



MUHS

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Log Book

(POST GRADUATE)

FACULTY – MEDICAL

MD GERIATRICS MEDICINE

Log Book passed in BOS meeting on 18/11/2016 & by Faculty on 19/11/2016. Approved by Academic Council vide Resolution 127/2016 dated 19/12/2016 From Academic Year 2017-18

Personal details

Photo

1. Full Name : (Surname, first name, middle name):
2. Date of Birth (dd/ mm/ yy):
3. Age:
4. Permanent Address & telephone:
5. Local Address and telephone/ mobile:
6. E-Mail id:
7. MBBS Degree:
 - a. Year of passing-
 - b. College-
 - c. University-
 - d. Distinction/ Prizes/ Medals/ Scholarships etc.-
8. Internship:
 - a. Month / year of beginning
 - b. Month / year of completion
 - c. College & hospital
9. Previous Experience (Give Details):
10. Maharashtra Medical Council Registration No.
11. Name of PG teacher:
12. Month & year of joining the course:
13. Month & year of appearing for the degree examination:
14. Special Interest / Hobbies and Extra Curricular Activities:

AIMS AND OBJECTIVES OF THE LOG –BOOK

The aim of the log-book is to evaluate the training program on a day to day basis so as to ascertain the eligibility of the candidate to appear for the final university examination for the degree / diploma. Following are the objectives of maintaining the log book:

1. To help the Resident to maintain the day to day record of work done by him / her.
2. To enable the faculty to have first hand information about the work done by the resident and suggest improvement for better performance.
3. To confirm the participation in post graduate training activities like ward rounds, presentation of scientific articles at journal club, case clinics, post graduate seminars, clinical symposia and book reviews.
4. Assessing the skills acquired by residents in patient care, teaching and research.
5. To confirm level and degree of participation in research activities.

ASSESSMENT OF RESIDENCY

The resident will maintain a record of work which is to be verified by the Unit Head / In-charge of the activity and Head of the department on term basis. Based on the record of the work, the Head of Department will certify the satisfactory completion of training annually under intimation to the Head of the Institution.

GUIDELINES FOR ASSESSMENT

A. Personal Attributes:

SN	Attribute	Satisfactory ? (State as 'Yes' or 'No')
1	Sincerity	
2	Regularity / Punctuality	
3	Diligence & Performance	
4	Interpersonal skills	
5	Initiative	
6	Academic ability	
7	Capacity to work in a team	
8	Undergraduate / P.G. Teaching	
9	Leadership Qualities	
10	Research Aptitude	
	Overall assessment	

Sincerity: Sincerely and motivation dependable, honest, admits mistakes, does not misrepresent facts, respects values, loyal to institution; has initiative, assumes responsibilities, goes beyond routine work, exhibits keen desire to learn.

Punctuality: Punctual, available continuously on duty, responds promptly to call takes proper permission for leave.

Diligence and Performance: Dedicated, hardworking, does not shirk duties, levels no work pending, does not sit idle; competent in clinical case work up and management (where applicable), skilled in procedures, proficient in record keeping and file work.

Academic ability: Intelligent, shows sound knowledge and skills, participates adequately in academic activities and performs well in oral presentation and departmental tests.

Inter- personal skills: Has compassionate attitude towards patients, gets on well with colleagues and paramedical staff, respectful to seniors.

B. Clinical Work:

SN	Attribute	Satisfactory ? (State as 'Yes' or 'No')
1	Punctuality	
2	Regularity of attendance	
3	Quality of ward work (procedures)	
4	Maintenance of case records	
5	Presentation of cases during rounds (approach)	
6	Investigation work up	
7	Bedside manners	
8	Rapport with patients	
9	Rapport with colleagues	
10	Motivation for blood donation	
11	Counseling patient's relatives	
12	Management of emergencies	
13	Knowledge of the subject	
14	Subject / Speciality related skills Overall	
	assessment	

C. Clinical Seminars / Symposia:

SN	Attribute	Satisfactory ? (State as 'Yes' or 'No')
1	Presentation	
2	Completeness of Preparation	
3	Cogency of presentation	
4	Use of audiovisual aids	
5	Understanding of subjects	
6	Ability to answer questions	
7	Time scheduling	
8	Review of literature	
9	Recent advances	
10	Answers to questions	
	Overall assessment	

D. Case Presentations:

SN	Attribute	Satisfactory ? (State as 'Yes' or 'No')
1	Logical order in presentation	
2	Cogency of presentation	
3	Complete /Relevant history	
4	Accuracy of General Physical Examination	
5	signs elicited correctly	
6	Accuracy of Systemic Examination	
7	Diagnosis – Logical flow based on History & findings	
8	Order of differential diagnosis (logical)	
9	Investigations required (Complete list, Relevant order, Interpretation of investigations, Unnecessary investigations asked)	
10	Treatment: Principles & details	
11	Communication with Patient/ Relatives	
12	Diagnosis & Management	
13	Answers to questions: Abilities to react to questioning: Abilities to defend diagnosis: Ability to justify differential diagnosis: Acceptability of plan of management Confidence	
	Overall assessment	

E. Journal Club:

SN	Attribute	Satisfactory ? (State as 'Yes' or 'No')
1	Choice of article relevant	
2	Cogency of presentation	
3	Whether understood and conveyed the purpose of the article	
4	How did he/ she defended article	
5	Whether cross references have been consulted	
6	Understood explained basics of statistic in article	
7	Whether relevant information mentioned from other similar articles	
8	Use of audio visual aids	
9	Presentation	
10	Response to questioning	
	Overall assessment	

College logo

[NAME AND ADDRESS OF THE COLLEGE & HOSPITAL]

.....
.....

DEPARTMENT

CERTIFICATE

This is to certify that

Dr. _____

Was registered as a post- graduate student for the

Degree _____

in the subject of

at _____ College,

(place).

The procedures and the academic activities recorded in the log-book have been checked and authenticated and are as per the hospital records and have been carried out under the guidance of the faculty members of the _____ (name of college, & place).

.....
Signature and name of the
PG Teacher

.....
Signature and name of the
Head of the Department

.....
Signature of Head of Institute

DISSERTATION DETAILS

TITLE:.....
.....
.....
.....
.....

Stipulated date of submission to the MUHS.....

**Date of approval by Institutional Review Board / Ethics
Committee:**.....

Date of submission of completed dissertation to MUHS
:.....

Name of PG Teacher:.....

Signature of PG Teacher.....

Dated

THE RESIDENCY PROGRAM
Chronological record

Period		Speciality/ Super-speciality	Unit In-charge	Institution	Assessment-Satisfactory? (State as 'Yes' or 'No')	Signature of Unit In-charge
From	To					

(Continued ...)

THE RESIDENCY PROGRAM (continued....)

Period		Speciality/ Super-speciality	Unit In-charge	Institution	Assessment-Satisfactory? (State as 'Yes' or 'No')	Signature of Unit In-charge
From	To					

(Continued ...)

FIRST YEAR RESIDENCY

Log of Cases seen in Out-Patient Clinics

GERIATRIC MEDICINEOPD

Department _____ Month(s) _____ Year _____

System wise diseases	No. of cases seen		
	Month	Month	Month
Procedures Done			

FIRST YEAR RESIDENCY

Log of Cases seen in Out-Patient Clinics

GERIATRIC MEDICINE OPD

Department _____ Month(s) _____ Year _____

System wise diseases	No. of cases seen		
	Month	Month	Month
Procedures Done			

Procedure done in Out-Patient Clinics GENERAL MEDICINE OPD

Department _____ Month(s) _____ Year _____

System wise diseases	No. of cases seen		
	Month	Month	Month
Procedures Done			

Assessment by Unit In-Charge: ☐ Satisfactory ☐ Unsatisfactory

Signature & date

Procedure done in Out-Patient Clinics GENERAL MEDICINE OPD

Department _____ Month(s) _____ Year _____

System wise diseases	No. of cases seen		
	Month	Month	Month
Procedures Done			

Assessment by Unit In-Charge: ☐ Satisfactory ☐ Unsatisfactory

Signature & date

FIRST YEAR RESIDENCY

Call attended in emergency

Department _____ Month(s) _____ Year _____

System wise diseases	No. of cases seen		
	Month	Month	Month
<u>Procedures done:</u>			

Assessment by Unit In-Charge: ☐ Satisfactory ☐ Unsatisfactory

Signature & date

FIRST YEAR RESIDENCY

Log of Cases seen in Indoor Wards

Department _____ Month(s) _____ Year _____

System wise diseases	No. of cases seen		
	Month	Month	Month
<u>Procedures done:</u>			

Assessment by Unit In-Charge: ☐ Satisfactory ☐ Unsatisfactory

Signature & date

FIRST YEAR RESIDENCY

Any additional information not covered in above sections may be entered here

Additional sheet for records

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FIRST YEAR RESIDENCY

Log of Academic activities- Case Presentations

Department _____ Month(s) _____ Year _____

Sr. No.	Date	Case Title	Presented/ Attended	Assessment-Satisfactory? (State as 'Yes' or No')	Signature of faculty

Additional sheet for records

FIRST YEAR RESIDENCY

Log of Academic activities- Journal Club

Department _____ Month(s) _____ Year _____

Sr. No.	Date	Case Title	Presented/ Attended	Assessment-Satisfactory? (State as 'Yes' or No')	Signature of faculty

The PG student is expected to obtain the signature on the day of activity itself

Additional sheet for records

FIRST YEAR RESIDENCY

Log of Academic activities- Clinical Seminars & Symposia

Department _____ Month(s) _____ Year _____

Sr. No.	Date	Case Title	Presented/ Attended	Assessment-Satisfactory? (State as 'Yes' or No')	Signature of faculty

The PG student is expected to obtain the signature on the day of activity itself

FIRST YEAR RESIDENCY**PARTICIPATION IN OTHER P.G. TRAINING ACTIVITIES**

Sr. No.	Date	Type of Activity	Assessment-Satisfactory? (State as 'Yes' or No')	Signature of faculty

The PG student is expected to obtain the signature on the day of activity itself

FIRST YEAR RESIDENCY

Conference/ Workshop/ CME/ Update/ Guest Lecture attended (BY INVITED FACULTY)

Sr. No.	Date(s)	Topic	Place	Signature of PG Teacher

FIRST YEAR RESIDENCY

LECTURE BY TEACHER S (GMC TEACHER)

Sr. No.	Date(s)	Topic	Place	Signature of PG Teacher

FIRST YEAR RESIDENCY

PAPER AUDIT AND DEATH AUDIT

Sr. No.	Date(s)	Topic	Place	Signature of PG Teacher

FIRST YEAR RESIDENCY

RESEARCH WORK ,PAPER PRESENTATION ,PUBLICATION AND POSTER PRESENTATION

Sr. No.	Date(s)	Topic	Place	Signature of PG Teacher

FIRST YEAR RESIDENCY

ASSISTANCE IN ADMINISTRATION (IF ANY)

Sr. No.	Date(s)	Topic	Place	Signature of PG Teacher

FIRST YEAR RESIDENCY

TERM EXAM (THEORY AND PRACTICAL) PRELIMINARY EXAM

Sr. No.	Date(s)	Topic	Place	Signature of PG Teacher

Extra-Curricular Activities

Sr. No.	Date(s)	Event & place	Awards	Signature of PG Teacher

FIRST YEAR RESIDENCY

Any additional information not covered in above sections may be entered here

Additional sheet for records

FIRST YEAR RESIDENCY

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FIRST YEAR RESIDENCY

Assessment at the end of First Year Residency

Sr. No.	Assessment Area	Satisfactory ? (State as 'Yes' or 'No')
A	Personal attributes	
B	Clinical work	
C	Clinical Seminars/ Symposia	
D	Case presentations	
E	Journal club	
F	Computer usage and familiarity	
G	Others	

Remarks:

Signature of Head of Department..... Date.....

Signature of the Head of Institute..... Date.....

SECOND YEAR RESIDENCY

Log of Cases seen in Out-Patient Clinics CARDIOLOGY OPD

Department _____ Month(s) _____ Year _____

System wise diseases	No. of cases seen		
	Month	Month	Month
Procedure Done			

SECOND YEAR RESIDENCY**URBAN HEALTH CENTRE AND OUTREACH ACTIVITIES (as applicable)**

Posting from Date _____ To Date _____

Sr. No.	Type of Activity	Details Of Skill Aquired	Assessment- Satisfactory? (State as 'Yes' or No')	Signature of Lecturers

SECOND YEAR RESIDENCY**RURAL HEALTH CENTRE (as applicable)**

Posting from Date _____ To Date _____

Sr. No.	Type of Activity	Details Of Skill Aquired	Assessment- Satisfactory? (State as 'Yes' or No')	Signature of Lecturers

SECOND YEAR RESIDENCY

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SECOND YEAR RESIDENCY

Log of Academic activities- Case Presentations

Department _____ Month(s) _____ Year _____

Sr. No.	Date	Case Title	Presented/ Attended	Assessment- Satisfactory? (State as 'Yes' or No')	Signature of faculty

The PG student is expected to obtain the signature on the day of activity itself

SECOND YEAR RESIDENCY

Log of Academic activities- Clinical Seminars & Symposia

Department _____ Month(s) _____ Year ____

Sr. No.	Date	Case Title	Presented/ Attended	Assessment-Satisfactory? (State as 'Yes' or No')	Signature of faculty

The PG student is expected to obtain the signature on the day of activity itself

SECOND YEAR RESIDENCY**PARTICIPATION IN OTHER P.G. TRAINING ACTIVITIES**

Sr. No.	Date	Case Title	Presented/ Attended	Assessment-Satisfactory? (State as 'Yes' or No')	Signature of faculty

The PG student is expected to obtain the signature on the day of activity itself

SECOND YEAR RESIDENCY

Conference/ Workshop/ CME/ Update/ Guest Lecture attended (BY INVITED FACULTY)

Sr. No.	Date(s)	Topic	Place	Signature of PG Teacher

SECOND YEAR RESIDENCY

LECTURE BY TEACHERS (GMC TEACHER)

Sr. No.	Date(s)	Topic	Place	Signature of PG Teacher

SECOND YEAR RESIDENCY

PAPER AUDIT AND DEATH AUDIT

Sr. No.	Date(s)	Topic	Place	Signature of PG Teacher

SECOND YEAR RESIDENCY

RESEARCH WORK ,PAPER PRESENTATION ,PUBLICATION AND POSTER PRESENTATION

Sr. No.	Date(s)	Topic	Place	Signature of PG Teacher

SECOND YEAR RESIDENCY

ASSISTANCE IN ADMINISTRATION (IF ANY)

Sr. No.	Date(s)	Topic	Place	Signature of PG Teacher

SECOND YEAR RESIDENCY

TERM EXAM (THEORY AND PRACTICAL) PRELIMINARY EXAM

Sr. No.	Date(s)	Topic	Place	Signature of PG Teacher

Extra- Curricular Activities

Sr. No.	Date(s)	Topic	Place	Signature of PG Teacher

SECOND YEAR RESIDENCY

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SECOND YEAR RESIDENCY

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Additional sheet for records

SECOND YEAR RESIDENCY

Assessment at the end of Second Year Residency

Sr. No.	Assessment Area	Satisfactory ? (State as 'Yes' or 'No')
A	Personal attributes	
B	Clinical work	
C	Clinical Seminars/ Symposia	
D	Case presentations	
E	Journal club	
F	Teaching sessions	
G	Dissertation progress	
H	Computer usage and familiarity	
I	Others	

Remarks: _____

Signature of Head of Department.....

Date.....

Signature of Head of Institution.....

Date.....

THIRD YEAR RESIDENCY

Log of Cases seen in Out-Patient Clinics GERIATRIC OPD

Department _____ Month(s) _____ Year _____

System wise diseases	No. of cases seen		
	Month	Month	Month
Procedure Done			

Assessment by Unit In-Charge: ☐ Satisfactory ☐ Unsatisfactory

Signature & date

THIRD YEAR RESIDENCY

Call attended

Department _____ Month(s) _____ Year _____

System wise diseases	No. of cases seen		
	Month	Month	Month

Assessment by Unit In-Charge: ☐ Satisfactory ☐ Unsatisfactory

Signature & date

THIRD YEAR RESIDENCY

Log of Cases seen in Indoor Wards

Department _____ Month(s) _____ Year _____

System wise diseases	No. of cases seen		
	Month	Month	Month
Procedure Done			

Assessment by Unit In-Charge: ☐ Satisfactory ☐ Unsatisfactory

Signature & date

THIRD YEAR RESIDENCY**URBAN HEALTH CENTRE AND OUTREACH ACTIVITIES (as applicable)**

Posting from Date _____ To Date _____

Sr. No.	Type of Activity	Details Of Skill Acquired	Assessment- Satisfactory? (State as 'Yes' or No')	Signature of Lecturers

THIRD YEAR RESIDENCY**RURAL HEALTH CENTRE (as applicable)**

Posting from Date _____ To Date _____

Sr. No.	Type of Activity	Details Of Skill Acquired	Assessment-Satisfactory? (State as 'Yes' or No')	Signature of Lecturers

THIRD YEAR RESIDENCY

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THIRD YEAR RESIDENCY

Log of Academic activities- Case Presentations

Department _____ Month(s) _____ Year _____

Sr. No.	Date	Case Title	Presented/ Attended	Assessment-Satisfactory? (State as 'Yes' or No')	Signature of faculty

The PG student is expected to obtain the signature on the day of activity itself

THIRD YEAR RESIDENCY

Log of Academic activities- Journal Club

Department _____ Month(s) _____ Year _____

Sr. No.	Date	Title of the article	Presented/ Attended	Assessment-Satisfactory? (State as 'Yes' or No')	Signature of faculty

The PG student is expected to obtain the signature on the day of activity itself

THIRD YEAR RESIDENCY

Log of Academic activities- Clinical Seminars & Symposia

Department _____ Month(s) _____ Year _____

Sr. No.	Date	Title of the Seminar/ Symposium	Presented/ Attended	Assessment-Satisfactory? (State as 'Yes' or No')	Signature of faculty

The PG student is expected to obtain the signature on the day of activity itself

THIRD YEAR RESIDENCY

PARTICIPATION IN OTHER P.G. TRAINING ACTIVITIES

Sr. No.	Date	Type of Activity	Presented/ Attended	Assessment-Satisfactory? (State as 'Yes' or No')	Signature of faculty

The PG student is expected to obtain the signature on the day of activity itself

THIRD YEAR RESIDENCY

Conference/ Workshop/ CME/ Update/ Guest Lecture attended (BY INVITED FACULTY)

Sr. No.	Date(s)	Topic	Place	Signature of PG Teacher

THIRD YEAR RESIDENCY

LECTURE BY TEACHER S (GMC TEACHER)

Sr. No.	Date(s)	Topic	Place	Signature of PG Teacher

THIRD YEAR RESIDENCY

PAPER AUDIT AND DEATH AUDIT

Sr. No.	Date(s)	Topic	Place	Signature of PG Teacher

THIRD YEAR RESIDENCY

REASEARCH WORK ,PAPER PRESNTATION ,PUBLICATION AND POSTER PRESENTATION

Sr. No.	Date(s)	Topic	Place	Signature of PG Teacher

THIRD YEAR RESIDENCY

ASSISTANCE IN ADMINISTRATION (IF ANY)

Sr. No.	Date(s)	Topic	Place	Signature of PG Teacher

THIRD YEAR RESIDENCY

TERM EXAM (THEORY AND PRACTICAL) PRELIMINARY EXAM

Sr. No.	Date(s)	Topic	Place	Signature of PG Teacher

THIRD YEAR RESIDENCY

Teaching Sessions Conducted

Sr. No.	Date	Type of session (lecture, case clinic, other)	Student category (UG, PG, Nurses, OT, PT, other)	Title / Topic	Signature of faculty

Assessment by Unit In-Charge: ☐ Satisfactory ☐ Unsatisfactory**Signature & date**

THIRD YEAR RESIDENCY

Conference/ Workshop/ CME/ Update/ Guest Lecture attended

Sr. No.	Date	Topic	Place	Signature Of PG teacher

Extra- Curricular Activities

Sr. No.	Date	Event and place	Award	Signature Of PG teacher

THIRD YEAR RESIDENCY

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THIRD YEAR RESIDENCY

Assessment at the end of Third Year Residency

Sr. No.	Assessment Area	Satisfactory? (State as 'Yes' or 'No')
A	Personal attributes	
B	Clinical work	
C	Clinical Seminars/ Symposia	
D	Case presentations	
E	Journal club	
F	Teaching sessions	
G	Dissertation progress, completion and certification	
H	Computer usage and familiarity	
I	Others	

Remarks: _____

Signature of Head of Department..... Date.....

Signature of Head of Institution..... Date.....