

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

**LOG BOOK
For
POST GRADUATE STUDENTS**

Department of: ORTHOPEDICS

Name of the Institution: _____

**Prepared by:
Log book Committee (Broad Specialties) 2023
OUHS, Bhubaneswar**

**ODISHA UNIVERSITY OF HEALTH SCIENCES,
DHANWANTARI BHAVAN, BHUBANESWAR.**

**LOG BOOK
for
POST GRADUATE STUDENTS**

Department of: ORTHOPEDICS

Name of the Institution: _____

INDEX		
Sl. No.	Title	Page No.
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	Laboratory work/Bedside clinic	42-58
14	Students symposium	59-60
15	Interdepartmental colloquium	61-65
16	Ortho-Radiology meet	66-74
17	Ortho-Surgical-Pathological meet	75-83
18	Skill lab	84-98
19	UG teaching	99-102
20	Thesis work	103-104
21	Competencies to be learnt	105-106
22	Competency evaluation sheets	107-117
23	Students feedback	118-119
24	NMC prescribed students appraisal form (Annexure I)	120-121

CERTIFICATE

This is to certify that, this logbook contains bonafide work of
Dr. _____, a Post-
Graduate student of the Department of **ORTHOPEDICS**, 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:

Please Note: All assessments would be in Likert's 5-pointscale/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 PG student

COURSE DETAILS:

Degree / Diploma			
Date of Joining		Date of completion	

Details of Postings [as per Curriculum by NMC]:

Unit / Specialty / Section	Year of PGT	From	To	Duration

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 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:

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**

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
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						

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: minimum.
2. Students seminar: once a week.
3. Journal club: once in 1 – 2 weeks.
4. Laboratory work / Bedside Clinic: once in 1 – 2 weeks.
5. Student symposium: twice a month.
6. Interdepartmental colloquium: once monthly.
7. Ortho-radiology meet: once in 1 – 2 weeks.
8. Ortho-surgical-pathological meet: once in 1 – 2 weeks.
9. Skill lab sessions: twice a month.
10. Rotational clinical / community / institutional postings:

Sl. No	Section / Subject	Duration in months
1	A major portion of posting should be in Orthopaedics department. It should include inpatients, out-patients, ICU, trauma, emergency room and speciality clinics.	
2	Inter-unit rotation in the department	12
3	Rotation in appropriate related subspecialties	6

11. UG Teaching:

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						
69						

70						
71						
72						

Evaluation of JOURNAL REVIEW PRESENTATION:						
Guidelines for evaluation of Journal Review Presentation						
Sl. No.	Points to be considered					
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.						
Sl. No.	Date	Journal 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						

69						
70						
71						
72						

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						
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						

97						
98						
99						
100						
101						
102						
103						
104						
105						

106						
107						
108						
109						
110						
111						
112						
113						
114						

115						
116						
117						
118						
119						
120						
121						
122						
123						

124						
125						
126						
127						
128						
129						
130						
131						
132						

133						
134						
135						
136						
137						
138						
139						
140						
141						

142						
143						
144						

Evaluation of STUDENTS SYMPOSIUM:						
Guidelines for evaluation of Students symposium						
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	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						

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					

33					
34					
35					
36					

Evaluation of Ortho-Radiology Meet:						
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	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						

69						
70						
71						
72						

Evaluation of Ortho-Surgical-Pathological Meet:						
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	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						

69						
70						
71						
72						

SKILL LAB SESSIONS:

Sl. No.	Date	Topic	O / PuS / PI	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					
69					

70					
71					
72					

Evaluation of UG Teaching Skills:						
Guidelines for evaluation of UG Teaching skills:						
Sl. 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.						
Sl. No.	Date	Topic of teaching	Class / Practical / Clincs / Demos	Average Grade*	Name of the Supervising faculty	Initials of Guide/ Faculty
1						
2						
3						
4						

5						
6						
7						
8						
9						
10						
11						
12						
13						

14						
15						
16						
17						
18						
19						
20						
21						
22						

23						
24						

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]				
SI. 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]:				
SI. 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:

COMPETENCIES TO BE LEARNT:

1. At the end of the first year of M.S. Orthopaedics programme, the student should be able to:

1. Elicit a clinical history from a patient, do a physical examination, document in a case record, order appropriate investigations and make a clinical diagnosis
2. Impart wound care where applicable
3. Apply all types of POP casts/slabs, splints and tractions as per need
4. Identify shock and provide resuscitation
5. Perform aspiration of joints and local infiltration of appropriate drugs
6. Perform appropriate wound debridement
7. Perform arthrotomy of knee joint
8. Perform incision and drainage of abscess
9. Perform split thickness skin grafting
10. Perform fasciotomes
11. Apply external fixators
12. Apply skeletal tractions including skull tongs
13. Triage a disaster situation and multiple trauma patients in an emergency room
14. Perform on bone models, interfragmentary compression screws, external fixation, Tension band wiring and Broad plating
15. Perform closed reduction of common dislocations like shoulder and common fractures like collar fracture, supracondylar fracture.
16. Perform on a cadaver standard surgical approaches to the musculo skeletal system

2. At the end of the second year of M.S. Orthopaedics course, the student should be able to:

1. Take an informed consent for standard orthopaedic procedures
2. Perform closed/open biopsies for lesions of bone, joints and soft tissues
3. Perform split thickness skin grafting and local flaps
4. Perform on bone models, internal fixation with k-wires, screws, plates. Dynamic hip/condylar screws/nailing.
5. Perform sequestrectomy and saucerisation
6. Perform arthrotomy of joints like hip/shoulder, ankle, elbow
7. Perform repair of open hand injuries including tendon repair
8. Perform arthodesis of small joints
9. Perform diagnostic arthroscopy on models and their patients
10. Perform carpal tunnel/tarsal tunnel release
11. Apply ilizarov external fixator
12. Perform soft tissue releases in contractures, tendon lengthening and correction of deformities
13. Perform amputations at different levels
14. Perform corrective surgeries for CTEV, DDH, perthes/ skeletal dysplasia

3. At the end of the third year of M.S. Orthopaedics programme, the student should be able to:

1. Assist in the surgical management of polytrauma patient
2. Assist in Arthroplasty surgeries of hip, knee, shoulder and the ankle
3. Assist in spinal decompressions and spinal stabilizations
4. Assist in operative arthroscopy of various joints
5. Assist /perform arthrodesis of major joints like hip, knee, shoulder, elbow
6. Assist in corrective osteotomes around the hip, pelvis, knee, elbow, finger and toes

7. Assist in surgical operations on benign and malignant musculoskeletal tumour including radical excision and custom prosthesis replacement.
8. Assist in open reduction and internal fixations of complex fractures of acetabular, pelvis, IPSI lateral floating knee/elbow injuries, shoulder girdle and hand
9. Assist in spinal deformity corrections
10. Independently perform closed/open reduction and internal fixation with DCP, LCP, intramedullary nailing, LRS
11. Assist in limb lengthening procedures
12. Assist in Revision surgeries
13. Provide pre and post OP care
14. Perform all clinical skills as related to the speciality.

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 MS in Orthopedics											
	Element	Less than Satisfactory			Satisfactory			More than satisfactory			Comments
		1	2	3	4	5	6	7	8	9	
1	Scholastic Aptitude and Learning										

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											
2	Care of the patient											
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											
3	Professional attributes											
3.1	Responsibility and accountability											
3.2	Contribution to growth of learning of the team											
3.3	Conduct that is ethical appropriate and respectful at all times											
4	Space for additional comments											
5	Disposition											
	Has this assessment been discussed with the trainee?	Yes										
	If not explain											
	Name and Signature of the asseesse											
	Name and Signature of the assessor											
	Date											