

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

**LOG BOOK
For
POST GRADUATE STUDENTS**

Department of: FORENSIC MEDICINE & TOXICOLOGY

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
POST GRADUATE STUDENTS**

Department of: FORENSIC MEDICINE & TOXICOLOGY

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 **FORENSIC MEDICINE &**
TOXICOLOGY 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: | | |

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| Registration Number: | Name of the Medical Council: | Valid up to: |
| | | |

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| OUHS Registration Number: | |
|----------------------------------|--|

| Qualification Details | College | University | Month & Year of completion |
|----------------------------------|----------------|-------------------|---|
| MBBS | | | |
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Experience before joining:

| Designation | Department | Institution | From | To |
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Date:

Signature of the PG student

COURSE DETAILS:

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| 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 |
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Participation in Research Methodology training:

| Name of the Institution | From | To | Signature of the Guide / HOD |
|--------------------------------|-------------|-----------|-------------------------------------|
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Participation in BCBR Course:

| Name of the institute | Date of registration | Date the examination | Date of publication of result | Signature of the HOD |
|------------------------------|-----------------------------|-----------------------------|--------------------------------------|-----------------------------|
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Participation in BCME training:

| Name of the Institution | From | To | Signature of the HOD |
|--------------------------------|-------------|-----------|-----------------------------|
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Participation in BCLS / ACLS training:

| Name of the Institution | From | To | Signature of the HOD |
|--------------------------------|-------------|-----------|-----------------------------|
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Leave record:

| Sl. No. | From | To | Reason: | Signature of the Unit Head |
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| 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 |
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| PUBLICATIONs | |
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| 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 [%] |
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| | III | | | |
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| | 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 |
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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 a week.
3. Journal club: once a week.
4. Case presentation: once in 2 months.
5. Interdepartmental colloquium [Clinico-pathologic correlation conferences – CPC, Autopsy conferences]: once monthly.
6. Rotational clinical / community / institutional postings:

| Sl. No | Section / Subject | Duration in months |
|---------------|---|--|
| 1 | Trauma & Emergency/Casualty / Emergency medicine department | 2 [1m Year 1 + 15d Year 2+ 15d Year 3] |
| 2 | Radiology | 1/2 [7d + 5d + 3d] |
| 3 | Psychiatry | 10 d [5 + 3 + 2] |
| 4 | Forensic Science Lab | 22d [7 + 15 + 0] |
| 5 | Histopathology | 1/2 [7d + 5d + 3d] |

7. 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 |
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| Evaluation of JOURNAL REVIEW PRESENTATION: | | | | | | |
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| 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 |
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| Evaluation of CASE PRESENTATION: | | | | | | |
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| Guidelines for evaluation of Case presentation | | | | | | |
| 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 |
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| Evaluation of INTERDEPARTMENTAL COLLOQUIUM [CPC / Interdepartmental meetings: | | | | | |
|--|---|---------------------|------------------|-------------------------------------|-----------------------------------|
| 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 |
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| 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 |
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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:

| 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 |
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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. Perform medico-legal autopsy independently with required physical assistance, prepare report and derive inferences.
2. Perform medico-legal examination of users of alcohol, drugs and poisons and prepare report.
3. Perform medico-legal examination in cases of sexual offences and prepare report.
4. Interpret histo-pathological, microbiological, radiological, chemical analysis, DNA profile and other investigative reports for medico-legal purposes.
5. Perform medico-legal examination of bones, clothing, wet specimens and weapons.
6. Depose as an expert witness in a court of Law on medico-legal matters.
7. Examine, identify, prepare reports and initiate management on medico-legal cases in emergency set up.
8. Identify and discharge all legal responsibilities in medico-legal matters.
9. Plan, organize and supervise medico-legal work in general/teaching/district hospitals and in any health care set up.
10. Collect, preserve and dispatch various samples and trace evidences to the concerned authorities in appropriate manner.
11. Help and Advise authorities on matters related to medical ethics and medico-legal issues.
12. Discharge duties in respect of forensic, clinical, emergency, environmental, medico-legal and occupational aspects of toxicology.
13. Plan, organize and manage toxicological laboratory services in any health care set up.
14. Provide information and consultation on all aspects of toxicology to professionals, industry, Government and the public at large.
15. Manage medico-legal responsibilities in mass disasters involving multiple deaths like fire, traffic accident, aircraft accident, rail accident and natural calamities.
16. Do interaction with allied departments by rendering services in advanced laboratory investigations and relevant expert opinion.
17. Participate in various workshops/seminars/journal clubs/demonstration in the allied departments, to acquire various skills for collaborative research.

| Sl. No. | Competency addressed | Nature of Activity | Level of competency achieved} | | | Signature of the Faculty |
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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:

- 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

Postgraduate Students Appraisal Form

Annexure 1

Pre / Para /Clinical Disciplines

Name of the Department/Unit :

Name of the PG Student :

Period of Training : FROM.....TO.....

| Sr. No. | PARTICULARS | Not Satisfactory | | | Satisfactory | | | More Than Satisfactory | | | Remarks |
|---------|--|------------------|---|---|--------------|---|---|------------------------|---|---|---------|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| 1. | Journal based / recent advances learning | | | | | | | | | | |
| 2. | Patient based /Laboratory or Skill based learning | | | | | | | | | | |
| 3. | Self directed learning and teaching | | | | | | | | | | |
| 4. | Departmental and interdepartmental learning activity | | | | | | | | | | |
| 5. | External and Outreach Activities / CMEs | | | | | | | | | | |
| 6. | Thesis / Research work | | | | | | | | | | |
| 7. | Log Book Maintenance | | | | | | | | | | |

Publications

Yes/ No

Remarks* _____

***REMARKS: Any significant positive or negative attributes of a postgraduate student to be mentioned. For score less than 4 in any category, remediation must be suggested. Individual feedback to postgraduate student is strongly recommended.**

SIGNATURE OF ASSESSEE SIGNATURE OF CONSULTANT SIGNATURE OF HOD