

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

**LOG BOOK  
For  
POST GRADUATE STUDENTS**

**Department of: IMMUNOHEMATOLOGY**

**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: IMMUNOHEMATOLOGY**

**Name of the Institution:** \_\_\_\_\_

<b>INDEX</b>		
<b>Sl. No.</b>	<b>Title</b>	<b>Page No.</b>
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	42-50
14	Students symposium	51-52
15	Interdepartmental colloquium	53-57
16	UG teaching	58-61
17	Thesis work	62-63
18	Competencies to be learnt	64-66
19	Competency evaluation sheets	67-77
20	Students feedback	78-79
21	NMC prescribed students appraisal form (Annexure I)	80-81

# CERTIFICATE

This is to certify that, this logbook contains bonafide work of  
**Dr.** \_\_\_\_\_, a Post-  
Graduate student of the Department of **IMMUNOHEMATOLOGY**, 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**



**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 inBCBR 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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**PUBLICATIONs**

Title:	
Authors:	
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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 <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. Journal club: once in 1 – 2 weeks.
3. Student Seminar [Topic]: once in 1 – 2 weeks.
4. Laboratory work / Interactive slide& gross seminar: once in 1 – 2 weeks.
5. Interdepartmental colloquium [Clinical combined rounds – CCR, Clinico-pathologic correlation conferences – CPC, Autopsy conferences]: once monthly.
6. Student symposium: once quarterly.
7. Rotational clinical / community / institutional postings:

Sl. No	Section / Subject	Duration in months
1	Orientation	1
2	Blood donation	3
3	Apheresis, donor and therapeutic apheresis procedure	2
4	Component preparation & QC	5
5	Immunohematology	4
6	Pre-transfusion testing & cross match	4
7	Transfusion transmitted infection screening	4
8	Quality control/ records	1
9	Peripheral blood stem cell transplantation (PBSCT)	1
10	Hematology lab	3
11	Coagulation lab	2
12	HLA Lab	1
12	Flow cytometry Lab	1
13	Microbiology laboratory	1
14	Molecular Biology Lab	1
15	Clinical Department subjects: 6 weeks (Pediatrics, neonatalmedicine, ICU, Anaesthesia)	1.5
<b>Total</b>		<b>36</b>

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 LABORATORY WORK / INTERACTIVE SLIDE &amp; GROSS SEMINAR:</b>						
<b>Guidelines for evaluation of Laboratory work / Interactive slide &amp; gross seminar</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 [CCR / CPC / Autopsy conference:</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:**

<b>COMPETENCIES TO BE LEARNT:</b>		
<b>Sr. Competency No</b>		<b>Perform under supervision/perform Independently/ Observation only</b>
<b>Immunoematology:</b>		
1	ABO and Rh D blood grouping - forward and reverse grouping by tube method and by gel card and other methods.	Performs independently
2	Preparation of cell suspensions of appropriate concentration following cell washing techniques, correctly, grade and interpret antibody-antigen reactions according to the established criteria.	Performs independently
3	Interpret and resolve discrepant results in pre-transfusion testing, ABO/RhD grouping, red cell antibody screen, and antibody identification.	Performs independently
4	Cross match by conventional tube method and other advanced technologies of blood components as per department SOP.	Performs independently
5	Perform direct and indirect antiglobulin test on appropriate specimens, grading and recording the results appropriately with the appropriate controls and "check cells".	Performs independently
6	Perform trouble shoot in Antiglobulin testing by identifying sources of error in antiglobulin testing and resolve the errors in testing	Performs independently
7	Perform antibody identification procedures by the use of appropriate red cell panels and correctly interpret the results.	Performs independently
8	Identification of clinically significant RBC antibodies from an antibody panel including multiple alloantibodies and mixtures of alloantibodies and autoantibodies; determine how difficult it will be to obtain blood for this patient, and effectively communicate these results to clinicians.	Performs independently
9	Perform various immune-hematological tests including:	
i	Titration of Anti D and Anti A and Anti B o Elution o Adsorption o Minor blood group typing o Saliva Inhibition Test	Performs independently
ii	Resolution of ABO discrepancy and interpret them	Performs independently
iii	Preparation of appropriate reagents required for the specialized tests performed in	Performs independently
iv	Immunoematology lab, eg., a. Reagents required for Elution testing, b. Reagents required for DTT treatment, c. Reagents required for the Enzyme treatment.	Performs independently
v	Be able to select suitable unit/s of blood for a patient with autoimmune haemolytic anaemia	Performs independently
vi	Perform Quality Control tests for immunoematology reagents and interpret the results thereof.	Performs independently
vii	Perform appropriate tests for transfusion reactions, evaluate them and recommend treatment plans for management.	Performs independently
viii	Conduct evaluation for irregular antibodies that are clinically significant in pregnancy and make appropriate recommendations for blood component transfusion.	Performs independently
<b>Transfusion transmissible Infections</b>		



1	Perform blood donor screening tests for transfusion-transmissible infections (TTIs) as per departmental SOP.	Performs independently
2	Preparation and interpretation of Levey-Jennings (LJ) Chart and root cause analysis (RCA) and Corrective and Preventive action (CAPA) as and when required.	Performs independently
3	Perform non-treponemal and treponemal antibody tests for diagnose of syphilis and interpret the data.	Performs independently
4	Acquire competence for proper handling and disposal of biohazardous material as per regulatory requirements.	Performs independently
5	Perform Gram staining of biological fluids.	Performs independently
6	Perform Quality control testing of reagents and kits used for serological tests.	Performs independently
7	Perform peripheral blood smear staining and identification of malarial parasite.	Performs independently
8	Perform screening for malaria by various testing methods.	Performs independently
<b>Blood donation</b>		
1	Perform Hb estimation by various methods including Spectrophotometric and colorimetric techniques.	Performs independently
2	Organise outdoor blood donation camps.	Performs independently
3	Motivate blood donors / organizers for blood donation.	Performs independently
i	Conduct donor screening based on eligibility criteria for whole blood donation and apheresis donation.	Performs independently
ii	Collect whole blood for preparation of blood components for transfusion.	Performs independently
iii	Prepare the phlebotomy site.	Performs independently
iv	Evaluate and manage adverse reactions associated with blood donation.	Performs independently
v	Perform biomedical waste disposal as per protocols.	Performs independently
vi	Prepare blood components such as PRBC, FFP, Platelet concentrate and cryoprecipitate by centrifugation technique and by buffy coat technique.	Performs independently
vii	Perform Quality Control (QC) on the blood components and take corrective action to rectify failure of QC.	Performs independently
viii	Conduct Apheresis procedures like plateletpheresis and plasmapheresis.	Performs independently
<b>Hematology</b>		
1	Perform Hb estimation by various methods and interpret the complete hemogram.	Performs independently
2	Prepare stained peripheral blood smear and interpret disease conditions like nutritional (Iron deficiency/Vit B12 and Folic acid deficiency) anemia, Haemolytic anaemia (Immune, Sickle Cell, Thalassemia, Microangiopathic), acute and chronic leukaemia, identification of	Performs independently

	Hemoparasites.	
3	Perform coagulation tests like prothrombin time, activated partial thromboplastin time (APTT), fibrinogen assay, thrombin time, mixing tests of PT and APTT, factor assays and interpret the results.	Performs independently
4	Perform point-of-care testing for hemostasis including ROTEM/TEG and interpret the data.	Performs independently
5	Interpret Hb electrophoresis data.	Performs independently
<b>Molecular diagnosis and HLA typing</b>		
1	Perform basic molecular laboratory techniques, such as nucleic acid extraction, both manual and automated, and techniques for quality assessment of DNA and troubleshoot in the event of a technical problem	Performs independently
2	Interpret the results of various tests of HLA typing.	Performs independently
3	Interpretdata of HLA cross-matching and HLA antibody detection assays, both by cell based and solid phase methods.	Performs independently

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:
- \_\_\_\_\_
- 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 Immunohematology and Blood Transfusion

	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>Work related to training</b>										
2.1	Practical skills that are appropriate for the level of training										
2.2	Respect for processes and procedures in the work space										
2.3	Ability to work with other members of the team										
2.4	Participation and compliance with the quality improvement										



	process at the work environment										
2.5	Ability to record and document work accurately and appropriate for level of training										
<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 pattern been discussed with the trainee?	Yes	No								
	If not explain.										
	Name and Signature of the assessee										
	Name and Signature of the assessor										
	Date										