central
    - 3.4.3. Intraosseous
    - 3.4.4. Intraarterial
    - 3.4.5. Umbilical Vein
  - 3.5. Diagnostic Taps
    - 3.5.1. Pleural
    - 3.5.2. Peritoneal
    - 3.5.3. CSF
    - 3.5.4. Pericardial
    - 3.5.5. Joint fluid
    - 3.5.6. Subdural
    - 3.5.7. Ventricular
  - 3.6. Urinary Catheterization
  - 3.7. Urine collection
    - 3.7.1. Mid-stream sampling
    - 3.7.2. Catheter sampling
    - 3.7.3. Suprapubic puncture



- 3.8. Tuberculin Skin Test
- 3.9. Antibiotic Test Dose
- 3.10. Feeding/Ryles Tube
  - 3.10.1. Insertion
  - 3.10.2. Gastric Aspiration
  - 3.10.3. Feeds
  - 3.10.4. Stomach wash
- 3.11. Respiratory
  - 3.11.1. Naso, Pharyngeal and Nasopharyngeal swab collection
- 3.12. Suppository insertion
- 3.13. Per rectal exam
- 3.14. Inspection of Vulva/Vagina
- 3.15. Aspiration/Biopsy
  - 3.15.1. Bone marrow
  - 3.15.2. Liver
  - 3.15.3. Kidney
  - 3.15.4. FNAC Lymph node
- 3.16. Ultrasound – Lung (B line, Effusion), Circulation (IVC Volume), Vascular access (Central venous), Soft Tissue (Pus)
- 3.17. Blood Group/Type
- 3.18. Smears
  - 3.18.1. Malaria Parasite Smear/Rapid Antigen Test
  - 3.18.2. Peripheral Blood Smear
  - 3.18.3. CSF/Pus Grams Stain
  - 3.18.4. Sputum Ziehl Neilson Smear
- 3.19. Urine dipstick
- 3.20. Stool Hanging drop
- 3.21. Glucometer Blood Sugar
- 3.22. Shake test (Newborn gastric aspirate)
- 3.23. Electrocardiogram
- 3.24. Specific Screening/Assessment Tools
  - 3.24.1. Gestation Assessments
  - 3.24.2. Anthropometric measurements and Growth charting
  - 3.24.3. Peak Flow Meter Measurement
  - 3.24.4. HEADSS screening (Adolescence)
  - 3.24.5. DDST screening (Development Assessment)
  - 3.24.6. Assessment of Sexual Maturity using Tanner's
  - 3.24.7. M-CHAT-R screening (Autism Assessment)
  - 3.24.8. GMSCF Assessment of Motor Disability (Cerebral Palsy)
  - 3.24.9. Pain assessment
- 4. Procedures – Therapeutic
  - 4.1. Informed Consent
  - 4.2. Prescriptions/Medication Orders
  - 4.3. Neonatal Resuscitation Program including intubation
  - 4.4. Basic Life Support
  - 4.5. Advanced Paediatric Life Support including intubation
  - 4.6. Heimlich, Foreign Body Removal
  - 4.7. Exchange Transfusion
  - 4.8. Stomach wash

- 4.9. Injections:
  - 4.9.1. Intravenous
  - 4.9.2. Intramuscular
  - 4.9.3. Subcutaneous
  - 4.9.4. Intradermal
- 4.10. Infusions
  - 4.10.1. IV bolus
  - 4.10.2. Intravenous
  - 4.10.3. Intraosseous
  - 4.10.4. Blood Component Transfusion
- 4.11. Respiratory
  - 4.11.1. Meter dose inhalation with or without Spacer/Mask
  - 4.11.2. Nebulization
  - 4.11.3. Airway Insertion – Nasopharyngeal, Oropharyngeal
  - 4.11.4. Needle Cricothyroidotomy
  - 4.11.5. Oxygen delivery methods
  - 4.11.6. HFNC/CPAP/Non-Invasive Ventilation
  - 4.11.7. Ventilation – Conventional
  - 4.11.8. Intercostal drainage
  - 4.11.9. Surfactant Administration (INSURE)
- 4.12. Spinal infusion/injection
- 4.13. Therapeutic Ascitic Tap
- 4.14. Peritoneal dialysis
- 4.15. Phototherapy
- 4.16. Incision and Drainage
- 4.17. Dressings
- 4.18. Sling
- 4.19. Transport onto and off stretcher
- 4.20. Neonatal Temperature Warm Chain Measures
  - 4.20.1. Wrapping up Newborn
  - 4.20.2. Kangaroo Mother Care
- 4.21. Immunization Cold Chain Measures
  - 4.21.1. Refrigerator
  - 4.21.2. Vaccine carrier
- 4.22. Restraining a child
- 4.23. Transporting a child
- 4.24. Early Interventional Therapy
- 4.25. Chest Physiotherapy

Milestones	1 <sup>st</sup> Year	2nd Year	3 <sup>rd</sup> Year
<b>1. Physical Examination</b>			
1.1. Measurement of Vitals	PI		
	PI		
1.2. Measurement of Anthropometry	PI		
	PI		
1.3. General physical examination			
1.4. Physical Examination of Systems			
1.5. Development (Screening) Assessment	O, PS	PI	
1.6. Behavioral (Screening) Assessment	O	PS	PI
1.7. Sexual Maturity Assessment	O, PS	PI	
1.8. Newborn Assessment including gestational assessments	PI		
1.9. Breastfeeding Assessment	PI		
1.10. Motor Disability Assessment	O	PS	PI
1.11. Autism Spectrum Disorder Screening	O	PS	PI
1.12. Fundus examination	PI		
1.13. Middle ear examination	PI		
1.14. Throat examination	PI		
1.15. Triage - Rapid assessment of ABC	PI		
1.16. Hand hygiene	PI		
1.17. Biomedical Waste disposal guidelines	PI		
<b>2. Non-Invasive Monitoring</b>			
2.1. Pulse oximetry	PI		
2.2. Electrocardiogram	PI		
2.3. Vital Data Monitor	PI		
<b>3. Procedures – Diagnostic</b>			
3.1. Informed Consent	PI		
3.2. Aseptic measures for all procedures	PI		
3.3. Sampling			
3.3.1. Venous blood	PI		
3.3.2. Arterial blood	PI		

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**

Student appraisal form for MD in Pediatrics												
	Elements	Less than Satisfactory			Satisfactory			More than satisfactory			Comments	
		1	2	3	4	5	6	7	8	9		
<b>1</b>	<b>Scholastic Aptitude and Learning</b>											
1.1	Has Knowledge appropriate for level of training											
1.2	Participation and contribution to learning activity (e.g., Journal Club, Seminars, CME etc)											
1.3	Conduct of research and other scholarly activity assigned (e.g. Posters, publications etc.)											
1.4	Documentation of acquisition of competence (eg Log book)											
1.5	Performance in work based assessments											
1.6	Self- directed Learning											
<b>2</b>	<b>Care of the patient</b>											
2.1	Ability to provide patient care appropriate to level of training											
2.2	Ability to work with other members of the health care team											
2.3	Ability to communicate appropriately and empathetically with patients families and care givers											
2.4	Ability to do procedures appropriate for the level of training and assigned role											

2.5	Ability to record and document work accurately and appropriate for level of training										
2.6	Participation and contribution to health care quality improvement										
<b>3</b>	<b>Professional attributes</b>										
3.1	Responsibility and accountability										
3.2	Contribution to growth of learning of the team										
3.3	Conduct that is ethically appropriate and respectful at all times										
<b>4</b>	<b>Space for additional comments</b>										
<b>5</b>	<b>Disposition</b>										
	Has this assessment been discussed with the trainee?	Y	N								
	If not explain	es	o								
	Name and Signature of the assessee										
	Name and Signature of the assessor										
	Date										