

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

**LOG BOOK
For
POST GRADUATE STUDENTS**

Department of: PSYCHIATRY

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: PSYCHIATRY

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 **PSYCHIATRY** 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:	
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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:

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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

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
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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: minimum.
2. Journal club: once in a week.
3. Student Seminar [Topic]: once in a week.
4. Case conference: once in a week.
5. Psychosomatic rounds: once in a week.
6. Psychotherapy tutorials.
7. Extramural activities [Seminars & lectures with Departments of Sociology, Psychology, Neurology etc.
8. Rotational clinical / community / institutional postings:

Sl. No	Section / Subject	Duration in months
1	Ward & OPD concurrent	18
2	Neurology	2
3	Emergency Medicine/ Internal Medicine	1
4	Consultation Liaison Psychiatry	3
5	Psychiatric hospital and Forensic Psychiatry	1
6	Clinical Psychology	1
7	Addiction Psychiatry	3
8	Child and Adolescent Psychiatry	3
9	Community psychiatry <i># Exposure to community-based services should be integral to various postings.</i>	2#
10	Elective posting	2

9. 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	IP No. /OP No.	Name of the patient	Diagnosis & treatment done	Average Grade*	Initials of Guide/ Faculty
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Evaluation of CLINICAL CASE PRESENTATION / CASE CONFERENCE:						
Guidelines for evaluation of Clinical Case Presentation/ Case Conference						
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	IP No. /OP No.	Name of the patient	Diagnosis & treatment done	Average Grade*	Initials of Guide/ Faculty
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Evaluation of PSYCHOMOTOR ROUNDS:						
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	IP No. /OP No.	Name of the patient	Diagnosis & treatment done	Average Grade*	Initials of Guide/ Faculty
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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
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Evaluation of ACADEMIC GRAND ROUNDS IN THE DEPARTMENT:						
Guidelines for evaluation of academic grand ward rounds.						
SI. No.	Points to be considered					
1	Presentation of the case					
2	Ability to manage the case in the emergency department					
3	Ability to perform required therapeutic procedures					
4	Day today management of the admitted patient					
Corollary Grading in all checklists: Poor-0, Satisfactory-1, Average-2, Good-3, Very Good-4.						
SI. No.	Date	IP No. /OP No.	Name of the patient	Diagnosis & treatment done	Average Grade*	Initials of Guide/ Faculty
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Evaluation of EXTRAMURAL ACTIVITIES [SEMINARS & LECTURES WITH DEPARTMENTS OF SOCIOLOGY, PSYCHOLOGY, NEUROLOGY ETC.]:

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

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:

At the end of the course, the student should acquire the following clinical skills and be able to: become an expert in good history taking, physical examination, mental state examination, and able to establish rapport and counsel family members and patients on scientific basis, choose the required investigations for both short and long term management.

At the end of the course, the student should be able to:

1. Obtain a proper relevant history, and perform a humane and thorough clinical examination including detailed mental state examinations using proper communication skills.
2. Arrive at a logical working diagnosis and differential diagnosis after clinical examination.
3. Order appropriate investigations keeping in mind their relevance and cost effectiveness and obtain additional relevant information from family members to help in diagnosis and management.
4. Identify psychiatric situations calling for urgent or early intervention and refer at the optimum time to appropriate centres.
5. Write a complete case record with all necessary details.
6. Write a proper discharge summary with all relevant information.
7. Obtain informed consent for any examination/procedure.
8. Perform clinical audit. 9. Must be able to perform modified Electroconvulsive therapy (ECT).

The student, at the end of the course should be able to perform independently, the following:

1. Conduct detailed Mental Status Examination (MSE)
2. Cognitive behaviour therapy
3. Supportive psychotherapy
4. Modified ECT
5. Clinical IQ assessment
6. Management of alcohol withdrawal
7. Alcohol intoxication management
8. Opioid withdrawal management
9. Delirious patients
10. Crisis intervention

The student must be able to demonstrate approach to patient with variety of clinical presentations including following symptoms:

1. Auditory hallucinations
2. Visual hallucinations

3. Pseudo hallucination
4. Seizures true and pseudo seizure
5. Panic attack 6. Manic symptoms
7. Behavioural symptoms of schizophrenia
8. Catatonia
9. Delirium
10. Malingering

The student, at the end of the course should be able to perform under supervision, the following:

1. Behaviour therapy
2. Opioid intoxication management
3. Genetic counselling
4. Family therapy

The student, at the end of the course should be able to assist the expert in the following:

1. Interpersonal therapy
2. Management of suicide attempt

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						
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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

Student appraisal form for MD in Psychiatry

	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 ethically appropriate and respectful at all times										
4	Space for additional comments										
5	Disposition										
	Has this assessment been discussed with the trainee?	Yes	No								
	If not explain										

Name and Signature of the assesse											
Name and Signature of the assessor											
Date											