

**KERALA UNIVERSITY OF HEALTH SCIENCES  
THRISSUR – 680 596**



**Name of Medical College**

**Emblem**

**COMPETENCY BASED MEDICAL EDUCATION (CBME)**

**MBBS**

**LOG BOOK**

**SURGERY & ALLIED SPECIALITIES**

**(as per GMR 2019)**

**Name of the Student:** .....

**Roll No:**

.....

**University Registration No:** .....

## LOGBOOK CERTIFICATE

This is to certify that the candidate Ms/Mr .....

Roll No. .... KUHS Registration no. .... admitted in the year .....in..... has undergone 20 weeks of training in General Surgery and *has satisfactorily completed / has not completed* all assignments & requirements mentioned in this logbook for the MBBS course in the subject of General Surgery during the period from.....to..... .

She / He *is / is not* eligible to appear for the summative (University) assessment as on the date given below.

**Signature with date**

**HEAD,**

**DEPARTMENT OF GENERAL SURGERY**

**BIODATA of the Student**

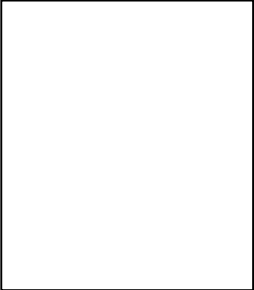
Name of the student :

Date of birth :

Mobile number :

e-mail ID :

Permanent address :



Signature of the student.....

## **GENERAL INSTRUCTIONS**

1. Completion of the activities specified and submission of the certified logbook is a prerequisite for a student to apply for the end of phase summative examination.
2. The logbook is a record of the academic /co-curricular activities of the student, who would be responsible for maintaining his/her logbook. It should be maintained from beginning of phase 2 and completed by Phase 3 part2
3. The student is responsible for getting the entries in the logbook verified by the Faculty in charge regularly.
4. Entries in the logbook will reflect the activities undertaken in the department and have to be scrutinized by the Head of the concerned department.
5. The logbook is a record of various activities by the student like:
  - Overall participation & performance
  - Attendance
  - Participation in sessions
  - Record of completion of pre-determined activities
  - Acquisition of selected competencies
6. The logbook is the record of work done by the candidate in that department /specialty and should be verified by the college before submitting the application of the students for the University examination.
7. Students shall also write reflections on the topics learnt in relevant sections  
of logbook. Reflections should be structured using the following guiding questions:
  - a. What happened?(What did you learn from the experience?)

b. So what? (What are the applications of the learning?)


c. What next? (How would you apply these knowledge and skills?)


## INDEX


S.No	Item	Page No.
1	Key to Competency table	
2	Competency assessment: Clinical posting Phase 2	
3	Competency assessment: Clinical posting Phase 3, part 1	
4	Competency assessment: Clinical posting Phase 3, part 2	
5	Seminar / Tutorial topics/ small group discussions – Phase 2	
6	Reflections Phase 2	
7	Seminar / Tutorial topics/ small group discussions – Phase 3, part 1	
8	Reflections Phase 3, Part 1	
9	Seminar / Tutorial topics/ small group discussions – Phase 3, part 2	
10	Reflections Phase 3, Part 2	
11	Bedside clinic/DOAP Phase 2	
12	Bedside clinic/DOAP Phase 3, part 1	
13	Bedside clinic/DOAP Phase 3, part 2	
14	Skills training	
15	Skills training	
16	Skills training	
17	Integration topics	

**KEY**

Colours

Must Know - 

Desirable to know 

Good to know - 

Rating

Below expectations – B

Meets expectations – M

Exceeds expectations - E

Decision by faculty

Completed - C

Repeat – R

Remedial- Re

### COMPETENCY ASSESSMENT

Clinical posting – Phase II

From \_\_\_\_\_ to \_\_\_\_\_

DATE	COMP ETENC Y No:	COMPETENCY	Whether achieved or not	If not achieved remedial measures given
		History taking	Yes/No	Yes/No/NA
	S.U.18	History and Examination of a case of swelling	Yes/No	Yes/No/NA
	S.U. 5.2	History and Examination of a case of ulcer	Yes/No	Yes/No/NA
	S.U. 22.3	History and Examination of a case of thyroid	Yes/No	Yes/No/NA
	S.U. 25	History and Examination of a case of Breast Lump	Yes/No	Yes/No/NA
	S.U. 28	History and Examination of a case of Abdominal Lump	Yes/No	Yes/No/NA
	S.U. 24 S.U.28.3 S.U.28.4	History and Examination of a case of Abdominal pain	Yes/No	Yes/No/NA
	S.U.27.2	History and Examination of a case of POVD	Yes/No	Yes/No/NA
	S.U. 27.6	History and Examination of a case of Varicose vein	Yes/No	Yes/No/NA
	S.U. 20	History and Examination of a case of oral ulcer	Yes/No	Yes/No/NA



	S.U. 21	History and Examination of a case of salivary gland	Yes/No	Yes/No/NA
<b>SIGNATURE of Unit Chief</b>			<b>SIGNATURE of Faculty</b>	
<b>DATE</b>	<b>COMP ETENC Y No:</b>	<b>COMPETENCY</b>	<b>Whether achieved or not</b>	<b>If not achieved remedial measures given</b>
	S.U.28.1 S.U.28.2	History and Examination of a case of hernia,	Yes/No	Yes/No/NA
	S.U. 30.5 S.U. 30.6	History and Examination of a case of Scrotal swellings	Yes/No	Yes/No/NA
	S.U.27.8	History and Examination of a case of Lymphatic system	Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA

			<b>Yes/No</b>	<b>Yes/No/NA</b>
			<b>Yes/No</b>	<b>Yes/No/NA</b>
<b>SIGNATURE of Unit Chief</b>			<b>SIGNATURE of Faculty</b>	

**COMPETENCY ASSESSMENT**

**Clinical posting – Phase III Part 1 From \_\_\_\_\_ to \_\_\_\_\_**

<b>DATE</b>	<b>COMP ETENCY No:</b>	<b>COMPETENCY</b>	<b>Whether achieved or not</b>	<b>If not achieved remedial measures given</b>
	S.U. 9 S.U. 18.3	DDs and approach in investigating a case of swelling	<b>Yes/No</b>	<b>Yes/No/NA</b>
	S.U. 5.2 S.U. 9	DDs and approach in investigating a case of ulcer	<b>Yes/No</b>	<b>Yes/No/NA</b>
	S.U. 9 S.U. 22.3	DDs and approach in investigating a case of thyroid diseases	<b>Yes/No</b>	<b>Yes/No/NA</b>
	S.U. 9 S.U. 25	DDs and approach in investigating a case of Breast Lump	<b>Yes/No</b>	<b>Yes/No/NA</b>
	S.U. 9	DDs and approach in investigating a case of	<b>Yes/No</b>	<b>Yes/No/NA</b>

	S.U.28.4	Abdominal Lump		
	S.U. 9 S.U.28.6	DDs and approach in investigating a case of Abdominal pain	Yes/No	Yes/No/NA
	S.U. 9 S.U.27.2	DDs and approach in investigating a case of POVD	Yes/No	Yes/No/NA
	S.U. 9 S.U.27.6	DDs and approach in investigating a case of Varicose vein	Yes/No	Yes/No/NA
<b>SIGNATURE of Unit Chief</b>			<b>SIGNATURE of Faculty</b>	
<b>DATE</b>	<b>COMP ETENCY No:</b>	<b>COMPETENCY</b>	<b>Whether achieved or not</b>	<b>If not achieved remedial measures given</b>
	S.U. 9 S.U. 20	DDs and approach in investigating a case of oral ulcer	Yes/No	Yes/No/NA
	S.U. 9 S.U. 21	DDs and approach in investigating a case of salivary gland disease	Yes/No	Yes/No/NA
	S.U. 9 S.U.28.1	DDs and approach in investigating a case of hernia	Yes/No	Yes/No/NA
	S.U. 9 S.U. 30	DDs and approach in investigating a case of scrotal swelling	Yes/No	Yes/No/NA
	S.U. 9 S.U.27.7	DDs and approach in investigating a case of Lymphadenopathy	Yes/No	Yes/No/NA

			<b>Yes/No</b>	<b>Yes/No/NA</b>
			<b>Yes/No</b>	<b>Yes/No/NA</b>
			<b>Yes/No</b>	<b>Yes/No/NA</b>
			<b>Yes/No</b>	<b>Yes/No/NA</b>
			<b>Yes/No</b>	<b>Yes/No/NA</b>
			<b>Yes/No</b>	<b>Yes/No/NA</b>
<b>SIGNATURE of Unit Chief</b>			<b>SIGNATURE of Faculty</b>	

DRAFT

**COMPETENCY ASSESSMENT**

**Clinical posting – Phase III Part 2 From \_\_\_\_\_ to \_\_\_\_\_**

<b>DATE</b>	<b>COMP ETENCY No:</b>	<b>COMPETENCY</b>	<b>Whether achieved or not</b>	<b>If not achieved remedial measures given</b>
	S.U. 9 S.U.18	DDs and approach in management of a case of swelling	<b>Yes/No</b>	<b>Yes/No/NA</b>
	S.U. 9 S.U. 27.6	DDs and approach in management of a case of ulcer – Venous	<b>Yes/No</b>	<b>Yes/No/NA</b>
	S.U. 9 S.U.27.3	DDs and approach in management of a case of ulcer- Arterial	<b>Yes/No</b>	<b>Yes/No/NA</b>
	S.U. 9 I.M. 13 .8	DDs and approach in management of a case of ulcer – Malignant	<b>Yes/No</b>	<b>Yes/No/NA</b>
	S.U. 9 SU22.3	DDs and approach in management of a case of thyroid disease – MNG	<b>Yes/No</b>	<b>Yes/No/NA</b>
	S.U. 9 SU22.3	DDs and approach in management of a case of thyroid disease – SNT	<b>Yes/No</b>	<b>Yes/No/NA</b>
	S.U. 9 S.U. 22.3	DDs and approach in management of a case of thyroid disease - Toxic thyroid	<b>Yes/No</b>	<b>Yes/No/NA</b>
	S.U. 9 S.U. 22.3	DDs and approach in management of a case of thyroid disease - Malignant thyroid swelling	<b>Yes/No</b>	<b>Yes/No/NA</b>

**DRAFT**

<b>SIGNATURE of Unit Chief</b>			<b>SIGNATURE of Faculty</b>	
<b>DATE</b>	<b>COMP ETENCY No:</b>	<b>COMPETENCY</b>	<b>Whether achieved or not</b>	<b>If not achieved remedial measures given</b>
	S.U. 9 S.U. 25	DDs and approach in management of a case of Breast Lump – Benign	<b>Yes/No</b>	<b>Yes/No/NA</b>
	S.U. 9 S.U. 25	DDs and approach in management of a case of Breast Lump – Malignant	<b>Yes/No</b>	<b>Yes/No/NA</b>
	S.U. 9 SU28.10 SU28.12	DDs and approach in management of a case of Abdominal Lump- Right hypochondrium lump	<b>Yes/No</b>	<b>Yes/No/NA</b>
	S.U. 9 SU24 S.U.28.4 S.U.28.9	DDs and approach in management of a case of Abdominal Lump- Epigastric lump	<b>Yes/No</b>	<b>Yes/No/NA</b>
	S.U. 9 SU28.10	DDs and approach in management of a case of Abdominal Lump- Left hypochondrium lump	<b>Yes/No</b>	<b>Yes/No/NA</b>
	S.U. 9 S.U. 23.2 S.U. 29.6	DDs and approach in management of a case of Abdominal Lump- Lumbar lump	<b>Yes/No</b>	<b>Yes/No/NA</b>

**DRAFT**

	S.U. 9 S.U.28.4	DDs and approach in management of a case of Abdominal Lump- Umbilical lump	<b>Yes/No</b>	<b>Yes/No/NA</b>
<b>SIGNATURE of Unit Chief</b>			<b>SIGNATURE of Faculty</b>	

DRAFT

DATE	COMP ETENC Y No:	COMPETENCY	Whether achieved or not	If not achieved remedial measures given
	S.U. 9 S.U.28.4 SU28.13	DDs and approach in management of a case of Abdominal Lump- Right iliac fossa mass	Yes/No	Yes/No/NA
	S.U. 9 SU28.13	DDs and approach in management of a case of Abdominal Lump- Left iliac fossa mass	Yes/No	Yes/No/NA
	S.U. 9 S.U.28.4	DDs and approach in management of a case of Abdominal Lump- Pelvic mass	Yes/No	Yes/No/NA
	S.U. 9 S.U.28.6	DDs and approach in management of a case of Abdominal pain- Acute	Yes/No	Yes/No/NA
	S.U. 9 S.U. 24	DDs and approach in management of a case of Abdominal pain- Chronic	Yes/No	Yes/No/NA
	S.U. 9 S.U.27.2	DDs and approach in management of a case of POVD	Yes/No	Yes/No/NA
	S.U. 9 S.U.27.6	DDs and approach in management of a case of Varicose vein	Yes/No	Yes/No/NA
	S.U. 9 S.U. 20	DDs and approach in management of a case of oral ulcer	Yes/No	Yes/No/NA



DRAFT

<b>SIGNATURE of Unit Chief</b>	<b>SIGNATURE of Faculty</b>
--------------------------------	-----------------------------

DATE	COMP ETENCY No:	COMPETENCY	Whether achieved or not	If not achieved remedial measures given
	S.U. 9 S.U. 21	DDs and approach in management of a case of salivary gland pathology	<b>Yes/No</b>	<b>Yes/No/NA</b>
	S.U. 9 S.U.28.1	DDs and approach in management of a case of hernia – Inguinal	<b>Yes/No</b>	<b>Yes/No/NA</b>
	S.U. 9 S.U.28.1	DDs and approach in management of a case of hernia – Femoral	<b>Yes/No</b>	<b>Yes/No/NA</b>
	S.U. 9 S.U.28.1	DDs and approach in management of a case of hernia – Epigastric	<b>Yes/No</b>	<b>Yes/No/NA</b>
	S.U. 9 S.U.28.1	DDs and approach in management of a case of hernia – Umbilical	<b>Yes/No</b>	<b>Yes/No/NA</b>
	S.U. 9 S.U.28.1	DDs and approach in management of a case of hernia – Incisional	<b>Yes/No</b>	<b>Yes/No/NA</b>
	S.U. 9 SU30.5 SU30.6	DDs and approach in management of a case of scrotal swelling	<b>Yes/No</b>	<b>Yes/No/NA</b>
	S.U. 9 S.U.27.7	DDs and approach in management of a	<b>Yes/No</b>	<b>Yes/No/NA</b>

**DRAFT**

		case of Lymphadenopathy		
	S.U. 9 S.U. 24 SU28.12	DDs and approach in management of a case of obstructive jaundice	<b>Yes/No</b>	<b>Yes/No/NA</b>
<b>SIGNATURE of Unit Chief</b>	<b>COMPETENCY No:</b>	<b>COMPETENCY</b>	<b>Whether achieved or not</b>	<b>SIGNATURE of Faculty</b> <b>If not achieved remedial measures given</b>
<b>DATE</b>			<b>Yes/No</b>	<b>Yes/No/NA</b>
			<b>Yes/No</b>	<b>Yes/No/NA</b>
			<b>Yes/No</b>	<b>Yes/No/NA</b>
			<b>Yes/No</b>	<b>Yes/No/NA</b>
			<b>Yes/No</b>	<b>Yes/No/NA</b>
			<b>Yes/No</b>	<b>Yes/No/NA</b>
			<b>Yes/No</b>	<b>Yes/No/NA</b>
			<b>Yes/No</b>	<b>Yes/No/NA</b>
			<b>Yes/No</b>	<b>Yes/No/NA</b>

DRAFT

			Yes/No	Yes/No/NA
SIGNATURE of Unit Chief			SIGNATURE of Faculty	

**Seminar / Tutorial topics/ small group discussions – Phase II** From \_\_\_\_\_ to \_\_\_\_\_

DATE	COMP ETENC Y No:	COMPETENCY	Whether achieved or not	If not achieved remedial measures given
	S.U. 15	Biohazard disposal	Yes/No	Yes/No/NA
	S.U. 5	Wound healing and wound care	Yes/No	Yes/No/NA
	S.U. 6	Surgical infections	Yes/No	Yes/No/NA
	S.U.7	Surgical Audit and Research	Yes/No	Yes/No/NA

DRAFT

	S.U. 8	Ethics	Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
<b>SIGNATURE of Unit Chief</b>			<b>SIGNATURE of Faculty</b>	

DRAFT

**REFLECTION ON SMALL GROUP DISCUSSION**

<b>Sl. No</b> •	<b>Topic</b>	<b>Date</b>

DRAFT

**SIGNATURE**                      **of**                      **Unit**                      **Chief**  
**SIGNATURE of Faculty**

DRAFT

<b>Sl. No.</b> .	<b>Topic</b>	<b>Date</b>

**SIGNATURE**

**of**

**Unit**

**Chief**

DRAFT

Seminar / Tutorial topics/ small group discussions- Phase III Part 1  
From \_\_\_\_\_ to \_\_\_\_\_



DRAFT

DATE	COMP E T E N C Y	COMPETENCY	Whether achieved or not	If not achieved remedial measures If not achieved remedial measures given
	S.U.28.6	Management of Upper GI bleed ATLS principles, Primary Survey, Secondary Survey	Yes/No	Yes/No/NA
	S.U.28.14	Management of Lower GI bleed	Yes/No	Yes/No/NA
	S.U.28.3	Head injury	Yes/No	Yes/No/NA
	S.U.28.15	Management of RIF pain and evaluation Facial injury	Yes/No Yes/No	Yes/No/NA Yes/No/NA
	S.U.27.2	Management of Acute limb ischemia Chest injury	Yes/No Yes/No	Yes/No/NA Yes/No/NA
	S.U.29.5 S.U.29.7	Management of Ureter, spleen and kidney, Urinary retention. Pancreas	Yes/No Yes/No	Yes/No/NA Yes/No/NA
	S.U. 27.6	Extremity trauma Management of Deep vein thrombosis Gas Gangrene, Compartment syndrome,	Yes/No Yes/No	Yes/No/NA Yes/No/NA
	S.U.28.13	Crush Syndrome		
	S.U.28.14	Intestinal obstruction Burns – Burns management, PIV access, Fluid Management, Assessment of Urgent	Yes/No	Yes/No/NA
	S.U.30.3	Artery, Treatment of burn wound	Yes/No	Yes/No/NA
	OR 1	Frost bite & NonThermal burns Replantation and revascularisation principles	Yes/No Yes/No	Yes/No/NA Yes/No/NA
	S.U.28.10	Management of Acute peritonitis Segmental Anatomy of Liver	Yes/No Yes/No	Yes/No/NA Yes/No/NA
	SU24.1	Management of Acute pancreatitis	Yes/No	Yes/No/NA

**SIGNATURE of Unit Chief**

**SIGNATURE of Faculty**

DRAFT

SIGNATURE of Unit Chief	SIGNATURE of Faculty
-------------------------	----------------------

Seminar / Tutorial topics/ small group discussions- Phase III Part 1

DATE	COMP ETENC Y No:	COMPETENCY	Whether achieved or not	If not achieved remedial measures given
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA

DRAFT

			<b>Yes/No</b>	<b>Yes/No/NA</b>
			<b>Yes/No</b>	<b>Yes/No/NA</b>
<b>SIGNATURE of Unit Chief</b>			<b>SIGNATURE of Faculty</b>	

DRAFT

**REFLECTION ON SMALL GROUP DISCUSSION**

<b>Sl. No .</b>	<b>Topic</b>	<b>Date</b>

**DRAFT**


**SIGNATURE of Unit Chief**

**SIGNATURE of**



DRAFT


**SIGNATURE of Unit Chief**

**SIGNATURE of**

**Seminar / Tutorial topics/ small group discussions –**

**Phase III Part 2 From \_\_\_\_\_ to \_\_\_\_\_**

DATE	COMPETENCY No:	COMPETENCY	Whether achieved or not	If not achieved remedial measures given
	S.U.11.5	Enumerate the indications and principles of day case and fast track Surgery	Yes/No	Yes/No/NA
	S.U.11.7	Describe Principles of safe General Surgery	Yes/No	Yes/No/NA
	S.U.11.9	Fever in postoperative patient	Yes/No	Yes/No/NA
	S.U.12.1	Enumerate the causes and consequences of malnutrition in the surgical patient	Yes/No	Yes/No/NA
	S.U.12.2	Describe and discuss the methods of estimation and replacement of the fluid and electrolyte requirements in the surgical patient	Yes/No	Yes/No/NA
	S.U.12.3	Discuss the nutritional requirements of surgical patients, the methods of providing nutritional support and their	Yes/No	Yes/No/NA



DRAFT

		complications		
	S.U. 13	Transplantation	Yes/No	Yes/No/NA
	S.U. 19	Developmental anomalies of face, mouth and jaws	Yes/No	Yes/No/NA
	S.U. 23	Adrenal tumors	Yes/No	Yes/No/NA

SIGNATURE of

SIGNATURE of

Seminar / Tutorial topics/ small group discussions –

Phase III Part 2 From \_\_\_\_\_ to \_\_\_\_\_

DATE	COMPETENCY No:	COMPETENCY	Whether achieved or not	If not achieved remedial measures given
	S.U. 26.1	Outline the role of surgery in the management of coronary heart disease, valvular heart diseases and congenital heart diseases	Yes/No	Yes/No/NA
	S.U. 26.3	Describe the clinical features of mediastinal diseases and the principles of management	Yes/No	Yes/No/NA
	S.U. 26.4	Describe the etiology, pathogenesis, clinical features of tumors of	Yes/No	Yes/No/NA

DRAFT

		lung and the principles of management		
	S.U. 24	Clinical features and management of pancreatic endocrine tumours	Yes/No	Yes/No/NA
		Hydrocephalus, Brain tumors	Yes/No	Yes/No/NA
	S.U. 9.2	MEN - Multiple Endocrine Neoplasia	Yes/No	Yes/No/NA
	S.U. 28.6	Esophagus	Yes/No	Yes/No/NA
	S.U. 27.7 S.U. 28	GIST, Gastric Lymphoma, Gastric volvulus	Yes/No	Yes/No/NA

SIGNATURE of

SIGNATURE of

**REFLECTION ON SMALL GROUP DISCUSSION**

Sl. No	Topic	Date

**SIGNATURE of Unit**

**SIGNATURE of**



<b>Sl. No</b> .	<b>Topic</b>	<b>Date</b>

--	--	--

**SIGNATURE of Unit**

**SIGNATURE of**

Bed side clinic, DOAP session – Phase II From \_\_\_\_\_ to \_\_\_\_\_

DATE	COMPETENCY No:	COMPETENCY	Whether achieved or not	If not achieved remedial measures given
	S.U. 3.2	Observe blood transfusions.	Yes/No	Yes/No/NA
	S.U. 3.4	Identification and management of blood transfusion reactions	Yes/No	Yes/No/NA
	S.U. 8.2	Demonstrate Professionalism and empathy to the patient undergoing General Surgery	Yes/No	Yes/No/NA
	S.U. 10.2	Describe the steps and obtain informed consent in a simulated environment	Yes/No	Yes/No/NA
	S.U. 25.4	Counsel the patient and obtain informed consent for treatment of malignant conditions of the breast	Yes/No	Yes/No/NA
	S.U. 25.5	Demonstrate the correct technique to palpate the breast for breast swelling in a mannequin or equivalent	Yes/No	Yes/No/NA
	S.U. 27.2	Demonstrate the correct examination of the vascular system	Yes/No	Yes/No/NA
	S.U. 28.18	Describe and demonstrate clinical examination of abdomen. Show the techniques of examination of various abdominal organs correlating with history.	Yes/No	Yes/No/NA

**SIGNATURE of Unit**

**SIGNATURE of**

Bed side clinic, DOAP session- Phase III-Part 1

From \_\_\_\_\_ to \_\_\_\_\_

DATE	COMPETENCY No:	COMPETENCY	Whether achieved or not	If not achieved remedial measures given
	S.U. 2.3	Communicate and counsel patients and families about the treatment and prognosis of shock demonstrating empathy and care.	Yes/No	Yes/No/NA
	S.U. 3.3	Counsel patients and family/ friends for blood transfusion and blood donation.	Yes/No	Yes/No/NA
<b>SIGNATURE of</b>	S.U. 9.3	Communicate the results of surgical investigations and counsel the patient appropriately	Yes/No	Yes/No/NA
	S.U. 10.3	Observe common surgical procedures and assist in minor surgical procedures;	Yes/No	Yes/No/NA
	S.U.10.3	Observe emergency lifesaving surgical procedures	Yes/No	Yes/No/NA
	S.U. 14.4	Demonstrate the techniques of asepsis and suturing in a simulated environment	Yes/No	Yes/No/NA



	S.U. 28.18	Describe and demonstrate clinical examination of abdomen. Show the techniques of examination of various abdominal organs correlating with history. Order relevant investigations. Describe and discuss appropriate treatment plan	<b>Yes/No</b>	<b>Yes/No/NA</b>
--	------------	---	---------------	------------------

**SIGNATURE of Unit**

**SIGNATURE of**

Bed side clinic, DOAP session- Phase III-Part 2 From \_\_\_\_\_ to \_\_\_\_\_

<b>DATE</b>	<b>COMPETENCY No:</b>	<b>COMPETENCY</b>	<b>Whether achieved or not</b>	<b>If not achieved remedial measures given</b>
	S.U. 11.2	Documentation – Pre op orders, post op orders, clinical/ procedural notes, progress notes, consent, refusal of treatment, interdepartmental consultations	<b>Yes/No</b>	<b>Yes/No/NA</b>
	S.U. 11.8	Basics of mechanical ventilation and critical care in postoperative patient	<b>Yes/No</b>	<b>Yes/No/NA</b>
	S.U. 16.1	Minimally invasive General Surgery	<b>Yes/No</b>	<b>Yes/No/NA</b>

	S.U. 27.2	Enumerate and describe the investigation of vascular disease	Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA

**SIGNATURE of Unit**

**SIGNATURE of**

**Skills lab- Phase II** From \_\_\_\_\_ to \_\_\_\_\_

	<b>COMP</b>		<b>Whether</b>	<b>If not achieved remedial</b>
--	-------------	--	----------------	---------------------------------

DATE	ETENCY No:	COMPETENCY	achieved or not	measures given
	S.U.10.4 S.U. 17.1	Principles of first aid	Yes/No	Yes/No/NA
	S.U.10.4 S.U. 17.2	BLS / transportation	Yes/No	Yes/No/NA
	S.U. 11.4 S.U. 17.10	Demonstrate maintenance of an airway in a mannequin or equivalent	Yes/No	Yes/No/NA
	S.U. 25.5	Demonstrate the correct technique to palpate the breast for breast swelling in a mannequin or equivalent	Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA

**Skills lab– Phase III Part 1** From \_\_\_\_\_ to \_\_\_\_\_

DATE	COMPETENCY No:	COMPETENCY	Whether achieved or not	If not achieved remedial measures given
	S.U. 10.4	Perform basic surgical Skills such as First aid including suturing and minor surgical procedures in simulated environment	Yes/No	Yes/No/NA
	S.U.10.4 S.U. 17.10	ICD TUBE insertion	Yes/No	Yes/No/NA
	S.U.10.4	Vensection	Yes/No	Yes/No/NA
	S.U.10.4 S.U.17.10	Flail chest management	Yes/No	Yes/No/NA
	S.U. 14	Basic surgical skills	Yes/No	Yes/No/NA
	S.U. 29.10	Demonstrate a digital rectal examination of the prostate in a mannequin or equivalent	Yes/No	Yes/No/NA
	S.U. 29.7	Urinary catheterization – Male	Yes/No	Yes/No/NA

	S.U. 29.7	Urinary catheterization – Female	Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA

SIGNATURE of Unit  
Chief

SIGNATURE of  
\_\_\_\_\_

**Skills lab– Phase III Part 2** From \_\_\_\_\_ to \_\_\_\_\_

DATE	COMP ETENC Y No:	COMPETENCY	Whether achieved or not	If not achieved remedial measures given
	S.U. 12.3	Ryles tube insertion	Yes/No	Yes/No/NA
	S.U. 17.10	Tracheostomy	Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA

			<b>Yes/No</b>	<b>Yes/No/NA</b>
			<b>Yes/No</b>	<b>Yes/No/NA</b>
			<b>Yes/No</b>	<b>Yes/No/NA</b>
			<b>Yes/No</b>	<b>Yes/No/NA</b>

**SIGNATURE of Unit**

**SIGNATURE of**

**Integration topics**

DATE	COMPETENCY No:	COMPETENCY	Whether achieved or not	If not achieved remedial measures given
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA

**SIGNATURE of Unit**

Signature

DATE	COMPETENCY No:	COMPETENCY	Whether achieved or not	If not achieved remedial measures given
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA



			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA

**SIGNATURE of Unit**  
Signature

**SIGNATURE of**  
Signature

DATE	COMPETENCY No:	COMPETENCY	Whether achieved or not	If not achieved remedial measures given
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA

			<b>Yes/No</b>	<b>Yes/No/NA</b>
			<b>Yes/No</b>	<b>Yes/No/NA</b>
			<b>Yes/No</b>	<b>Yes/No/NA</b>
			<b>Yes/No</b>	<b>Yes/No/NA</b>

**SIGNATURE of Unit**  
Chief

**SIGNATURE of**  
Unit

# ORTHOPEDICS LOGBOOK

From \_\_\_\_\_ to \_\_\_\_\_

## LOGBOOK CERTIFICATE

This is to certify that the candidate Ms/Mr .....

Roll No. .... KUHS Registration no. .... admitted in the  
 year .....in ..... has  
 undergone 10 weeks of training in Orthopedics and *has satisfactorily completed /  
 has not completed* all assignments & requirements mentioned in this logbook for  
 the MBBS course in the subject of Orthopedics during the period  
 from.....to..... .

She / He *is / is not* eligible to appear for the summative (University) assessment as  
 on the date given below.

**Signature with date**

**HEAD,**

**DEPARTMENT OF ORTHOPEDICS**

## INDEX

Serial no.	Topic	Page No
1	Ability to recognize and assess bone injuries and provide first contact care prior to appropriate referral	
2	Ability to recognize and assess dislocation and provide first contact care prior to appropriate referral	
3	Knowledge of the medico-legal aspects of trauma	
4	Ability to recognize and manage common infections of bone [osteomyelitis] in the primary care setting	
5	Ability to recognize and manage common infections of joints [infective arthritis] in the primary care setting,	
6	Recognize common congenital bone diseases and refer appropriately	
7	Recognize common metabolic bone diseases and refer appropriately	
8	Recognize common neoplastic bone diseases and refer appropriately	
9	Recognize common degenerative bone diseases and refer appropriately	
10	Recognize common	

	inflammatory bone diseases and refer appropriately	
11	Ability to perform simple orthopaedic techniques as applicable to a primary care setting,	
12	Ability to recommend rehabilitative services for common orthopaedic problems across all ages.	
13	Seminars / Small group discussions	
14	Self-directed learning	
15	Integrated sessions	
16	Remedials	
17	Reflections	

1	2	3	4	5	6	7	8
Competency addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) Meets (M) Exceeds (E) expectations	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received  Initial of learner

Ability to recognize and assess bone injuries and provide first contact care prior to appropriate referral							
--	--	--	--	--	--	--	--

1	2	3	4	5	6	7	8
Competency addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First	Rating Below (B) expectations	Decision of faculty	Initial of faculty	Feedback Received Initial



			or Only (F) Repe at (R) Rem edial (Re)	Meets (M) expect ations Exceed s (E) expect ations	Comp leted (C) Repe at (R) Reme dial (Re)	an d dat e	l of learn er
Ability to recogni ze and assess bone injuries and provide first contact care prior to appropri ate referral							

1	2	3	4	5	6	7	8
Competency addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) Meets (M) exceeds (E) expectations	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received  Initial of learner

Ability to recognize and assess bone injuries and provide first contact care prior to appropriate referral							
--	--	--	--	--	--	--	--

1	2	3	4	5	6	7	8
Competency addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) Meets (M) exceeds (E) expectations	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received  Initial of learner

Ability to recognize and assess bone injuries and provide first contact care prior to appropriate referral							
--	--	--	--	--	--	--	--

1	2	3	4	5	6	7	8
Competency addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First	Rating Below (B) expectations	Decision of faculty	Initial of faculty	Feedback Received Initial

			or Only (F) Repe at (R) Rem edial (Re)	Meets (M) expect ations Exceed s (E) expect ations	Comp leted (C) Repe at (R) Reme dial (Re)	an d dat e	l of learn er
Ability to recogni ze and assess bone injuries and provide first contact care prior to appropri ate referral							

1	2	3	4	5	6	7	8
Compe tency adres sed	Na me of Act ivit y	Date comp leted dd- mm- yyyy	Atte mpt at activ ity First or Only (F) Repe at (R) Rem edial (Re)	Rating  Below (B) expect ations Meets (M) expect ations Exceed s (E) expect ations	Decisi on of facult y  Comp leted (C) Repe at (R) Reme dial (Re)	Init ial of fac ult y an d dat e	Feed back Rece ived  Initia l of learn er

Ability to recognize and assess dislocation and provide first contact care prior to appropriate referral							
--	--	--	--	--	--	--	--



1	2	3	4	5	6	7	8
Compe tency adres sed	Na me of Act ivit y	Date comp leted dd- mm- yyyy	Atte mpt at activ ity First or Only (F) Repe at (R) Rem edial (Re)	Rating  Below (B) expect ations Meets (M) expect ations Exceed s (E) expect ations	Decisi on of facult y  Comp leted (C) Repe at (R) Reme dial (Re)	Init ial of fac ult y an d dat e	Feed back Rece ived  Initia l of learn er

Ability to recognize and assess dislocation and provide first contact care prior to appropriate referral							
--	--	--	--	--	--	--	--

1	2	3	4	5	6	7	8
Competency addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First	Rating  Below (B) expectations	Decision of faculty	Initial of faculty	Feedback Received  Initial

			or Only (F) Repe at (R) Rem edial (Re)	Meets (M) expect ations Exceed s (E) expect ations	Comp leted (C) Repe at (R) Reme dial (Re)	an d dat e	l of learn er
Ability to recogni ze and assess dislocati on and provide first contact care prior to appropr iate referral							

1	2	3	4	5	6	7	8
Competency addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) Meets (M) exceeds (E) expectations	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received  Initial of learner

Ability to recognize and assess dislocation and provide first contact care prior to appropriate referral							
--	--	--	--	--	--	--	--

1	2	3	4	5	6	7	8
Competency addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) Meets (M) exceeds (E) expectations	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received  Initial of learner

Ability to recognize and assess dislocation and provide first contact care prior to appropriate referral							
--	--	--	--	--	--	--	--

1	2	3	4	5	6	7	8
Compe tency adres sed	Na me of Act ivit y	Date comp leted dd- mm- yyyy	Atte mpt at activ ity First or Only (F) Repe at (R) Rem edial (Re)	Rating  Below (B) expect ations Meets (M) expect ations Exceed s (E) expect ations	Decisi on of facult y  Comp leted (C) Repe at (R) Reme dial (Re)	Init ial of fac ult y an d dat e	Feed back Rece ived  Initia l of learn er



Knowledge of the medico-legal aspects of trauma							
---	--	--	--	--	--	--	--

1	2	3	4	5	6	7	8
Competency addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or	Rating  Below (B) expectations Meets	Decision of faculty  Comp	Initial of faculty an	Feedback Received  Initial of

			Only (F) Repeat (R) Remedial (Re)	(M) expectations Exceeds (E) expectations	leted (C) Repeat (R) Remedial (Re)	d date	learner
Knowledge of the medico-legal aspects of trauma							

1	2	3	4	5	6	7	8
Compe tency adres sed	Na me of Act ivit y	Date comp leted dd- mm- yyyy	Atte mpt at activ ity First or Only (F) Repe at (R) Rem edial (Re)	Rating  Below (B) expect ations Meets (M) expect ations Exceed s (E) expect ations	Decisi on of facult y  Comp leted (C) Repe at (R) Reme dial (Re)	Init ial of fac ult y an d dat e	Feed back Rece ived  Initia l of learn er

Knowledge of the medico-legal aspects of trauma							
---	--	--	--	--	--	--	--

1	2	3	4	5	6	7	8
Competency addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First	Rating  Below (B) expectations	Decision of faculty	Initial of faculty	Feedback Received  Initial

			or Only (F) Repe at (R) Rem edial (Re)	Meets (M) expect ations Exceed s (E) expect ations	Comp leted (C) Repe at (R) Reme dial (Re)	an d dat e	l of learn er
Knowle dge of the medico- legal aspects of trauma							

1	2	3	4	5	6	7	8
Competency addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) Meets (M) exceeds (E) expectations	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received  Initial of learner

Knowle dge of the medico- legal aspects of trauma							
--	--	--	--	--	--	--	--

1	2	3	4	5	6	7	8
Competency addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) Meets (M) exceeds (E) expectations	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received  Initial of learner



Ability to recognize and manage common infections of bone [osteomyelitis] in the primary care setting							
---	--	--	--	--	--	--	--

1	2	3	4	5	6	7	8
Compe tency adres sed	Na me of Act ivit y	Date comp leted dd- mm- yyyy	Atte mpt at activ ity First or Only (F) Repe at (R) Rem edial (Re)	Rating  Below (B) expect ations Meets (M) expect ations Exceed s (E) expect ations	Decisi on of facult y  Comp leted (C) Repe at (R) Reme dial (Re)	Init ial of fac ult y an d dat e	Feed back Rece ived  Initia l of learn er

Ability to recognize and manage common infections of bone [osteomyelitis] in the primary care setting							
---	--	--	--	--	--	--	--

1	2	3	4	5	6	7	8
Competency addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First	Rating Below (B) expectations	Decision of faculty	Initial of faculty	Feedback Received Initial

			or Only (F) Repe at (R) Rem edial (Re)	Meets (M) expect ations Exceed s (E) expect ations	Comp leted (C) Repe at (R) Reme dial (Re)	an d dat e	l of learn er
Ability to recogniz e and manage commo n infectio ns of bone [osteom yelitis] in the primary care setting							

1	2	3	4	5	6	7	8
Compe tency addres sed	Na me of Act ivit y	Date comp leted dd- mm- yyyy	Atte mpt at activ ity First or Only (F) Repe at (R) Rem edial (Re)	Rating  Below (B) expect ations Meets (M) expect ations Exceed s (E) expect ations	Decisi on of facult y  Comp leted (C) Repe at (R) Reme dial (Re)	Init ial of fac ult y an d dat e	Feed back Rece ived  Initia l of learn er

Ability to recognize and manage common infections of bone [osteomyelitis] in the primary care setting							
---	--	--	--	--	--	--	--

1	2	3	4	5	6	7	8
Compe tency addres sed	Na me of Act ivit y	Date comp leted dd- mm- yyyy	Atte mpt at activ ity First or Only (F) Repe at (R) Rem edial (Re)	Rating  Below (B) expect ations Meets (M) expect ations Exceed s (E) expect ations	Decisi on of facult y  Comp leted (C) Repe at (R) Reme dial (Re)	Init ial of fac ult y an d dat e	Feed back Rece ived  Initia l of learn er

Ability to recognize and manage common infections of bone [osteomyelitis] in the primary care setting							
---	--	--	--	--	--	--	--



1	2	3	4	5	6	7	8
Compe tency adres sed	Na me of Acti vity	Date comp leted dd- mm- yyyy	Atte mpt at activ ity First or Only (F) Rep eat (R) Rem edial (Re)	Rating  Below (B) expect ations Meets (M) expect ations Exceed s (E) expect ations	Decisi on of facult y  Comp leted (C) Repe at (R) Reme dial (Re)	Init ial of fac ulty an d dat e	Feed back Rece ived  Initia l of learn er

Ability to recognize and manage common infections of joints [infective arthritis] in the primary care setting,							
1	2	3	4	5	6	7	8
Competency addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or	Rating Below (B) expectations Meets	Decision of faculty Comp	Initial of faculty an	Feedback Received Initial of

			Only (F) Repeat (R) Remedial (Re)	(M) expectations Exceeds (E) expectations	leted (C) Repeat (R) Remedial (Re)	d date	learner
Ability to recognize and manage common infections of joints [infective arthritis] in the primary care setting,							

1	2	3	4	5	6	7	8
Compe tency adres sed	Na me of Acti vity	Date comp leted dd- mm- yyyy	Atte mpt at activ ity First or Only (F) Rep eat (R) Rem edial (Re)	Rating  Below (B) expect ations Meets (M) expect ations Exceed s (E) expect ations	Decisi on of facult y  Comp leted (C) Repe at (R) Reme dial (Re)	Init ial of fac ulty an d dat e	Feed back Rece ived  Initia l of learn er

Ability to recognize and manage common infections of joints [infective arthritis] in the primary care setting,							
1	2	3	4	5	6	7	8
Competency addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or	Rating Below (B) expectations Meets	Decision of faculty Comp	Initial of faculty an	Feedback Received Initial of

			Only (F) Repeat (R) Remedial (Re)	(M) expectations Exceeds (E) expectations	leted (C) Repeat (R) Remedial (Re)	d date	learner
Ability to recognize and manage common infections of joints [infective arthritis] in the primary care setting,							

1	2	3	4	5	6	7	8
Compe tency addres sed	Na me of Act ivit y	Date comp leted dd- mm- yyyy	Atte mpt at activ ity First or Only (F) Repe at (R) Rem edial (Re)	Rating  Below (B) expect ations Meets (M) expect ations Exceed s (E) expect ations	Decisi on of facult y  Comp leted (C) Repe at (R) Reme dial (Re)	Init ial of fac ult y an d dat e	Feed back Rece ived  Initia l of learn er

Ability to recognize and manage common infections of joints [infective arthritis] in the primary care setting,							
--	--	--	--	--	--	--	--



1	2	3	4	5	6	7	8
Competency addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received  Initial of learner

Recognize common congenital bone diseases and refer appropriately							
---	--	--	--	--	--	--	--

1	2	3	4	5	6	7	8
Competency addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received Initial of learner

Recognize common congenital bone diseases and refer appropriately							
---	--	--	--	--	--	--	--

1	2	3	4	5	6	7	8
Compe tency adres sed	Na me of Act ivit y	Date comp leted dd- mm- yyyy	Atte mpt at activ ity First or Only (F) Repe at (R) Rem edial (Re)	Rating  Below (B) expect ations Meets (M) expect ations Exceed s (E) expect ations	Decisi on of facult y  Comp leted (C) Repe at (R) Reme dial (Re)	Init ial of fac ult y an d dat e	Feed back Rece ived  Initia l of learn er

Recognize common congenital bone diseases and refer appropriately							
---	--	--	--	--	--	--	--

1	2	3	4	5	6	7	8
Compe tency adres sed	Na me of Act ivit y	Date comp leted dd- mm- yyyy	Atte mpt at activ ity First or Only (F) Repe at (R) Rem edial (Re)	Rating  Below (B) expect ations Meets (M) expect ations Exceed s (E) expect ations	Decisi on of facult y  Comp leted (C) Repe at (R) Reme dial (Re)	Init ial of fac ult y an d dat e	Feed back Rece ived  Initia l of learn er

Recognize common congenital bone diseases and refer appropriately							
---	--	--	--	--	--	--	--

1	2	3	4	5	6	7	8
Competency addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First	Rating Below (B) expectations	Decision of faculty	Initial of faculty	Feedback Received Initial



			or Only (F) Repe at (R) Rem edial (Re)	Meets (M) expect ations Exceed s (E) expect ations	Comp leted (C) Repe at (R) Reme dial (Re)	an d dat e	l of learn er
Recogn ize commo n congeni tal bone diseases and refer appropri ately							

1	2	3	4	5	6	7	8
Competency addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity  First or Only (F) Repeat (R) Remedial (Re)	Rating  Below (B) Meets (M) exceeds (E) expectations	Decision of faculty  Completed (C) Repeat (R) Remedial (Re)	Initial of faculty  dated	Feedback Received  Initial of learner

Recognize common metabolic bone diseases and refer appropriately							
1	2	3	4	5	6	7	8
Competency Addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity Firs	Rating Below (B) expectations Meets	Decision of faculty Com	Initial of faculty	Feedback Received

			t or Onl y (F) Rep eat (R) Re me dial (Re)	(M) expect ations Excee ds (E) expect ations	plete d (C) Repe at (R) Rem edial (Re)	ty a n d d ate	Initi al of lear ner
Recognize common metabolic bone diseases and refer appropriately							

1	2	3	4	5	6	7	8
Competency addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received Initial of learner

Recognize common metabolic bone diseases and refer appropriately							
1	2	3	4	5	6	7	8
Competency Addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or	Rating Below (B) expectations Meets	Decision of faculty Comp	Initial of faculty an	Feedback Received Initial of

			Only (F) Repeat (R) Remedial (Re)	(M) expectations Exceeds (E) expectations	leted (C) Repeat (R) Remedial (Re)	d date	learner
Recognize common metabolic bone diseases and refer appropriately							

1	2	3	4	5	6	7	8
Compe tency adres sed	Na me of Acti vity	Date comp leted dd- mm- yyyy	Atte mpt at activ ity First or Only (F) Rep eat (R) Rem edial (Re)	Rating  Below (B) expect ations Meets (M) expect ations Exceed s (E) expect ations	Decisi on of facult y  Comp leted (C) Repe at (R) Reme dial (Re)	Init ial of fac ult y an d dat e	Feed back Rece ived  Initia l of learn er



Recognize common metabolic bone diseases and refer appropriately							
1	2	3	4	5	6	7	8
Competency Addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or	Rating Below (B) expectations Meets	Decision of faculty Comp	Initial of faculty an	Feedback Received Initial of

			Only (F) Repeat (R) Remedial (Re)	(M) expectations Exceeds (E) expectations	leted (C) Repeat (R) Remedial (Re)	d date	learner
Recognize common neoplastic bone diseases and refer appropriately							

1	2	3	4	5	6	7	8
Compe tency adres sed	Na me of Acti vity	Date comp leted dd- mm- yyyy	Atte mpt at activ ity First or Only (F) Rep eat (R) Rem edial (Re)	Rating  Below (B) expect ations Meets (M) expect ations Exceed s (E) expect ations	Decisi on of facult y  Comp leted (C) Repe at (R) Reme dial (Re)	Init ial of fac ult y an d dat e	Feed back Rece ived  Initia l of learn er

Recognize common neoplastic bone diseases and refer appropriately							
1	2	3	4	5	6	7	8
Competency Addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or	Rating Below (B) expectations Meets	Decision of faculty Comp	Initial of faculty an	Feedback Received Initial of

			Only (F) Repeat (R) Remedial (Re)	(M) expectations Exceeds (E) expectations	leted (C) Repeat (R) Remedial (Re)	d date	learn er
Recognize common neoplastic bone diseases and refer appropriately							

1	2	3	4	5	6	7	8
Compe tency adres sed	Na me of Acti vity	Date comp leted dd- mm- yyyy	Atte mpt at activ ity First or Only (F) Rep eat (R) Rem edial (Re)	Rating  Below (B) expect ations Meets (M) expect ations Exceed s (E) expect ations	Decisi on of facult y  Comp leted (C) Repe at (R) Reme dial (Re)	Init ial of fac ult y an d dat e	Feed back Rece ived  Initia l of learn er

Recognize common neoplastic bone diseases and refer appropriately							
1	2	3	4	5	6	7	8
Competency Addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or	Rating Below (B) expectations Meets	Decision of faculty Comp	Initial of faculty an	Feedback Received Initial of

			Only (F) Repeat (R) Remedial (Re)	(M) expectations Exceeds (E) expectations	leted (C) Repeat (R) Remedial (Re)	d date	learner
Recognize common neoplastic bone diseases and refer appropriately							



1	2	3	4	5	6	7	8
Compe tency adres sed	Na me of Acti vity	Date comp leted dd- mm- yyyy	Atte mpt at activ ity First or Only (F) Rep eat (R) Rem edial (Re)	Rating  Below (B) expect ations Meets (M) expect ations Exceed s (E) expect ations	Decisi on of facult y  Comp leted (C) Repe at (R) Reme dial (Re)	Init ial of fac ulty an d dat e	Feed back Rece ived  Initia l of learn er

Recognize common degenerative bone diseases and refer appropriately							
1	2	3	4	5	6	7	8
Competency Addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or	Rating Below (B) expectations Meets	Decision of faculty Comp	Initial of faculty an	Feedback Received Initial of

			Only (F) Repeat (R) Remedial (Re)	(M) expectations Exceeds (E) expectations	leted (C) Repeat (R) Remedial (Re)	d date	learner
Recognize common degenerative bone diseases and refer appropriately							

1	2	3	4	5	6	7	8
Compe tency adres sed	Na me of Acti vity	Date comp leted dd- mm- yyyy	Atte mpt at activ ity First or Only (F) Rep eat (R) Rem edial (Re)	Rating  Below (B) expect ations Meets (M) expect ations Exceed s (E) expect ations	Decisi on of facult y  Comp leted (C) Repe at (R) Reme dial (Re)	Init ial of fac ulty an d dat e	Feed back Rece ived  Initia l of learn er

Recognize common degenerative bone diseases and refer appropriately							
1	2	3	4	5	6	7	8
Competency Addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or	Rating Below (B) expectations Meets	Decision of faculty Comp	Initial of faculty an	Feedback Received Initial of

			Only (F) Repeat (R) Remedial (Re)	(M) expectations Exceeds (E) expectations	leted (C) Repeat (R) Remedial (Re)	d date	learn er
Recognize common degenerative bone diseases and refer appropriately							

1	2	3	4	5	6	7	8
Competency Addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating  Below (B) expectations Meets (M) expectations Exceeds (E) expectations	Decision of faculty  Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received  Initial of learner

Recognize common degenerative bone diseases and refer appropriately							
---	--	--	--	--	--	--	--

\*

1	2	3	4	5	6	7	8
Competency Addressed	Name of Activity	Date completed dd-mm-	Attempt at activity	Rating Below (B) expect	Decision of faculty	Initial of faculty	Feedback Received



	y	yyyy	First or Only (F) Repe at (R) Rem edial (Re)	ations Meets (M) expect ations Exceed s (E) expect ations	Comp leted (C) Repe at (R) Reme dial (Re)	y an d dat e	Initia l of learn er
Recogni ze commo n inflamm atory bone diseases and refer appropri ately							

1	2	3	4	5	6	7	8
Compe tency Addres sed	Na me of Act ivit y	Date comp leted dd- mm- yyyy	Atte mpt at activ ity First or Only (F) Repe at (R) Rem edial (Re)	Rating  Below (B) expect ations Meets (M) expect ations Exceed s (E) expect ations	Decisi on of facult y  Comp leted (C) Repe at (R) Reme dial (Re)	Init ial of fac ult y an d dat e	Feed back Rece ived  Initia l of learn er

Recognize common inflammatory bone diseases and refer appropriately							
---	--	--	--	--	--	--	--

1	2	3	4	5	6	7	8
Competency Addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating  Below (B) expectations Meets (M) expectations Exceeds (E) expectations	Decision of faculty  Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received  Initial of learner

Recognize common inflammatory bone diseases and refer appropriately							
---	--	--	--	--	--	--	--

1	2	3	4	5	6	7	8
Competency Addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating  Below (B) expectations Meets (M) expectations Exceeds (E) expectations	Decision of faculty  Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received  Initial of learner

Recognize common inflammatory bone diseases and refer appropriately							
---	--	--	--	--	--	--	--

1	2	3	4	5	6	7	8
Competency Addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating  Below (B) expectations Meets (M) expectations Exceeds (E) expectations	Decision of faculty  Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received  Initial of learner



Recognize common inflammatory bone diseases and refer appropriately							
---	--	--	--	--	--	--	--

1	2	3	4	5	6	7	8
Competency Addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating  Below (B) expectations Meets (M) expectations Exceeds (E) expectations	Decision of faculty  Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received  Initial of learner

Ability to perform simple orthopaedic techniques as applicable to a primary care setting,							
---	--	--	--	--	--	--	--

1	2	3	4	5	6	7	8
Competency Addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First	Rating  Below (B) expectations	Decision of faculty	Initial of faculty	Feedback Received  Initial

			or Only (F) Repe at (R) Rem edial (Re)	Meets (M) expect ations Exceed s (E) expect ations	Comp leted (C) Repe at (R) Reme dial (Re)	an d dat e	l of learn er
Ability to perform simple orthopa edic techniq ues as applica ble to a primary care setting,							

1	2	3	4	5	6	7	8
Competency Addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating  Below (B) expectations Meets (M) expectations Exceeds (E) expectations	Decision of faculty  Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received  Initial of learner

Ability to perform simple orthopaedic techniques as applicable to a primary care setting,							
---	--	--	--	--	--	--	--

1	2	3	4	5	6	7	8
Competency Addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only	Rating Below (B) expectations Meets (M)	Decision of faculty Completed	Initial of faculty and	Feedback Received Initial of learn

			(F) Repeat (R) Remedial (Re)	expectations Exceeds (E) expectations	(C) Repeat (R) Remedial (Re)	date	er
Ability to perform simple orthopaedic techniques as applicable to a primary care setting,							

1	2	3	4	5	6	7	8
Competency Addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating  Below (B) expectations Meets (M) expectations Exceeds (E) expectations	Decision of faculty  Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received  Initial of learner



Ability to perform simple orthopaedic techniques as applicable to a primary care setting,							
---	--	--	--	--	--	--	--

1	2	3	4	5	6	7	8
Competency Addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only	Rating Below (B) expectations Meets (M)	Decision of faculty Completed	Initial of faculty and	Feedback Received Initial of learn

			(F) Repe at (R) Rem edial (Re)	expect ations Exceed s (E) expect ations	(C) Repe at (R) Reme dial (Re)	dat e	er
Ability to recomm end rehabilit ative services for commo n orthopa edic proble ms across all ages.							

1	2	3	4	5	6	7	8
Competency Addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating  Below (B) expectations Meets (M) expectations Exceeds (E) expectations	Decision of faculty  Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received  Initial of learner

Ability to recommend rehabilitative services for common orthopaedic problems across all ages.							
---	--	--	--	--	--	--	--

1	2	3	4	5	6	7	8
Competency Addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First	Rating  Below (B) expectations	Decision of faculty	Initial of faculty	Feedback Received  Initial

			or Only (F) Repe at (R) Rem edial (Re)	Meets (M) expect ations Exceed s (E) expect ations	Comp leted (C) Repe at (R) Reme dial (Re)	an d dat e	l of learn er
Ability to recomm end rehabilit ative services for commo n orthopa edic proble ms across all ages.							

1	2	3	4	5	6	7	8
Competency Addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating  Below (B) expectations Meets (M) expectations Exceeds (E) expectations	Decision of faculty  Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received  Initial of learner

Ability to recommend rehabilitative services for common orthopaedic problems across all ages.							
---	--	--	--	--	--	--	--

1	2	3	4	5	6	7	8
Competency Addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only	Rating Below (B) expectations Meets (M)	Decision of faculty Completed	Initial of faculty and	Feedback Received Initial of learn

			(F) Repe at (R) Rem edial (Re)	expect ations Exceed s (E) expect ations	(C) Repe at (R) Reme dial (Re)	dat e	er
Ability to recomm end rehabilit ative services for commo n orthopa edic proble ms across all ages.							

1	2	3	4	5	6	7	8
Compe	Na	Date	Atte	Rating	Decisi	Init	Feed



tency addres sed	me of Act ivit y	comp leted dd- mm- yyyy	mpt at activ ity First or Only (F) Repe at (R) Rem edial (Re)	Below (B) expect ations Meets (M) expect ations Exceed s (E) expect ations	on of facult y  Comp leted (C) Repe at (R) Reme dial (Re)	ial of facult y and date	back Rece ived  Initia l of learn er
------------------------	------------------------------	-------------------------------------	--	---	--	---	---

--	--	--	--	--	--	--	--

1	2	3	4	5	6	7	8
Compe tency adres sed	Na me of Act ivit y	Date comp leted dd- mm- yyyy	Atte mpt at activ ity First	Rating  Below (B) expect ations	Decisi on of facult y	Init ial of fac ult y	Feed back Rece ived  Initia

			or Only (F) Repe at (R) Rem edial (Re)	Meets (M) expect ations Exceed s (E) expect ations	Comp leted (C) Repe at (R) Reme dial (Re)	an d dat e	l of learn er

1	2	3	4	5	6	7	8
Compe tency adres sed	Na me of Act ivit y	Date comp leted dd- mm- yyyy	Atte mpt at activ ity First or Only (F) Repe at (R) Rem edial (Re)	Rating  Below (B) expect ations Meets (M) expect ations Exceed s (E) expect ations	Decisi on of facult y  Comp leted (C) Repe at (R) Reme dial (Re)	Init ial of fac ult y an d dat e	Feed back Rece ived  Initia l of learn er

--	--	--	--	--	--	--	--











## SELF- DIRECTED LEARNING

S. N O .	DAT E	TOPIC	NAME OF FACUL TY	SIGN. OF FACU LTY

## SELF- DIRECTED LEARNING

S. N O .	DAT E	TOPIC	NAME OF FACUL TY	SIGN. OF FACU LTY
-------------------	----------	-------	---------------------------	----------------------------


## INTEGRATED SESSIONS

S . N C .	DATE	TOPIC	INTE GRA TED DEP ART ME NT	FACU LTY NAM E FROM EACH DEPA RTME NT	SIGN. OF EACH FACU LTY	PR ESE NT ED OR PA RTI CIP AT ED







## REMEDIALS

S.No.	Item/ Competency/Skill	Date	Signature of Faculty

## REFLECTIONS

## **REFLECTIONS**



**PHYSICAL MEDICINE AND REHABILITATION****LOGBOOK CERTIFICATE**

This is to certify that the candidate Ms/Mr .....  
Roll No. .... KUHS Registration no. .... admitted in  
the year .....in ..... has  
undergone 1 week of training in Physical Medicine & Rehabilitation and *has  
satisfactorily completed / has not completed* all assignments & requirements  
mentioned in this logbook for the MBBS course in the subject of Physical  
Medicine & Rehabilitation during the period from.....to..... .

She / He *is / is not* eligible to appear for the summative (University) assessment  
as on the date given below.

**Signature with date**

**HEAD,**

**DEPARTMENT OF PHYSICAL MEDICINE & REHABILITATION**

**LIST OF ACTIVITIES**

• Name----- Batch-----Roll no-----  
-----

N C	COM PETE NCY	P H A S E	NAME OF ACTIVI TY	DAT E dd/ mm /yyy y	AT TE M PT F/ R/ Re F- FI RS T R- RE PE AT Re - Re m ed ial	RATI NG B/M /E B- belo w/ M- Mee ts/ E- exce eds/ EXPE CTAT ION	DE CISI ON OF FA CU LTY C/R /Re C- Co mp let ed R- rep eat Re- re me dial	SIG NA TU RE OF FAC ULT Y ME MB ER
1	P.M 4.5	II	ESTIM ATION OF MUSCL E STREN GTH					
2	P.M	II	DETER					

	<b>3.4</b>		<b>MINAT ION OF MUSCL E TONE</b>					
<b>3</b>	<b>P.M 4.5</b>	<b>II</b>	<b>MEASU REMEN T OF RANGE OF MOTIO N</b>					
<b>4</b>	<b>P.M 6.1</b>	<b>II I- P A R T 1</b>	<b>EXAMI NATIO N OF PERIPH ERAL NERVE S</b>					
<b>5</b>	<b>P.M 7.1</b>	<b>II I- P A R T 1</b>	<b>DETER MINAT ION OF NLI IN SPINAL CORD INJURY AS PER ASIA CRITER IA</b>					
<b>6</b>	<b>P.M 7.2</b>	<b>II I- P A R T 1</b>	<b>DEMONST RATION OF TRANSFER ACTIVITY IN SCI WITH ARTICULA TED</b>	<b>dd/</b>	<b>AT</b>	<b>RATI</b>	<b>DE</b>	<b>SIG</b>
<b>N</b>								

C	COM PETE NCY	P H A S E	MANNEQ UIN ACTIVITY	mm /yyy y	TE M PT F/ R/ Re	NG B/M /E	CISI ON OF FA CU LTY C/R /Re	NA TU RE OF FAC ULT Y ME MB ER
7	P.M 2.4	II I- P A R T 2	COMM UNICA TION SKILL- EXPLA NATIO N OF IMPAC T OF COMO RMIDIT IES IN STROK E REHAB					
8	P.M 3.5	II I- P A R T 2	NERVE BLOCK S WITH MANN EQUIN S					
9	P.M 4.3	II I- P A R T	INTRA ARTICU LAR INJECTI ON WITH					

		2	MANN EQUIN					
1 0	P.M 5.4	II I- P A R T 2	SELECTION OF CORRECT PROSTHESIS FOR COMMON AMPUTATIONS					

DATE

SEAL

SIGNATURE OF HEAD OF THE DEPARTMENT

# ANAESTHESIOLOGY LOG BOOK

LOGBOOK CERTIFICATE

This is to certify that the candidate Ms/Mr .....  
 Roll No. .... KUHS Registration no. .... admitted in  
 the year .....in ..... has  
 undergone 1 week of training in Anaesthesiology and *has satisfactorily  
 completed / has not completed* all assignments & requirements mentioned in  
 this logbook for the MBBS course in the subject of Anaesthesiology during the  
 period from.....to..... .

She / He *is / is not* eligible to appear for the summative (University) assessment  
 as on the date given below.

**Signature with date**

**HEAD,**

**DEPARTMENT OF ANAESTHESIOLOGY**

### INDEX

S.No	Item	Page No.
1	Academic sessions attended	
2	Daily activity record Pre anaesthetic evaluation	
3	General Anaesthesia	

4	Regional Anaesthesia	
5	AICU	
6	Skills	

**ACADEMIC SESSIONS ATTENDED DURING POSTING**

PHASE 3 PART 1 From \_\_\_\_\_ to \_\_\_\_\_

SL NO:	TOPIC	Name of faculty/ JR


## **DAILY ACTIVITY RECORD**

### **PRE ANAESTHETIC EVALUATION**

S I N O	Name of Patient	A g e	Procedur e planned	Histor y taking	Clinical examinati on	Interpretation of Investigations



:		e x				

D - Done by self, O – Observed N- No participation

### **GENERAL ANAESTHESIA**

Sl No :	Name of Patient	Age Sex	Procedure planned	Bag mask ventilation	Intubation	Remarks
---------	-----------------	------------	-------------------	----------------------	------------	---------


D - Done by self, O – Observed N- No participation

Sl No :	Name of Patient	Age Sex	Procedure planned	Block performed	Drugs used & Volume	Remarks

### REGIONAL ANAESTHESIA

D - Done by self

O – Observed

N- No participation

## AICU

Sl No :	Name of Patient	Age Sex	Procedure performed	Type of anesthesia	Respiratory Support	Hemodynamic support-Drug & dose	Remarks

Ventilator support : V- CMV, V-PSV, V-CPAP

O2 Mask:- S- Simple, Vr- Venturi, T- Tpiece

Inotropes- D—Dopamine, NA- Noradrenaline,  
A- Adrenaline, Db – Dobutamine

## SKILLS ACQUIRED DURING POSTING

IV Canulation	Bag & Mask Ventilation	CPR- BLS	Hemodynamic Resuscitation	Others

Signature of HOD

Date

**DENTISTRY**

## LOGBOOK CERTIFICATE

This is to certify that the candidate Ms/Mr .....  
 Roll No. .... KUHS Registration no. .... admitted in  
 the year .....in ..... has  
 undergone 1 week of training in Dentistry and *has satisfactorily completed / has  
 not completed* all assignments & requirements mentioned in this logbook for the  
 MBBS course in the subject of Dentistry during the period  
 from.....to..... .

She / He *is / is not* eligible to appear for the summative (University) assessment  
 as on the date given below.

**Signature with date**

**HEAD,**

**DEPARTMENT OF DENTISTRY**

### INDEX

S.No	Item	Page No.
1	Conservative dentistry & Endodontics	
2	Prosthodontics	
3	Orthodontics	
4	Oral Medicine & Radiology	
5	Periodontics	
6	Pedodontics	
7	Oral & Maxillofacial Surgery	
8	Oral Pathology	

Number	COMPETENCY The student should be able to	Suggested Teaching Learning method	Suggested Assessment method
<b>Topic: Dental Caries</b> Number of competencies: (05)      Number of procedures that require certification (NIL)			
DE1.1	Enumerate the parts of the tooth	Lecture, Small group discussion	Viva voce
DE1.2	Discuss the role of causative microorganisms in the aetiopathogenesis of dental caries	Lecture, Small group discussion	Viva voce

**I. DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS**

DE1.3	Identify Dental caries	Observation, Bed side clinics	Skill assessment
DE1.4	Discuss the role of dental caries as a focus of sepsis	Lecture, Small group discussion	Viva voce
DE1.5	Counsel patients with respect to oral hygiene, diet and the direct bearing on systemic health	DOAP session	Document in Log book

No.	Date	Name of Patient and O.P.No.	Treatment Done	Assessment	Sign





Mr/Ms.....

has worked in the Department of.....

From.....to.....

.

Signature of HOD;

Name:

Date:

**II. DEPARTMENT OF PROSTHODONTICS**

Number	COMPETENCY The student should be able to	Suggested Teaching Learning method	Suggested Assessment method
Topic:EdentulousstateNumberofcompetencies:(05)      Numberofprocedureshatrequirecertification(NIL)			
DE2.1	Discuss the various causes for partial /complete loss of teeth and associated structures	Lecture, Small group discussion	Viva voce
DE2.2	Discuss the local and systemic sequelae of the above	Lecture, Small group discussion	Viva voce
DE2.3	Identify complete complement of teeth and identify missing teeth	Observation, Bed side clinics	Skill assessment
DE2.4	Enumerate common ways of restoring the edentulous state	Lecture, Small group discussion	Viva voce
DE2.5	Counsel patients on the importance of restoring missing teeth/tissues with respect to the benefits on oral and systemic health.	DOAP session	Document in Log book




CERTIFICATE

Mr/Ms.....

has worked in the Department of.....

From.....to.....

.

Signature of HOD;

Name:

Date:

### III. DEPARTMENT OF ORTHODONTICS

Number	COMPETENCY The student should be able to	Suggested Teaching Learning method	Suggested Assessment method
Topic: Malocclusion      Number of competencies: (04)      Number of procedures that require certification (NIL)			
DE3.1	Aware of malocclusion and the tissues that cause it	Lecture, Small group discussion	Viva voce
DE3.2	Enumerate the impact of malocclusion on aesthetics, health	Lecture, Small group discussion	Viva voce
DE3.3	Identify malocclusion	Observation, Bedside clinics	Skill assessment
DE3.4	Counsel patients with respect to correction of malocclusion and the role it might have on oral health specifically on the TMJ	DOAP session	Document in Log book




CERTIFICATE

Mr/Ms.....

has worked in the Department of.....

From.....to.....

.

Signature of HOD; Name:

Date:

#### IV. DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

Number	COMPETENCY The student should be able to	Suggested Teaching Learning method	Suggested Assessment method
Topic: Oral cancer      Number of competencies: (04)      Number of procedures that require certification (NIL)			
DE4.1	Discuss the prevalence of oral cancer and enumerate the common types of cancer that can affect tissues of the oral cavity	Lecture, Small group discussion	Viva voce



DE4.2	Discuss the role of etiological factors in the formation of precancerous /cancerous lesions	Lecture, Small group discussion	Viva voce
DE4.3	Identify potential pre-cancerous /cancerous lesions	Observation, Bed side clinics	Skill assessment
DE4.4	Counsel patients to risks of oral cancer with respect to tobacco, smoking, alcohol and other causative factors.	DOAP session	Document in Log book

No.	Date	Name of Patient and O.P.No.	Treatment Done	Assessment	Sign


CERTIFICATE

Mr/Ms.....

hasworkedinthedepartmentof.....

From.....to.....

.

SignatureofHOD;

Name:

Date:

## V. DEPARTMENT OF PERIODONTICS

Number	COMPETENCY The student should be able to	Suggested Teaching Learning method	Suggested Assessment method
Topic:Periodontaldisease    Numberofcompetencies:(05)    Numberofprocedureshatrequirecertification(NIL)			
DE5.1	Enumerate the parts of the tooth and supporting structures	Lecture, Small group discussion	Viva voce
DE5.2	Enumerate the common diseases that affect the periodontium and identify local and systemic causative factors	Lecture, Small group discussion	Viva voce
DE5.3	Identify Periodontal disease	Observation, Bedside clinics	Skill assessment
DE5.4	Discuss the role of Periodontal disease as a focus of sepsis	Lecture, Small group discussion	Viva voce
DE5.5	Counsel patients with respect to oral hygiene, diet and the direct bearing on systemic health and vice versa	DOAP session	Document in Log book




CERTIFICATE

Mr/Ms.....

has worked in the Department of.....

From.....to.....

.

Signature of HOD;

Name:

Date:

<b>Number</b>	<b>COMPETENCY</b> The student should be able to	<b>Suggested Teaching Learning method</b>	<b>Suggested Assessment method</b>
---------------	--	---	------------------------------------

**VI. DEPARTMENT OF PEDODONTICS**

<b>Topic: Dental Caries</b>		<b>Number of competencies: (05)</b>	<b>Number of procedures that require certification (NIL)</b>
DE6.1	Enumerate the parts of the tooth	Lecture, Small group discussion	Viva voce
DE6.2	Discuss the role of causative microorganisms in the aetio- pathogenesis of dental caries	Lecture, Small group discussion	Viva voce
DE6.3	Identify Dental caries	Observation, Bed side clinics	Skill assessment
DE6.4	Discuss the role of dental caries as a focus of sepsis	Lecture, Small group discussion	Viva voce
DE6.5	Counsel patients with respect to oral hygiene, diet and the direct bearing on systemic health	DOAP session	Document in Log book





CERTIFICATE

Mr/Ms.....

has worked in the Department of.....

From..... to.....

.

Signature of HOD;

Name:

Date:

## VII. DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

Number	COMPETENCY The student should be able to	Suggested Teaching Learning method	Suggested Assessment method
Topic:Oralcancer      Numberofcompetencies:(06)      Numberofprocedureshatrequirecertification(NIL)			
DE7.1	Discuss the prevalence of oral cancer and enumerate the common types of cancer that can affect tissues of the oral cavity	Lecture, Small group discussion	Viva voce
DE7.2	Discuss the role of etiological factors in the formation of precancerous /cancerous lesions	Lecture, Small group discussion	Viva voce
DE7.3	Identify potential pre-cancerous /cancerous lesions	Observation, Bed side clinics	Skill assessment
DE7.4	Counsel patients to risks of oral cancer with respect to tobacco, smoking, alcohol and other causative factors.	DOAP session	Document in Log book
DE7.5	Discuss the role of dental caries as a focus of sepsis	Lecture, Small group discussion	Viva voce
DE7.6	Counsel patients with respect to correction of malocclusion and the role it might have on oral health specifically on the TMJ	DOAP session	Document in Log book




CERTIFICATE

Mr/Ms.....

has worked in the Department of.....

From.....to.....

.

Signature of HOD;

Name:

Date:

**VIII. DEPARTMENT OF ORAL PATHOLOGY**

<b>Number</b>	<b>COMPETENCY</b> <b>The student should be able to</b>	<b>Suggested Teaching Learning method</b>	<b>Suggested Assessment method</b>
<b>Topic: Pathology</b>			
PA24.1	Describe the etiology, pathogenesis, pathology and clinical features of oral cancers	Lecture, Small group discussion	Written/Viva voce




CERTIFICATE

Mr/Ms.....

hasworkedintheDepartmentof.....

From.....to.....

.



Signature of HOD;

Name:

Date:

**END POSTING**

An evaluation on subject knowledge of various branches of dentistry by an MCQ examination of 1 hour duration.

# RADIODIAGNOSIS LOGBOOK

## LOGBOOK CERTIFICATE

This is to certify that the candidate Ms/Mr .....  
Roll No. .... KUHS Registration no. .... admitted in  
the year .....in ..... has  
undergone 2 weeks of training in Radiodiagnosis and *has satisfactorily  
completed / has not completed* all assignments & requirements mentioned in  
this logbook for the MBBS course in the subject of Radiodiagnosis during the  
period from.....to..... .

She / He *is / is not* eligible to appear for the summative (University) assessment  
as on the date given below.

**Signature with date**

**HEAD,**

**DEPARTMENT OF RADIODIAGNOSIS**

**Clinical Radiology topics for lecture/demonstration**

**SIGNATURE of Head of the Department SIGNATURE of Faculty**

<b>DATE</b>	<b>COMPETENCY</b>	<b>Whether achieved or not (identify the anatomical structures)</b>	<b>If not achieved remedial measures given</b>
	Interpret plain x-ray chest	<b>Yes/No</b>	<b>Yes/No/NA</b>
	PLAIN X RAY ABDOMEN	<b>Yes/No</b>	<b>Yes/No/NA</b>
	Identify chest and abdominal common abnormalities	<b>Yes/No</b>	<b>Yes/No/NA</b>
	Barium studies- Barium swallow , meal , follow through & enema	<b>Yes/No</b>	<b>Yes/No/NA</b>
	Define Radiation and importance of radiation protection	<b>Yes/No</b>	<b>Yes/No/NA</b>
	INTRAVENOUS PYELOGRAPHY	<b>Yes/No</b>	<b>Yes/No/NA</b>
	HYSTEROSALPINGOGRAPHY	<b>Yes/No</b>	<b>Yes/No/NA</b>