

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

**LOG BOOK
For
POST GRADUATE STUDENTS**

Department of: OTO-RHINO-LARYNGOLOGY

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: OTO-RHINO-LARYNGOLOGY

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 **OTO-RHINO-LARYNGOLOGY**, 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

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
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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. Journal club.
2. Student Seminar: once a week.
3. Bedside Clinic.
4. Interdepartmental colloquium.
5. Student symposium [Group discussion]
6. Rotational clinical / community / institutional postings:

Sl. No	Section / Subject	Duration in months
1	A major portion of posting should be in ENT Department. It should include in-patients, out-patients, ICU, trauma, emergency room, specialty clinics including Vertigo Clinic, Rhinology Clinic, Otology Clinic, Cancer Clinic, Cadaveric dissection Lab, Audiology and speech therapy.	
2	Inter-unit rotation in the department	12
3	Rotation in appropriate related subspecialties	6

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:						
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 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
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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
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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
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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:

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:

By the end of the training, a student should be able to demonstrate his skills in:

- Taking a good history and demonstrating good examination techniques.
- arrive at a logical working diagnosis, differential diagnosis after clinical examination and order appropriate investigations keeping in mind their relevance (need based) and thereby provide appropriate care that is ethical, compassionate, responsive and cost effective and in conformation with statutory rules.
- Should be able to perform and demonstrate the practical skills in the field of ENT including the following:
 - o Examination of the ear, nose and throat oral cavity examination o Clinico-physiological examination and evaluation of the audio-vestibulo neurological system
 - o Examination of the larynx and the throat including flexible endoscopy, stroboscopy, voice analysis and the clinico-physiological examination of the speech
 - o Examination of the otological and audiological system including Tuning fork testing, audiological evaluation, micro and otoendoscopy
 - o Clinical and physiological evaluation of the nose and paranasal sinuses including nasal endoscopy and olfactory evaluation
 - o Examination of the neck and its structures
- Should demonstrate and perform various therapeutic skills related to the speciality such as :
 - Tracheostomy
 - Anterior/ posterior nasal packing
 - Ear Packing and Syringing
 - Foreign body removal from air nose and throat
 - Airway management including basic life support skills, Cardiopulmonary resuscitation, intubation, homeostasis maintenance, IV alimentation and fluid, electrolyte maintenance and principles of blood transfusion alimentation including Nasogastric feeding, gastrostomy
 - Wound suturing, dressings and care of the wounds
 - Basic principles of rehabilitation
 - common procedures like FNAC, biopsy, aspiration from serous cavities, lumber puncture etc.
- Should understand principles of and interpret X-rays/CT/MRI, audiograms, ENG, BERA, OAE, ultrasonographic abnormalities and other diagnostic procedures in relation to the speciality
- Should have observed/performed under supervision the various surgical procedures in relation 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						
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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