TO WHOM SOEVER IT MAY CONCERN

This is to certify that the information in the attached documents is verified by me and is true to the best of my knowledge.

KMCT MEDICAL COLLEGE * MANASSERY * Pin - 673602

Principal

Principal
KMCT Medical College
Manassery P.O.
Kozhikode

KMCT MEDICAL COLLEGE

MANASSERY, MUKKAM

PHASE 1 MBBS CBME LOG BOOK

DEPARTMENT OF ANATOMY



KERALA UNIVERSITY OF HEALTH SCIENCES
THRISSUR 680596

KMCT MEDICAL COLLEGE

MANASSERY, MUKKAM

PHASE 1 MBBS CBME
LOG BOOK

DEPARTMENT OF ANATOMY

Name of the student..... Amritha Ajay .....

Roll number..... 22 .....

University registration number..... 210012446 .....

KERALA UNIVERSITY OF HEALTH SCIENCES
THRISSUR 680596

CERTIFICATE

This is to certify that Mr./Ms. Amritha Ajay has undergone one year training in and his /her performance after assessment of various competencies and other criteria is found to be satisfactory/good/excellent.

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

Signature of Faculty 21/12/22

Name and Designation Miss BRIDGIT, TUTOR, Dept of Anatomy, KMCT Med Coll

HOD Department of Anatomy

Department of Anatomy
KMCT Medical College
Calicut - 673 602

Principal

Date:

GENERAL INSTRUCTIONS

1) The logbook is a record of the academic / co-curricular activities of the designated student, who would be responsible for maintaining his/her logbook.
2) The student is responsible for getting the entries in the logbook verified by the Faculty in charge regularly.
3) Entries in the logbook will reflect the activities undertaken in the department & have to be scrutinized by the Head of the concerned department.
4) 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

5) 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.

PERSONAL DETAILS OF THE STUDENT



Name of the student: Amritha Ajay

Date of birth: 7/5/2002

Date of admission to MBBS Course: 14/2/2022

Date of beginning of the current Phase: 14/2/2022

Roll No. 22

University Registration No: 2100124446

Permanent Address: PVS Park, Orchid Garden, C-Block, 81, (P.O) Kuthiravattom.

E mail ID: amrithaajaibindu@gmail.com

Mobile Number: 7034242243

Signature of the student

INDEX

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ACADEMIC PERFORMANCE

i. FORMATIVE ASSESSMENTS

Sl No	Date	Assessment	Marks obtained	Feedback provided/ specifythe positive points & area to be improved	Signature of the student	Signature of the faculty
1.	23.2.22	General Anatomy	29.5/50		Smeitha	
2.	26.3.22	Embryology	15.5/25		Smeitha	
3.	11.4.22	Upper limb till Cubital fossa	28/50		Smeitha	
4.	9.4.22	Upper Limb	Absent		Smeitha	
5.	31.5.22	Thorax	27 3/4 / 50		Smeitha	
6.	18.7.22	Lowerlimb	~~37~~ Absent		Smeitha	
7.	5.9.22	Head and Neck	37/50		Smeitha	

ACADEMIC PERFORMANCE

i. FORMATIVE ASSESSMENTS

Sl No	Date	Assessment	Marks obtained	Feedback provided/ specifythe positive points & area to be improved	Signature of the student	Signature of the faculty
8.	21.10.22	Neurosensory	36/50		Smitha	
9.	28.10.22	Abdomen			Smitha	

ii. INTERNAL ASSESSMENTS

Sl No	Date of assessment	Marks obtained	Feedback provided / specify the positive points & area to be improved	Attendance %	Signature of the student	Signature of the faculty
1	THEORY 20.6.22	65 3/4 / 100			Smitha	
	PRACTICAL 27.6.22 28.6.22	43 1/2 / 50			Smitha	
2	THEORY 26.9.22	70 / 100			Smitha	
	PRACTICAL					
3	THEORY					
	PRACTICAL					

LECTURES

Competency & Topic	Date	Duration	Signature of Faculty
Introduction	15.02.22	1 hour	
Introduction of to osteology	15.02.22	1 hour	
AN 1.1, 1.4 Terminology of Anatomy	16.2.22	1 hour	
AN 1.1, 1.4, 82.1 Handling of Cadavers	16.2.22	1 hour	
AN 65.1, 65.2 Epithelium & function	16.2.22	1 hour	
AN 65.1, 65.2 Epithelium - II	17.2.22	1 hour	
AN 66.1, 66.2 Connective Tissue	17.2.22	2 hours	
AN 2.1, 2.2, 2.3 Bone	18.2.22	1 hour	
AN 2.4 Cartilage	18.2.22	2 hours	
AN 2.1, 2.2, 2.3 Bone	19.2.22	1 hour	
AN 5.1 Cardiovascular System	21.2.22	1 hour	
AN 2.5 Joints	21.2.22	2 hours	
AN 3.1, 3.2, 3.3 Muscle	22.2.22	1 hour	
AN 7.1, 7.2, 7.3 Nervous System	22.2.22	2 hours	
AN 6.1, 6.2, 6.3 Lymph	23.2.22	1 hour	
General Embrology AN 76.1, 76.2	24.2.22	3 hours	
AN 77.3 Spermatogenesis	25.2.22	1 hour	
AN 77.3 Oogenesis	25.2.22	3 hours	
AN 77.1 Menstrual cycle	26.2.22	1 hour	
AN 78.4 Extraembryonic Mesoderm	10.3.22	1 hour	
AN 78.4 Procordal plate	10.3.22	1 hour	

LECTURES

Competency & Topic	Date	Duration	Signature of Faculty
AN 79.4 Somites	11.3.22	1 hour	
AN 72.1 Skin and Appendages	11.3.22	2 hours	
AN 79.3 Neurulation	14.3.22	1 hour	
AN 79.3 Neurulation	14.3.22	2 hours	
AN 80.3 Placenta	15.3.22	2 hours	
AN 80.5 Parturition	16.3.22	1 hour	
AN 9.1 Pectoral Region	17.3.22	1 hour	
AN 9.2, 9.3 Breast	18.3.22	1 hour	
AN 10.1 Axilla-I	19.3.22	1 hour	
AN 10.1 Axilla-II	21.3.22	1 hour	
AN 80.4 Uterine growth	22.3.22	1 hour	
AN 10.8, 13.7 Muscles of Back	23.3.22	1 hour	
AN 13.7 Subscapular spaces	25.3.22	1 hour	
AN 10.10 Deltoid & Rotator cuff	29.3.22	1 hour	
AN 10.12 Shoulder joint	30.3.22	1 hour	
AN 11.1 Biceps & Triceps	1.4.22	1 hour	
AN 11.2 Nerves & Vessels in arm	2.4.22	1 hour	
AN 71.1 Histology of Bone	4.4.22	1 hour	
AN 11.5 Cubital fossa	5.4.22	1 hour	
AN 67.3 Muscle Histology	6.4.22	1 hour	
AN 12.2 Nerves and Vessels of forearm	7.4.22	1 hour	

LECTURES

Competency & Topic		Date	Duration	Signature of Faculty
AN 12.5	Muscles of Hand	8.4.22	1 hour	
AN 12.3	Flexor Retinaculum	9.4.22	1 hour	
AN 68.1	Histology of Ganglion	12.4.22	1 hour	
AN 18.3, 13.5	Wrist Joint	13.4.22	1 hour	
AN 12.7	Vessels & Nerves in Hand	18.4.22	1 hour	
AN 12.15	Extensor Expansion formation	19.4.22	1 hour	
AN 68.2	Histology of Neuron	20.4.22	1 hour	
AN 12.10	Fascial spaces of Palm	21.4.22	1 hour	
AN 12.2	Nerves & vessels of forarm	22.4.22	1 hour	
AN 12.2	Nerves of vessels of forearm	23.4.22	1 hour	
AN 12.2	Nerves & vessels of forearm	25.4.22	1 hour	
AN 21.3	Thoracic Inlet	26.4.22	1 hour	
AN 21.4	Intercostal muscle	27.4.22	1 hour	
AN 21.5, 21.6	Intercostal nerve & Vessels	28.4.22	1 hour	
AN 72.1	Histology of Skin	29.4.22	1 hour	
AN 24.1	Pleura	30.4.22	1 hour	
AN 24.2	Lungs-I	4.5.22	1 hour	
AN 24.2	Lungs-II	5.5.22	1 hour	
AN 22.1	Pericardium	6.5.22	1 hour	
AN 70.2	Histology of Salivary gland	7.5.22	1 hour	
AN 21.11	Mediastinum	10.5.22	1 hour	

LECTURES

Competency & Topic	Date	Duration	Signature of Faculty
AN 22.2 Chambers of Heart	11.5.22	1 hour	
AN 25.2 Development of Lung	12.5.22	1 hour	
AN 70.2 Histology of Lymphnode Tonsil, Thymus	13.5.22	1 hour	
AN 22.2 Chambers of Heart	14.5.22	1 hour	
AN 22.3 Coronary Arteries	16.5.22	1 hour	
AN 23.4 Arch of Aorta	17.5.22	1 hour	
AN 25.7 Radiology	18.5.22	1 hour	
AN 25.2 Development of Heart	19.5.22	1 hour	
AN 23.2, 23.7 Thoracic duct	21.5.22	1 hour	
AN 23.3 Azygous, Hemiazygous vein	23.5.22	1 hour	
AN 15.1, 15.3 Adductor canal & femoral triangle	24.5.22	1 hour	
AN 15.5 Femoral triangle	25.5.22	1 hour	
AN 25.2 Development of Pleura	26.5.22	1 hour	
AN 72.1 Skin (Histology)	27.5.22	1 hour	
AN 15.5 Femoral triangle	28.5.22	1 hour	
AN 15.2 Major muscles of Thigh	30.5.22	1 hour	
AN 15.2 Major muscles of Ant. Thigh	31.5.22	1 hour	
AN 25.3 Circulation and Changes @ Birth	2.6.22	1 hour	
AN 52.2 Femur	3.6.22	1 hour	
Histology of Placenta & UC AN 14.2, 17.1, 20.6	8.6.22	1 hour	
AN 16.6 Popliteal fossa	9.6.22	1 hour	

LECTURES

Competency & Topic	Date	Duration	Signature of Faculty
AN 25.4 Fallot's Tetrology	9.6.22	1 hour	
AN 25.1 Histology of trachea & lung	10.6.22	1 hour	
AN 18.4, 18.5, 18.6 Knee joint	15.6.22	1 hour	
AN 50.3 Lumbar Puncture	25.6.22	1 hour	
AN 20.1 Ankle joint	29.6.22	1 hour	
AN 20.2 Tarsal Joints	30.6.22	1 hour	
AN 19.1 Muscles of Back of leg	1.7.22	1 hour	
AN 19.2 Nerves & vessels of Back of leg	2.7.22	1 hour	
AN 16.2 Sciatic nerve & Branches	4.7.22	1 hour	
AN 19.5 Arch of Foot	5.7.22	1 hour	
Histology of Tongue	6.7.22	1 hour	
AN 27.1 Scalp	9.7.22	1 hour	
Histology of Stomach	11.7.22	1 hour	
AN 28.1, 28.6 Face I	12.7.22	1 hour	
AN 28.3, 28.7, 28.8 Facial nerves, Facial artery	13.7.22	1 hour	
AN 29.3 Posterior triangle	14.7.22	1 hour	
AN 30.3 Venous Drainage	15.7.22	1 hour	
AN 32.3 Digastric	16.7.22	1 hour	
AN 31.4 Eyelid & Lacrimal	19.7.22	1 hour	
AN 32.2 carotid triangle	20.7.22	1 hour	
AN 35.1 deep cervical Fascia	20.7.22	2 hours	

Retinaculum of foot

LECTURES

Competency & Topic	Date	Duration	Signature of Faculty
AN 28.9 Parotid	21.7.22	1 hour	
AN 33.1 Infratemporal fossa	22.7.22	1 hour	
AN 30.1 Norma Basalis	28.7.22	1 hour	
AN 33.2 Muscles of Mastication	25.7.22	1 hours	
Mandibular nerve	26.7.22	1 hours	
AN 33.5 Maxillary artery	27.7.22	1 hours	
AN 42.2 Suboccipital triangle	29.7.22	1 hours	
AN 34.1 Submandibular gland	30.7.22	1 hours	
AN 52.1 Histology of liver and gall bladder	2-8-22	1 hours	
AN 35.3 Thyroid	3.8.22	1 hours	
AN 30.3 Dural fold	4.8.22	1 hours	
AN 30.2 Pituitary	5.8.22	1 hours	
AN30.3 Dural venous sinus	6.8.22	1 hour	
AN 43.2 Histology of Thyroid & Pancreas ~~Bony orbit~~	8.8.22	1 hour	
AN 30.8 ~~Vessels & Nerves of orbit~~ Dural venous sinus	8.8.22	1 hr	
AN 31.2 Bony orbit	10.8.22	1 hr.	
AN 31.2 Vessels & Nerves of orbit	11.8.22	1 hr.	
AN 35.3 Thyroid	12.8.22	1 hr.	
AN 41.4 Sclera & Cornea	13.8.22	1 hr.	
AN 43.2 Histology of Thyroid & pancreas	16.8.22	1 hr.	
AN 36.2 Interior of Pharynx	16.8.22	1 hr.	

LECTURES

Competency & Topic	Date	Duration	Signature of Faculty
AN 36.1 Palate	17.8.22	1 hr.	
AN 36.2 Muscle of Pharynx	17.8.22	1 hr.	
AN 36.2 Pharyngeal Arch	19.8.22	1 hr.	
AN 37.2 Paranasal sinus	20.8.22	1 hr	
AN 36.2 Pharyngeal pouch	22.8.22	1 hr	
AN 37.1 Lateral wall	23.8.22	1 hr	
AN 37.1 Nasal Septum	24.8.22	1 hr	
AN 43.2 Tongue	26.8.22	1 hr	
AN 43.3 Histology of Cornea & Retina	27.8.22	1 hr	
AN 38.1 Larynx I	29.8.22	1 hr	
AN 38.2 Larynx II	30.8.22	1 hr	
AN 40.2 middle ear	31.8.22	1 hr	
AN 43.4 Development of face	2.9.22	1 hr	
AN ~~39.1~~ 43.4 Development of Tongue, Thyroid	2.9.22	1 hr	
AN 57.3 Histology of Spinal cord	3.9.22	1 hr	
AN 57.1 Spinal cord I	6.9.22	1 hr	
AN 57.1 Spinal cord	12.9.22	1 hr	
AN 56.1 Introduction of Brain	13.9.22	1 hr	
AN 58.1, 58.3, 58.2 Brainstem	14.9.22	1 hr	
AN 59.1, 59.2 Pons	15.9.22	1 hr	
AN 61.1 Midbrain	16.9.22	1 hr.	

LECTURES

Competency & Topic	Date	Duration	Signature of Faculty
AN 86.2 Pharyngeal Pouch	24.8.22	1 hr.	
AN 64.1 Histology - Cerebrum & cerebellum	17.9.22	1 hr	
AN 60.2 Cerebellum	19.9.22	1 hr	
AN 63.1 IVth ventricle	20.9.22	1 hr	
AN 62.3 Cerebrum	21.9.22	1 hr	
AN 64.2 Development of Brain	22.9.22	1 hr	
AN 62.3 Cerebrum II	23.9.22	1 hr	
AN 52.2 Histology of kidney, UB, Ureter	1.10.22	1 hr	
AN 63.1 Lateral Ventricle	6.10.22	1 hr	
AN 52.2 Histology of uterus and FT	6.10.22	1 hr	
AN 62.3 White matter of cerebrum	7.10.22	1 hr	
Internal capsule.	7.10.22	1 hr	
AN 63.1 Third ventricle	8.10.22	1 hr	
Blood supply of Int. capsule	10.10.22	1 hr	
AN 63.1 3rd ventricle	10.10.22	1 hr	
AN 62.5 Thalamus	11.10.22	1 hr	
AN 62.3 Facial Nerve	12.10.22	1 hr	
AN 62.4 Basal Ganglion	13.10.22	1 hr	
AN 44.2 Ant. Abdominal wall	14.10.22	1 hr	
AN 44.3 Rectus Sheath	15.10.22	1 hr	
AN 96.3 Male Ext. Genitalia	17.10.22	1 hr.	

LECTURES

Competency & Topic	Date	Duration	Signature of Faculty
AN44.4 Inguinal Canal	18.10.22	1 hr	
AN 47.5 Stomach	19.10.22	1 hr	
AN 47.5 Duodenum	20.10.22	1 hr	
AN 47.6 Liver	22.10.22	2 hrs	
AN 47.6 Spleen	22.10.22	1 hr	
AN 47.13 Diaphragm	25.10.22	1 hr	
AN 47.3 Peritoneum	26.10.22	1 hr	
AN 47.3 Peritoneum	26.10.22	1 hr	
Embryology	27.10.22	1 hr	
AN 47.9 Abdominal Aorta	28.10.22	1 hr	
AN 52.1 Pancreas	28.10.22	1 hr	
AN 52.1 Portal vein	29.10.22	1 hr	
AN 47.7 Extrahepatic Biliary apparatus	31.10.22	1 hr	
AN 52.6, 52.4 Caecum & Appendix	1.11.22	1 hr	
AN 52.5 Kidney	2.11.22	1 hr.	
AN 52.5 Kidney	2.11.22	1 hr	
AN 48.2 Urinary Bladder	4.11.22	1 hr	
AN 48.2 Prostate	4.11.22	1 hr	
AN 48.2 Seminal Vesicle	4.11.22	1 hr	
AN 52.2 Fallopian Tube	5.11.22	1 hr	
Embryology	7.11.22	1 hr.	

LECTURES

Competency & Topic	Date	Duration	Signature of Faculty
AN 48.2 Rectum, Anal canal	8.11.22	1 hr	
AN 48.2 Ureter	10.11.22	1 hr	
Embryology	11.11.22	1 hr	
AN 48.2 Male urethra	11.11.22	1 hr	
AN 48.1 Pelvic diaphragm	14.11.22	1 hr	
AN 49.2 Perineum	15.11.22	1 hr	
AN 52.2 Fallopian tube	16.11.22	1 hr	
AN 75.1 Genetics I	16.11.22	1 hr	
Embrology of urinary Bladder	17.11.22	1 hr	
AN 62.3 Oculomotor nerve	18.11.22	1 hrs	
AN 75.2 75.3 Genetics II	18.11.22	2 hrs	
Embrydogy of Kidney	22.11.22	1 hr	

SMALL GROUP DISCUSSIONS-

DISSECTION/OSTEOLOGY/HISTOLOGY SESSIONS

Competency	Date	Duration	Signature of the faculty
AN 65.1	21.2.22	2 hours	
AN 8.3, AN 8.1	22.2.22	2 hours	
AN 65.1	14.3.22	2 hours	
AN 8.1	15.3.22	2 hours	
AN 9.1	17.3.22	2 hours	
AN 9.2	18.3.22	2 hours	
AN 8.1	22.3.22	2 hours	
AN 66.1, AN 66.2	21.3.22	2 hours	
AN 10.1	23.3.22	3 hours	
AN 8.1	22.3.22	2 hours	
AN 10.1	24.3.22	2 hours	
AN 10.8, 10.9	25.3.22	2 hours	
AN 10.10, 12.21	28.3.22	3 hours	
AN 12.2	29.3.22	2 hours	
AN 70.72	28.3.22	2 hours	
AN 10.12	30.3.22	2 hours	
AN 8.1 Revision (Dissection)	29.3.22	2 hours	
Revision (Dissection) AN 11.2	31.3.22	3 hours	
AN 11.2	1.4.22	2 hours	
AN 12.1	4.4.22	2 hours	
AN 71.1	4.4.22	2 hours	

SMALL GROUP DISCUSSIONS-
DISSECTION/OSTEOLOGY/HISTOLOGY SESSIONS

Competency	Date	Duration	Signature of the fa
AN 11.5	5.4.22	2 hours	
AN 12.1	6.4.22	2 hours	
AN 8.5, 13.5	5.4.22	2 hours	
AN 12.11	7.4.22	2 hours	
AN 12.5, 12.7	8.4.22	2 hours	
AN 67.1, 67.2, 67.3	12.4.22	2 hours	
Revision (Dissection)	13.4.22	2 hours	
AN 12.5, 12.7	18.4.22	2 hours	
AN 12.5, 12.7	19.4.22	2 hours	
AN 68.1, 68.2, 68.3	19.4.22	2 hours	
AN 12.5, 12.7	20.4.22	2 hours	
Radiology	19.4.22	2 hours	
AN 12.5, 12.7	21.4.22	2 hours	
Revision (Dissection)	22.4.22	2 hours	
Upperlimb Revision	25.4.22	2 hours	
AN 21.3	26.4.22	2 hours	
AN 69.1, 69.2 69.3	25.4.22	2 hours	
AN 21.4	27.4.22	2 hours	
AN 21.4	28.4.22	2 hours	
AN 13.7	12.4.22	2 hours	
Revision (Dissection)	14.4.22	3 hours	

SMALL GROUP DISCUSSIONS-

DISSECTION/OSTEOLOGY/HISTOLOGY SESSIONS

Competency	Date	Duration	Signature of the faculty
AN 21.3	29.4.22	2 hours	
AN 21.3	3.5.22	2 hours	
AN72.1	2.5.22	2 hours	
AN 21.1, 21.2	4.5.22	2 hours	
AN 24.2	5.5.22	2 hours	
AN 21.3	10.5.22	2 hours	
AN 70.2	10.5.22	2 hours	
AN 22.2	11.5.22	2 hours	
AN 25.9	11.5.22	2 hours	
AN 21.3	12.5.22	2 hours	
AN 21.3	13.5.22	2 hours	
AN 22.2	16.5.22	2 hours	
AN 22.3	17.5.22	2 hours	
AN 70.2	16.5.22	2 hours	
AN 21.3	18.5.22	2hours	
AN 21.3	19.5.22	2 hours	
Revision - Thorax	20.5.22	2 hours	
AN 53.1, 14.1	23.5.22	2 hours	
AN 15.1, 15.3	24.5.22	2 hours	
AN 43.2	23.5.22	2 hours	
AN 15.1, 15.3	26.5.22	2 hours	

SMALL GROUP DISCUSSIONS-
DISSECTION/OSTEOLOGY/HISTOLOGY SESSIONS

Competency	Date	Duration	Signature of the fac
AN 15.1, 15.3	26.5.22	2 hours	
AN 15.1, 15.3	27.5.22	2 hours	
AN 15.5	30.5.22	2 hours	
AN 72.1	31.5.22	2 hours	
AN 16.1	3.6.22	2 hours	
AN 15.1, 15.5	6.6.22	2 hours	
AN 16.1,	7.6.22	2 hours	
AN 52.2	6.6.22.	2 hours	
AN 16.5	8.6.22	2 hours	
AN 16.6	9.6.22	2 hours	
AN 53.1	10.6.22	2 hours	
AN 18.1	13.6.22	2 hours	
AN 19.1	14.6.22	2 hours	
AN 18.5	15.6.22	2 hours	
Revision-Dissection	16.6.22	2 hours	
Revision- Dissection	17.6.22	3 hours	
AN 20.1	29.6.22	2 hours	
AN 20.1	30.6.22	2 hours	
AN 19.5	1.7.22	2 hours	
AN 19.5	4.7.22	2 hours	
AN 19.5	5.7.22	2 hours	

SMALL GROUP DISCUSSIONS-
DISSECTION/OSTEOLOGY/HISTOLOGY SESSIONS

Competency	Date	Duration	Signature of the faculty
AN 25.1	5.7.22	2 hours	
AN 19.5	6.7.22	2 hours	
AN 26.2	7.7.22	2 hours	
AN 26.2	8.7.22	2 hours	
AN 27.2	11.7.22	2 hours	
AN 28.1	12.7.22	2 hours	
AN 52.1	11.7.22	2 hours	
AN 28.2	13.7.22	2 hours	
AN 29.1	14.7.22	2 hours	
AN 29.1	15.7.22	2 hours	
AN 32.1	18.7.22	1 hour	
AN 32.1	19.7.22	2 hours	
AN 52.1	18.7.22	2 hours	
AN 28.9	21.7.22	2 hours	
AN 33.1	22.7.22	2 hours	
AN 33.1	25.7.22	2 hours	
AN 33.1	27.7.22	2 hours	
AN 52.1	25.7.22	2 hours	
AN 33.1	26.7.22	1 hour	
AN 30.1	26.7.22	2 hours	
AN 33.3	28.7.22	2 hours	

SMALL GROUP DISCUSSIONS-
DISSECTION/OSTEOLOGY/HISTOLOGY SESSIONS

Competency	Date	Duration	Signature of the facu
AN 33·3	29·7·22	2 hours	
AN 42·2	1·8·22	3 hours	
AN 34·1	1·8·22	2 hours	
AN 52·1	2·8·22	2 hours	
AN 35·2	3·8·22	2 hours	
AN 30·3	5·8·22	2 hours	
AN 30·3	8·8·22	1 hour	
AN 31·1, 31·2	10·8·22	1 hour	
AN 31·1, 31·2	11·8·22	2 hours	
AN 35·2	12·8·22	2 hours	
AN 52·1	13·8·22	2 hours	
AN 36·1	16·8·22	1 hour	
AN 36·1	17·8·22	1 hour	
AN 52·1, 43·2	17·8·22	2 hours	
AN 26·2	18·8·22	2 hours	
AN 36·1	19·8·22	2 hours	
AN 37·1	23·8·22	2 hours	
AN 43·2, 52·1	22·8·22	2 hours	
AN 37·1	24·8·22	1 hour	
AN 26·1	23·8·22	2 hour	
AN 31·1	25·8·22	3 hour	

SMALL GROUP DISCUSSIONS-

DISSECTION/OSTEOLOGY/HISTOLOGY SESSIONS

Competency	Date	Duration	Signature of the faculty
AN 39.1	26.8.22	2 hours	
AN 38.1	29.8.22	2 hours	
AN 40.2	31.8.22	2 hours	
AN 57.1	12.9.22	2 hours	
AN 57.1	13.9.22	2 hours	
AN 64.1	12.9.22	2 hours	
AN 58.1	14.9.22	2 hours	
AN 58.1, 59.1, 61.1	15.9.22	2 hours	
AN 58.1, 59.1, 61.1	16.9.22	2 hours	
AN 60.1	19.9.22	2 hours	
AN 63.1	20.9.22	2 hours	
AN 64.1	19.9.22	2 hours	
Cerebrum	21.9.22	2 hours	
Cerebrum	22.9.22	2 hours	
Cerebrum	23.9.22	2 hours	
AN 62.6	10.10.22	1 hour	
AN 62.5	11.10.22	2 hours	
AN 52.5	10.10.22	2 hours	
Brain	12.10.22	2 hours	
AN 62.4	12.10.22	2 hours	
AN 44.2, 47.6	14.10.22	2 hours	

SMALL GROUP DISCUSSIONS-
DISSECTION/OSTEOLOGY/HISTOLOGY SESSIONS

Competency	Date	Duration	Signature of the fac
AN 46.1	17.10.22	2 hours	
AN 44.4	17.10.22	2 hours	
AN 52.5	18.10.22	2 hours	
AN 47.5	19.10.22	1 hour	
AN 53.1	18.10.22	2 hours	
AN 47.5	20.10.22	1 hour	
AN 47.5	20.10.22	2 hours	
AN 47.2	26.10.22	1 hour	
AN 52.2	25.10.22	2 hours	
AN 47.2	27.10.22	2 hours	
AN 47.9	28.10.22	2 hours	
AN 47.5	31.10.22	2 hours	
AN 47.5	1.11.22	2 hours	
AN 52.5	~~28.10~~ 31.10.22	2 hours	
AN 47.5	2.11.22	3 hours	
AN 53.2, 53.3	1.11.22	2 hours	
AN 47.5	3.11.22	2 hours	
AN 48.2	4.11.22	2 hours	
	7.11.22	2 hours	
AN 48.2	8.11.22	2 hours	
AN 47.13	25.10.22	2 hours	

SMALL GROUP DISCUSSIONS-
DISSECTION/OSTEOLOGY/HISTOLOGY SESSIONS

Competency	Date	Duration	Signature of the faculty
Slide discussion	7.11.22	2 hours	
AN 48.2	9.11.22	2 hours	
AN	9.11.22	2 hours	
AN 48.2	10.11.22	2 hours	
AN 47.5	11.11.22	2 hours	

SELF DIRECTED LEARNING

SI	Self Directed Learning Topic	Duration	Date	Signature Of Faculty
1	Muscle, Histology	1 hr	16/4/22	
2	• Thoracic Sympathetic chain • Conducting system of Heart	2 hr	28/5/22	
3	Femur	2 hr	1/6/22	
4	Parasympathetic ganglion Head & Neck	1 hr	26/9/22	
5	Lymphatic drainage of Head & Neck	1 hr	17/9/22	
6	Midline structure of Head & Neck • Scalenus anterior • External carotid artery	1 hr	24/9/22	
7	Fallopian tube	1 hr	5/11/22	
8	Ovary	1 hr	5/11/22	
9	Quadratus Lamborum Levator ani	1 hr	5/11/22	
10	Lumbar Plexus	1 hr	5/11/22	
11	Hypothalamus.	1 hr	8/10/22	
12				
13				
14				
15				
16				
17				
18				
19				
20				

REFLECTION ON SELF DIRECTED LEARNING

Topic: Muscle Histology

Competency addressed 67.1, 67.2, 67.3

Date: 16/4/22

Summary of the concept/topic learnt: Muscle classification
Muscle structure and formation

REFLECTION ON SELF DIRECTED LEARNING

Topic: Hypothalamus

Competency addressed AN 62.5

Date: 8/10/22

Summary of the concept/topic learnt: Hypothalamus Boundaries and Parts

AETCOM- Module 1.5

Date: 25/11/2022

Module 1 .5 Session-I (The cadaver as our first teacher) .....

Dissection closing ceremony

Objectives of the sessions:

Demonstrate respect & follow the correct procedure while handling cadavar and other biological tissue

Reflections:

The session started with students offering a silent tribute to the departed souls who donated their bodies for the sake of medical education.

A representative from each table shared their personal views on learning anatomy by means of cadaveric dissection through speeches, essays etc.

Students highlighted the importance of cadaver as a learning tool and the noble act of voluntary body donation.

This session helped to instill values of compassion and empathy in us.

AETCOM- Module 1.5

Date: 16/3/2022

Module 1 .5 Session-II (The cadaver as our first teacher) .....
cadaveric oath

Objectives of the sessions:

To respect the cadaver and treat it as a living person
To show due respect and gratitude towards the cadaver who always remain my first teacher.
To pay gratitude towards the departed soul.
To consider this as best of living after death
To always emulate this act of donation.

Reflections:

- Our white coat ceremony was conducted on 16/03/2022 at the dissection hall.
- Cadaveric dissection is a powerful tool for medical students. We took cadaveric oath to show respect and gratitude towards cadaver who will always remain as our first mentor.
- By taking the oath, we pay gratitude towards donor for their endeavour in serving society even after death.

20·9·22	Aflantooccipital joint	✓	A Batch
20·9·22	Aflantoaxial joint	✓	A Batch
12·11·22	Adrenal gland		class
12·11·22	Ureter	✓	
12·11·22	Thoracolumbar fascia	✓	class
17·11·22	Inferior vena cava	✓	class
17·11·22	Internal Iliac artery	✓	class
22·11·22	Auditory tube	✓	class
22·11·22	Palatine tonsil	✓	class
22·11·22	Cistern	✓	class

SEMINARS/PROJECT PRESENTATION/ ANY OTHER ACADEMIC ACTIVITIES

DATE	SEMINAR TOPIC	PRESENTED	PARTICIPATED	SIGNATURE OF FACULTY
5.3.22	Oogenesis	✓	whole class	
5.3.22	Spermatogenesis	✓	whole class	
5.3.22	Fertilization	✓	whole class	
2.5.22	Wrist Joint	✓	whole class	
26.4.22	Scapular Anastomosis	✓	A - Batch	
26.4.22	1st Metacarpal Phalangeal joint	✓	A batch	
17.5.22	Oesophagus	✓	A Batch	
17.5.22	Internal Thoracic Artery	✓	A Batch	
17.5.22	Cardiac Plexus	✓	A Batch	
15.7.22	Venous drainage of Lower limb	✓	A Batch	
16.7.22	Lymphatic drainage : Lower limb	✓	A Batch	
20.9.22	Subclavian Artery	✓	A Batch	
20.9.22	Vertebral Artery	✓	A Batch	

REMARKS BY THE INCHARGE

Signature of the student
Date:

Name & Signature of the
Incharge

KMCT
MEDICAL COLLEGE

PHASE 1 MBBS CBME

LOG BOOK
DEPARTMENT OF PHYSIOLOGY

Name of the student..... AMRITHA AJAY .....

Roll number..... 22 .....

University registration number.....

Contact number.....

KERALA UNIVERSITY OF HEALTH SCIENCES

KMCT
MEDICAL COLLEGE

PHASE 1 MBBS CBME

LOG BOOK
DEPARTMENT OF PHYSIOLOGY

Name of the student..... Amritha Ajay .....

Roll number..... 22 .....

University registration number..... 2100124446 .....

Contact number.....

KERALA UNIVERSITY OF HEALTH SCIENCES

CERTIFICATE

This is to certify that Mr./Ms. Amritha Ajay has undergone one year training in Physiology and his /her performance after assessment of various competencies and other criteria is found to be satisfactory/good/excellent.

Signature of Faculty .....

Name and Designation Dr. Sreekala. K.N. Associate Professor

Head of the Department of Physiology Jubeida. PA

Department of Physiology
KMCT Medical College
Calicut - 673 602

GENERAL INSTRUCTIONS

1. The logbook is a record of the academic / co-curricular activities of the designated student, who would be responsible for maintaining his/her logbook.
2. The student is responsible for getting the entries in the logbook verified by the Faculty in charge regularly.
3. Entries in the logbook will reflect the activities undertaken in the department & have to be scrutinized by the Head of the concerned department.
4. 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
5. 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.

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10.	REMARKS BY THE MENTOR		

SKILL ASSESSMENT AND CERTIFICATION

No	Date	Competency number	Topic/s	Attempt	Rating	Decision of faculty	Initial of faculty and date	Feedback Received, Initial of learner
1.	26/4/22	PY 2.11	Estimation of Hemoglobin					
2.	22/3/22	PY2.11	Estimation of RBC count					
3.	22/3/22	PY2.11	Estimation of TLC					
4.	22/3/22	PY2.11	Estimation of RBC indices					
5.	17/4/22	PY2.11	Estimation of DLC					
6.	26/4/22	PY2.11	Estimation of Blood group					

SKILL ASSESSMENT and CERTIFICATION

No	Date	Competency number	Topic/s	Attempt	Rating	Decision of faculty	Initial of faculty and date	Feedback Received, Initial of learner
7	5/4/22	PY2.11	Estimation of BT, CT					
8	7/6/22	PY2.11	General Examination					
9	19/7/22	PY2.11	Clinical examination of CVS					
10	28/6/22	PY2.11	Record Blood Pressure					
11	5/7/22	PY2.11	Record Pulse					
12	12/7/22	PY2.11	clinical examination of Respiratory system					

Attempt at activity: First(F) Repeat(R) Remedial (Re)
Rating: Below(B) expectations Meets(M) Expectations Exceeds(E) expectations
Decision of faculty: Completed (C)Repeat(R) Remedial (Re)

SKILL ASSESSMENT and CERTIFICATION

No	Date	Competency number	Topic/s	Attempt	Rating	Decision of faculty	Initial of faculty and date	Feedback Received, Initial of learner
13	19/7/22	PY 10.11	Examination of nervous system					
14	26/7/22	PY 10.11	Examination of cranial nerves (I-VI)					
15	2/8/22	PY 10.11	Examination of cranial nerves (VII-XII)					
16	13/8/22	PY 10.11	Examination of sensory system					
17	16/8/22	PY 10.11	Examination of Motor system					
18	23/8/22	PY 10.11	Examination of Reflexes					

Attempt at activity: First(F) Repeat(R) Remedial (Re)
Rating: Below(B) expectations Meets(M) Expectations Exceeds(E) expectations
Decision of faculty: Completed (C)Repeat(R) Remedial (Re)

SKILL ASSESSMENT and CERTIFICATION

SKILL ASSESSMENT and CERTIFICATION

No	Date	Competency number	Topic/s	Attempt	Rating	Decision of faculty	Initial of faculty and date	Feedback Received, Initial of learner
19	30/8/22	PY4.10	Examination of Abdomen					
20	31/5/22	PY3.16	Harvard Step Test.					
21	1/4/22	PY5.13	Record & Interpret ECG					
22	20/9/22	PY6.3	Spirometry					
23	1/11/22	PY6.10	PEFR					
24	24/5/22	PY3.18	Simple Muscle twitch					

Attempt at activity: First(F) Repeat(R) Remedial (Re)
Rating: Below(B) expectations Meets(M) Expectations Exceeds(E) expectations
Decision of faculty: Completed (C)Repeat(R) Remedial (Re)

SKILL ASSESSMENT and CERTIFICATION

No	Date	Competency number	Topic/s	Attempt	Rating	Decision of faculty	Initial of faculty and date	Feedback Received, Initial of learner
25	24/5/22	PY 3.18	Effect of two successive stimuli on muscle contraction					
26	28/5/22	PY 3.18	Fatigue & Recovery					
27	28/5/22	PY 3.18	Effect of afterload & Preload					
28	28/5/22	PY 3.18	Genesis of Tetanus					
29	28/5/22	PY 3.18	Velocity of nerve Impulse					
30	28/5/22	PY 3.18	Effect of Temperature on muscle contraction					

Attempt at activity: First(F) Repeat(R) Remedial (Re)

SKILL ASSESSMENT and CERTIFICATION

No	Date	Competency number	Topic/s	Attempt	Rating	Decision of faculty	Initial of faculty and date	Feedback Received, Initial of learner
31	18/5/22	PY 3.18	Normal Cardiogram					
32	18/6/22	PY 3.18	Effect of temperature on frog's heart					
33	18/6/22	PY 3.18	Stannius Ligature					
34	18/6/22	PY 3.18	Refractory period & Extrasystole					
35	18/6/22	PY 3.18	Effect of stimulation of vagus nerve on frog's heart					

Attempt at activity: First(F) Repeat(R) Remedial (Re)

Rating: Below(B) expectations Meets(M) Expectations Exceeds(E) expectations

Decision of faculty: Completed (C)Repeat(R) Remedial (Re)

SMALL GROUP DISCUSSIONS
(Tutorials/ Case based learning/ Problem based learning)

No	Date	Competency number	Topic/s	T-L Method/ Activity	Signature of the student	Signature of the faculty
1	8/3/22	PY 1.3	Intercellular Communications			
2	14/3/22	PY 1.4	Apoptosis			
3	16/3/22	PY 1.6	Body Fluid compartments			
4	16/3/22	PY 1.5	Transport across cell membrane			
5	22/3/22	PY 2.2	Plasma proteins			
6	25/3/22	PY 2.3	Hemoglobin			
7	22/3/22	PY 1.8	RMP			
8	25/3/22	PY 2.5	Jaundice			
9	30/3/22	PY 2.6	Granulopoiesis			
10	30/3/22	PY 3.2	Types, properties, functions of nerve fibres			
11	7/4/22	PY 3.3	Degeneration & Regeneration of nerve			
12	16/4/22	PY 2.8	Haemostasis			

SMALL GROUP DISCUSSIONS
(Tutorials/ Case based learning/ Problem based learning)

No	Date	Competency number	Topic/s	T-L Method/ Activity	Signature student	Signature faculty
13	5/4/22	PY 8.6	Myasthenia Gravis			
14	9/4/22	PY 3.7	Muscle Fibrosis			
15	19/4/22	PY 2.4	Erythropoiesis			
16	18/4/22	PY 3.9	Molecular basis of muscle contraction			
17	22/4/22	PY 2.10	Immunity			
18	19/4/22	PY 4.2	Salivary secretion			
19	28/4/22	PY 4.2	Gastric secretion			
20	20/4/22	PY 4.9	Peptic Ulcer			
21	28/4/22	PY 4.7	Liver & Gall Bladder			
22	30/4/22	PY 5.1	Conducting system of heart			
23	30/4/22	PY 5.5	ECG			
24	29/4/22	PY 5.3	Cardiac cycle			

SMALL GROUP DISCUSSIONS
(Tutorials/ Case based learning/ Problem based learning)

No	Date	Competency number	Topic/s	T-L Method/ Activity	Signature student	Signature faculty
25	25/6/22	PY 5.7	Hemodynamics			
26	8/9/22	PY 4.3	GI motility			
27	9/5/22	PY 4.5	GI Hormones			
28	12/5/22	PY 5.10	Coronary circulation			
29	13/4/22	PY 6.2	Mechanics of ventilation			
30	15/4/22	PY 6.2	Obstructive & Restrictive Lung disorde			
31	22/4/22	PY 6.3	Trasport of gases			
32	19/5/22	PY 7.2	JG apparatus			
33	24/5/22	PY 7.3	GFR			
34	25/5/22	PY 7.4	Clearance			
35	10/6/22	PY 6.4	High Altitude			
36	15/6/22	PY 8.2	Pituitary Gland			

SMALL GROUP DISCUSSIONS
(Tutorials/ Case based learning/ Problem based learning)

No	Date	Competency number	Topic/s	T-L Method/ Activity	Signature student	Signature faculty
37	1/9/22	PY 8.4	Adrenal Gland			
38	2/7/22	PY 9.2	Sex Determination			
39	5/7/22	PY 9.3	Spermatogenesis			
40	13/7/22	PY 9.4	Menstrual cycle			
41	12/7/22	PY 9.6	Contraception			
42	13/7/22	PY 9.10	Pregnancy Tests			
43	2/8/22	PY 10.14	Olfaction			
44	2/6/22	PY 10.2	Taste			
45	3/8/22	PY 10.5	ANS			
46	4/8/22	PY 10.4	Extrapyramidal system			
47	3/8/22	PY 11.5	Sedentary life style			
48	5/8/22	PY 11.7	Ageing			

SMALL GROUP DISCUSSIONS
(Tutorials/ Case based learning/ Problem based learning)

No	Date	Competency number	Topic/s	T-L Method/ Activity	Signature student	Signature faculty
49	17/8/22	PY 10.7	Limbic System			
50	31/8/22	PY 10.5	Reticular formation			
51	24/9/22	PY 10.9	Learning & Memory			
52	10/11/22	PY 11.1	Temperature Regulation			
53	12/11/22	PY 10	Postural Reflexes			

INTEGRATION MODULES/SESSIONS- VERTICAL

SL. No	Date	Competency number	Topic/s	Department involved	Signature of the student	Signature of the faculty
1	26/2/22	PY 2.5	Anemia	Pathology	[signature]	
2	23/3/22	PY 2.9	Blood Banking	Pathology	[signature]	
3	27/4/22	PY 5.5	ECG	Cardiology	[signature]	
4	17/6/22	PY 8.2	Pituitary disorders	General Medicine	[signature]	
5	17/7/22	PY 8.2	Thyroid disorders	General Medicine	[signature]	
6	26/8/22	PY 8.2	Diabetes Mellitus	General medicine	[signature]	

INTEGRATION MODULES/SESSIONS- VERTICAL

INTEGRATION MODULES/SESSIONS-HORIZONTAL

SL. No	Date	Competency number	Topic/s	Department involved	Signature of the student	Signature of the faculty
1	23/3/22	PY 2.3	Haemoglobin	Biochemistry	Smitha	
2	24/3/22	PY 2.5	Jaundice	Biochemistry	Smitha	
3	15/4/22	PY 2.2	Plasma Proteins	Biochemistry	Smitha	
4	26/4/22	PY 2.5	Anaemia	Biochemistry	Smitha	
5	27/4/22	PY 3.1	Neurons	Anatomy	Smitha	
6	5/5/22	PY 3.7	Muscle fiber - Structure	Anatomy	Smitha	
7	6/5/22	PY 4.1	Structure of digestive System	Anatomy	Smitha	
8	16/5/22	PY 4.2	Gastric function test	Biochemistry	Smitha	
9	20/5/22	PY 5.1	Anatomy of heart	Anatomy	Smitha	
10	27/5/22	PY 7.8	Renal function test	Biochemistry	Smitha	
11	4/6/22	PY 8.4	Thyroid function test	Biochemistry	Smitha	
12	13/6/22	PY 9.1	Sex determination	Anatomy	Smitha	

INTEGRATION MODULES/SESSIONS-HORIZONTAL

INTEGRATION MODULES/SESSIONS-HORIZONTAL

SL. No	Date	Competency number	Topic/s	Department involved	Signature of the student	Signature of the faculty
13	23/6/22	PY10.1	Organization of nervous System	Anatomy		
14	29/6/22	PY 10.5	ANS	Anatomy		
15	1/5/22	PY10.6	Structural anatomy of Spinal cord	Anatomy		
16	13/7/22	PY 10.7	Basal ganglia	Anatomy		
17	23/7/22	PY10.7	Cerebellum	Anatomy		
18	28/7/22	PY10.17	Anatomy of eye	Anatomy.		

SEMINAR

No	Date	Competency number	Topic/s	Signature student	Signature faculty
1	24/5/22	PY 2.6	Neutrophils structure and functions	Smitha	
2	24/5/22	PY 1.5	$Na^+ - k^+$ pump	Smitha	
3	24/5/22	PY 2.10	Cell Mediated Immunity	Smitha	
4	24/5/22	PY 2.10	Humoral Immunity	Smitha	
5	24/5/22	PY 2.7	Platelet : Structure and function	Smitha	
6	24/5/22	PY 2.3	Anticlotting mechanism in the body	Smitha	
7	24/5/22	PY 2.9	Rh system	Smitha	
8	19/7/22	PY 5.10	Tissue fluids and edema	Smitha	
9	19/7/22	PY 5.16	JVP and arterial pulse	Smitha	
10	19/7/22	PY 5.1	Heart sounds and murmurs	Smitha	
11	9/8/22	PY 5.9	Regulation of stroke volume	Smitha	
12	9/8/22	PY 5.9	Regulation of Heart Rate	Smitha	

SEMINAR					
No	Date	Competency number	Topic/s	Signature student	Signature faculty
13	9/8/22	PY	CO_2 transport		
14	9/8/22	PY 6.5	Mountain Sickness and Acclimatization		
15	9/8/22	PY 6.5	Chemical regulation of respiration		
16	9/8/22	PY 6.3	Decompression sickness		
17	13/9/22	PY 7.3	Determination of GFR		
18	13/9/22	PY 7.1	Features of Renal Blood flow		
19	13/9/22	PY 7.1, PY 7.4	Measurement of Renal Blood flow & GFR		
20	13/9/22	PY 7.3	Na^+ transport		
21	13/9/22	PY 7.3	Water transport		
22	11/10/22	PY 10.6	Brown-Sequard syndrome		
23	11/10/22	PY 10.6	Complete transection of spinal cord		
24	11/10/22	PY 10.7	Intranuclear connections of cerebellum		

SEMINAR

No	Date	Competency number	Topic/s	Signature student	Signature faculty
25	11/10/22	PY 10.7	Functions of Basal ganglia & Parkinsonism		
26	13/9/22	PY 10.3	Descending Analgesic systems & Sensation from face		
27	13/9/22	PY 10.2	Muscle spindle		
28	13/9/22	PY 10.3	Fast Pain Pathway & Referred pain		
29	13/9/22	PY 10.3	Dorsal Column Tract		
30	13/9/22	PY 10.3	Pyramidal Tract		
31	11/10/22	PY 10.11	Difference between UMN & LMN tracts with lesions		
32	13/9/22	PY 10.2	Stretch and Inverse Stretch reflex		
33	11/10/22	PY 10.7	Functions & Lesions of Cerebellum		
34	11/10/22	PY 10.7	Intraneuronal connections of Basal ganglia		

SEMINAR

		Competency	Topic/s	Signature	Signature

EARLY CLINICAL EXPOSURE (ECE)

SL. No	Date	Competency number	Topic/s	Departments involved	Signature student	Signature faculty
1.	4/3/22	PY 2.8	Bleeding Disorder	Pathology	Smith	
2.	15/3/22	PY 4.9	Peptic Ulcer	General Medicine	Smith	
3.	24/4/22	PY 4.2	Jaundice	General Medicine	Smith	
4.	26/4/22	PY 5.5	ECG	Cardiology	Smith	
5.	12/6/22	PY 6.7	Lung Function Test	General Medicine	Smith	
6.	17/7/22	PY 5.9	Hypertension	General Medicine	Smith	
7	17/6/22	PY 8.2	Pituitary disease	General Medicine	Smith	
8	7/9/22	PY 8.2, PY 8.5	Diabetes Mellitus	General Medicine	Smith	
9	18/8/22	PY 8.2	Adrenal Gland	General Medicine	Smith	
10	10/9/22	PY 10.3	Sensory Ataxia	General Medicine	Smith	
11	10/9/22	PY 10.4	Hemiplegia	General Medicine	Smith	
12	10/6/22	PY 2.5	Anaemia	Pathology	Smith	

SELF DIRECTED LEARNING (SDL)

No	Date	Competency number	Topic/s	Signature of the student	Signature of the faculty
1	10/3/22	PY 1.5	Transport mechanism across cell membrane	Smith	
2	11/4/22	PY 1.8	Action potential	Smith	
3	13/7/22	PY 5.3	Cardiac Output	Smith	
4	20/8/22	PY 6.4	High Altitude Physiology	Smith	
5	10/8/22	PY 7.3	Formation & Concentration of urine	Smith	
6	9/10/22	PY 10.5	Reticular Activating System	Smith	
7	10/10/22	PY 11.7	Ageing	Smith	
8	14/5/22	PY 2.8	Bleeding Disorder	Smith	
9	23/8/22	PY 6.6	Hypoxia	Smith	
10	19/10/22	PY 10.17	Refractive Errors	Smith	

KMCT

MEDICAL COLLEGE

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MBBS PHASE I



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DEPARTMENT OF

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673602

MBBS PHASE I

LOG BOOK

DEPARTMENT OF BIOCHEMISTRY

Name of the student.....SANDWANA·R.....

Roll number.....127.....

University registration number.....

KERALA UNIVERSITY OF HEALTH SCIENCES THRISSUR
680596

CERTIFICATE

This is to certify that ~~Mr.~~/Ms. SANDWANA-R .....

has undergone one year training in 2021-22 .....

and ~~his~~ /her performance after assessment of various competencies and other criteria is found to be satisfactory/good/excellent.

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

Signature of Faculty .....

22/11/22

Name and Designation Dr. ARUN MATHEW CHACKO .....

.....

Head of the Department of Biochemistry

Principal

Date:

GENERAL INSTRUCTIONS

1) The logbook is a record of the academic / co-curricular activities of the designated student, who would be responsible for maintaining his/her logbook.

2) The student is responsible for getting the entries in the logbook verified by the Faculty in charge regularly.

3) Entries in the logbook will reflect the activities undertaken in the department & have to be scrutinized by the Head of the concerned department.

4) The logbook is a record of various activities by the student like:

- Overall participationn& performance
- Attendance
- Participation in sessions
- Record of completion of pre-determined activities.
- Acquisition of selected competencies

5) 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.

PERSONAL DETAILS OF THE STUDENT

Recent passport size photo



Name of the student: SANDWANA. R

Date of birth: 20.09.2000

Date of admission to MBBS Course: 14.02.2022

Date of beginning of the current phase: 14.02.2022

Roll No. 127

University Registration No:

Permanent address: SANDWANAM (H), PADANILAM P.O
KUNNAMANGALAM, KOZHIKODE
Pm: 673571

E mail ID: sandwanaraj@gmail.com

Mobile Number: 8129023045

Signature of the student

INDEX

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ACADEMIC PERFORMANCE

i) FORMATIVE ASSESSMENTS

Sl No	Date	Assessment	Marks	Feedback	Signature of the student	Signature of the Assessor
01	22.04.22	MONTHLY Assessment	29.25	Meets Expectation		25/05/22
02	14.05.22	B1. 3.4.5 3.4.2 3.4.1	16/20	Above expectation		30/05/22.
03	19.05.22	B1 - 3.4.4	13/15	Good performance		
04	07.06.22	MONTHLY ASSESSMENT	33.75/50	Improved.		14/06/22
05	3.09.22	Formative Assesmt 7	23.5/30	Good		
06	13.9.22	Formative Assesment	15.5/30			

Signature of the Assessor

INTERNAL ASSESSMENTS

SNo	Date	Assessment	Marks	Feedback	Attendance (%)	Signature of the student	Signature of the Assessor
1	24/6	Theory	65/100			Sangeetha.	
		Practical	26/100			Sangeetha	
2.	30/9	Theory	70/100	Very good		Sangeetha	24/12/13
		Practical	20/100			Sangeetha	
3.	21/12 23/12	Theory	I: 74/100 II: 79/100			Sangeetha	
		Practical					

SKILL ASSESSMENT & CERTIFICATION

Sl No	Competency addressed	Date Complete	Attempt at activity: First(F) Repeat(R) Remedial (Re)	Rating: Below(B) expectation Meets(M) Expectation Exceeds(E) expectation	Decision of faculty Completed (C) Repeat(R) Remedial (Re)	Initial of faculty and date	Feedback Received Initial of learner
1	BI 11.4	22.03.22	F	M	C		
2	BI 11.4	29.03.22	F	M	C	25/05/22	
3	BI 11.20	05.04.22	F	M	C		
4	BI.11.21	31.5.22	F	M	C	31/5/22	
5	BI.11.21	7.6.22	F	B	C	8/6/22	
6	BI.11.21	14.6.22	R	M	C	16/06/22	
7	BI.11.21	05.07.22	F	M	C	5/7/22	
8	BI.11.22	12.07.22	F	M	C	12/07/22	

SMALL GROUP DISCUSSIONS

TUTORIALS/CBL/PBL SESSIONS

Sl No:	Competency addressed	Date	T-L Method / Activity	Signature of the student	Signature of the faculty
1	BI 4.1.1	24/2/22	PBL		
2	BI 4.1.2	25/2/22	CBL		
3	BI 5.2.2	2/4/22	PBL		
4	BI 6.4.1	4/4/22	CBL		
5	BI.3.4.1	5/4/22	PBL		
6	BI.3.4.2	12/4/22	PBL		
7	BI.3.4.3	19/4/22	PBL		
8	BI.7.1.2	18/4/22	PBL		
9	BI 3.4.4	26/4/22	PBL		
10	BI 5.4.1	29/4/22	CBL		
11	BI 7.1.3	6/5/22	PBL		
12	BI 2.5.2	24/5/22	CBL		
13	BI 4.2.8	11/6/22	CBL		
14	BI 4.2.5	17/6/22	CBL		

Sl No:	Competency addressed	Date	T-L Method / Activity	Signature of the student	Signature of the faculty
15.	BI · 7·1·4	30|6|22	PBL	Sindh	
16	BI 4·2·6	7|7|22	CBL	Sindh	
17	BI 7·2·5	14|7|22	PBL	Sindh	
18	BI 4·2·10	15|7|22	CBL	Sindh	
19	BI 3·6·1	15|7|22	PBL	Sindh	
20	BI 6·6·2	19|7|22	CBL	Sindh	
21	BI 7·2·6	22|7|22	CBL	Sindh	
22	BI 10·5·1	28|7|22	PBL	Sindh	
23	BI 4·3·7	4|8|22	CBL	Sindh	
24	BI 7·4·1	6|8|22	PBL	Sindh	
25	BI 7·4·3	12|8|22	CBL	Sindh	
26	BI 6·11·2	23|8|22	CBL	Sindh	
27	BI 6·11·2	25|8|22	CBL	Sindh	
28	BI 6·13·1	27|8|22	CBL	Sindh	
29	BI 7·5·1, 7·5·2 7·7·1	2|9|22	CBL	Sindh	
30	BI 10·2·1	5|9|22.	PBL	Sindh	

Signature of the faculty

Sl No:	Competency addressed	Date	T-L Method / Activity	Signature of the student	Signature of the faculty
31	BI · 8·1·2	12/9/22	PBL	Sindh	
32	BI 6·1·4	15/9/22	CBL	Sindh	
33	BI 6·1·5	20/9/22	CBL	Sindh	
34	BI 9·1·1	23/9/22	PBL	Sindh	
35	BI 8·3·1	8/10/22	PBL	Sindh	
36	BI 8·3·3	15/10/22	CBL	Sindh	
1					

SELF DIRECTED LEARNING

Topic: STRUCTURE OF DNA AND RNA

Competency addressed BI 7.1.1

Date: 6/5/2022

Summary of the concept/topic learnt:

DNA.

Sugar moiety - deoxyribose

bases present A,T,G,C

Double stranded obeys chargaff's rule.

Bases not modified

Stable, not hydrolysed by alkali

Self replicative

DNA content constant except during cell division in cell.

Not catalytic

Life Span more for DNA

RNA.

Sugar moiety - ribose

bases present A,U,G,C

Does not obey chargaff's rule

Bases modified

Unstable

Can't self multiply

changes from cell to cell

Catalytic

Short lived

SELF DIRECTED LEARNING

Topic: Vit D deficiency in Children & Adult

Competency addressed B1 6.5.5

Date: 22/8/2022

Summary of the concept/topic learnt:

Vit D deficiency cause RICKETS in childhood & Osteomalacia in adults.

RICKETS - Bones are soft and pliable, due to Insufficient mineralisation

Bow legs, knock knee, rickety rosary, pigeon chest

Types : Vit D resistant, Renal, End Organ refractoriness, Hypophosphatemic rickets.

Osteomalacia - Increased osteoporosis, Insufficient mineralisation, Bones more prone to fracture, Onycholysis.

SELF DIRECTED LEARNING

Topic: Vit E & Vit K

Competency addressed BI 6.5.6

BI 6.5.7

Date: 23/8/2022

Summary of the concept/topic learnt:

Vit E - Antifertility Vitamin, most potent biological antioxidant.

- Protect RBC from lysis, boost immune response, reduces risk of atherosclerosis, bactericidal etc.

Deficiency may cause retinopathy, myopathy, anemia. etc

Vit K - Coagulation Vitamin

- Important for Vit K dependent γ Carboxylation of Glutamic acid residues of clotting factors II, VII, IX, X
- Also for functional activity of Osteocalcin

Deficiency – Nasal bleeding, Ecchymotic patches, bruising tendency.

SELF DIRECTED LEARNING

Topic: ....Thiamine & Pyridoxine.....

Competency addressed.....BI 6.5.8.....

.....BI 6.5.9.....

Date: ...24/8/2022..

Summary of the concept/topic learnt:

Thiamine / Vit B1 - Anti Beriberi factor

Important as a coenzyme of several enzyme reactions like PDH, αKG DH, Transketolase enzyme (ie in Carbohydrate metabolism)

Deficiency - beriberi
- Adult Beriberi
  - Wet — CNS manifestation
  - Dry — neurological manifestation
- Infantile beriberi

Pyridoxine

- PLP
- Important in protein metabolism
- Coenzyme in transamination, decarboxylation, heme Synthesis

Deficiency cause
- Peripheral neuritis
- Pellagra — hypochromic microcytic anemia.

SELF DIRECTED LEARNING

Topic: Pyridoxine, Riboflavin, Biotin

Competency addressed: BT·6·5·11

Date: 25/8/2022

Summary of the concept/topic learnt:

Riboflavin - Active form FAD, FMN

- Needed in FADH dependent reactions like α KG DH, PDH, SDH, Xanthine Oxidase.

Deficiency - Glossitis, Cheilosis, Angular Stomatitis, circumcorneal vasculansation.

Biotin - Anti egg white injury factor

Coenzyme for carboxylation reactions such as Pyruvate Carboxylase, Acetyl CoA carboxylase etc.

Deficiency Symptoms - Dermatitis, Atropic glossitis, anorexia, muscle pain, split nails.

Niacin - Pellagra Preventing factor

Active form NAD^+ or $NADP^+$

NAD^+ dependent enzymes - LDH, α KG DH, PDH etc

$NADP^+$ → G6 phosphatase, malic enzyme

Deficiency - Pellagra

↙

Diarrhoea, Dementia, Dermatitis

Niacin - Used as treatment in hyperlipidemias

SELF DIRECTED LEARNING

Topic: Vit B12 & folic acid

Competency addressed B1. 6.5.12

B1. 6.5.13

Date: 20/8/2022

Summary of the concept/topic learnt:

Vit B12 / Cobalamin, Extrinsic factor of Castle

Important for activity of methyl malonyl CoA isomerase activity

methionine synthase, regeneration of THFA.

Deficiency - Pernicious anemia, Gastric atrophy, Achlorhydria,

Demyelination & neurological lesions.

folic acid

carrier of one carbon groups as THFA.

Involved in Transmethylation reactions.

Deficiency

macrocytic anemia, homocysteinemia, reduced DNA synthesis.

etc.

SELF DIRECTED LEARNING

Topic: Vit C

Competency addressed: BM-6.5.14

Date: 30/8/2022

Summary of the concept/topic learnt:

- Ascorbic acid / Vit C – Antiscorbutic

can't be synthesised in humans, high primates due to deficiency of L-gulono lactone oxidase.

→ Important in hydroxylation of proline & lysine in collagen. Tryptophan metabolism, Tyrosine metabolism. Iron metabolism, heme, folic acid metabolism etc.

Deficiency – Scurvy, Petechia, Ecchymosis, Gingivitis, Spoon shaped nails, microcytic hypochromic anemia.

SELF DIRECTED LEARNING

Topic: ..Disorders related to Ca & P.....

Competency addressed...B.T.:6.10.....

.....

Date: ..31/8/2022....

Summary of the concept/topic learnt:

Ca

hypercalcemia - Ca level >11 mg/dl

Osteoporosis, hyperchloremic acidosis.

Hypocalcemia - Tetany - Ca level < 85 mg/dl

carpopedal spasm, laryngismus, Stridor

Chvostek's sign - +ve, Trousseau's sign - +ve.

Phosphorus

Hyperphosphatemia

Hypophosphatemia

EARLY CLINICAL EXPOSURE

Sl no:

Topic: Type 2 Diabetes Mellitus. Date .....

Competencies addressed: 1. Understanding of alterations in metabolism & physiology in DM + its clinical expressions. 2. biochemical test done in DM basis + rationale.

Departments involved: .....

.....

Objectives: Role of HbA1C in management of DM
Guidelines to collect blood sample for glucose estimation
Interpret the result of blood glucose test, urine glucose, urine ketones & HbA1C

Reflections :

1. What did you learn from this experience?

- DM being most popular, lifestyle disease in India, is important to learn about this
- how blood glucose is regulated, how inhibition in regulation cause diabetes mellitus.
- Understanding that DM is not being just an elevation in blood glucose level, rather its hazards like HT, renal failure, neuropathy & retinopathy etc.
- Characteristics of DM, like impaired production, insulin resistance, excessive hepatic glucose, abnormal fat metabolism etc can be understood.
- Understanding acute & chronic complications of DM.

2. What are the applications of this learning?

- Proper control & treatment for DM can save the patients life & avoid risk of MI, renal failure, neuropathy, nephropathy etc.
- Understanding dearrangements in DM, proper treatment methods can be adopted to treat hyperlipidemias, hyperglycemia etc
- role of diet in controlling DM - diet including high protein, less cholestrol & carbs, adequate PUFA.

3. What knowledge/ skills do you need to develop so that you can handle this type of situation?

- Conversion from sedentary to healthy life style and importance of diet in managing DM.
- Excessive glucose production in liver can be decreased by Metformin
- Proglitazone increasing body's response to insulin.
- Insulin being 'a drug of choice' in DM Type I
- And using oral hypoglycemic drugs in Type 2 DM, later using insulin if needed.

Feedback:

Met expectation

Name & Sign of the facilitator

patients life
pathy etc.
atment
perglycemia et
problem

n handle this

importance

eased by

, later

acilitator

EARLY CLINICAL EXPOSURE

Sl no: 2.

Topic: Acid Base Disorder .....Date .....

Competencies addressed

- Process involved in maintanence of normal pH of body fluids.
- Discuss & interpret results of ABG analysis in acid base disorder

Departments involved: .....

.....

Objectives:

1. Use of ABG analysis & serum electrolyte values in diagnosis of acid base disorders
2. Principle of ABG analyzer.

Reflections :

1. What did you learn from this experience?

- Importance of regulation of blood pH for proper cell function
- Why acid base disorders result from an underlying disease
- Analysing arterial blood PCO_2 & PO_2 using electrodes and obtaining arterial blood gas values.
- Precautions to be taken during sample collection in ABG analysis are – arterial blood is taken, not exposed to air, immediate analysis done after sample collection.

2. What are the applications of this learning?

- To asses acid base status of a patient
- Understanding compensatory mechanisms in metabolic dearrangements to treat underlying cause
- Using ABG analysis & serum electrolyte value, anion gap can be measured.

3. What knowledge/ skills do you need to develop so that you can handle this type of situation?

- Interpreting of ABG analyser report
- Calculating anion gap to diagnosis of disease
- Sample collection method for ABG analysis.
- Steepwise approach to a patient with acid base disturbance, can be done by analysing serum electrolyte values & ABG report.

Feedback:

Met expectation

Name & Sign of the facilitator

SEMINARS

Sl No:	Date	Topic	Presented/ attended	Signature of the Assessor
1	09.08.22	Cholesterol Synthesis	Attended	
2	09-08-22	Chylomicron metabolism	Attended	
3	09.08-22	VLDL & LDL metabolism	Attended	
4	09-08-22	HDL metabolism	Attended	
5	09.08-22	Hyperlipoproteinemia	Attended	
6	0.9.08.22	Atherosclerosis	Presented	
7	09-08-22	Eicosanoids	Attended	
8	09.08.22	Proteins classification	Attended	
9	02.08-22	Enzyme: Specificity, Therapeutic use	Attended	
10	02.08-22	Factors affecting enzyme activity	Attended	
11	02.08-22	Enzyme: Cardiac markers	Attended	
12	02.08-22	Enzyme: Hepatic markers	Attended	
13	02.08.22	Pancreatic & Prostatic markers	Attended	
14	02.08-22	Muscle & Bone markers	Attended	
15	02.08.22	Carbohydrates classification	Attended	
16	02-08-22	Glycosaminoglycans & disorders	Attended	
17	25.08.22	ELISA	Attended	

SEMINARS

Sl No:	Date	Topic	Presented/ attended	Signature of the Assessor
18	21-10-22	Tumor markers	Attended	
19	21.10.22	Cell mediated & humoral immunity	Attended	
20	21-10-22	Immunoglobulin - Structure & functions	Attended	
21	21-10-22	Innate & adaptive Immunity.	Attended	
22	25-10-22	Metabolic acidosis & alkalosis	Attended	
23	25-10-22	Respiratory Acidosis & Alkalosis	Attended	
24	25-10-22	Water & electrolyte balance.	Attended	
25	25-10-22	Detoxification	Attended	
26	25-10-22	Hemoglobin - Structure & functions.	Attended	
27	27-10-22	Biosynthesis - Heme	Attended	
28	27-10-22	Porphyrias	Attended	
29	27-10-22	Heme Catabolism	Attended	
30	27-10-22	Hemoglobinopathies	Attended	
31	27-10-22	LFT	Attended	
32	27-10-22	RFT	Attended	

REMARKS BY THE ASSESSOR:

Name of the Assessor :

Designation:

Signature of the student

Signature of the mentor



KMCT MEDICAL COLLEGE
MANASSERY

COMPETENCY BASED MEDICAL EDUCATION (CBME)
MBBS PHASE II LOG BOOK

PHARMACOLOGY

Name of the Student :.....

Roll no :.....

University registration no :.....

Kerala University of Health Sciences
Thrissur - 680596

KMCT MEDICAL COLLEGE

COMPETENCY BASED MEDICAL EDUCATION (CBME)

MBBS PHASE II LOG BOOK

PHARMACOLOGY

Name of the Student..Asmaa N.P.....

Roll No:..28.....

University Registration No.....200012319.....

Duration of MBBS Phase II from year..... to year.....

KERALA UNIVERSITY OF HEALTH SCIENCES
THRISSUR 680 596

LOGBOOK CERTIFICATE

This is to certify that the candidate Mr / Ms.....Asma N P.....

.....

Roll No.....28.....KUHS Registration No.....20202123119.....

admitted in the year..... in the KMCT Medical College, Kozhikode has satisfactorily completed / has not completed all assignments /requirements mentioned in this logbook for II MBBS course in the subject of 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

Signature with date

Head of Department
Department of Pharmacology

Professor and HOD
Department of Pharmacology
KMCT Medical College

KMCT Medical College
Calicut - 673 602

Principal / Dean

BIODATA OF THE STUDENT

Photo

Name of the Student : Asma NP.

Date of birth : 07/02/2001

Mobile number : 7025400786

E-mail ID : npasma21@gmail.com

Permanent address : NP house
Valiyaparamb, Nellikaparamb (P.O).
Mukkam, Kalicut

Father's name : Aboobacker NP.

Mobile Number : Baa 9946050786

Mother's Name : Jameela KK

Mobile Number : 9562711786

Signature of the Student

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2	Competency assessment and reflections of Integration topics	18
3	Competency assessment and reflections of Self- directed learning	27
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Signature of faculty in charge

GENERAL INSTRUCTIONS

1. Completion of the activities specified and submission of the certified log-book 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 designated student, who would be responsible for maintaining his/her log-book.

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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.

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   - 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.

COMPETENCY ASSESSMENT : Small group discussion

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 OR Numerical Score	Decision of faculty Completed(C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Received Initial of learner
PH 1.6	Adverse drug Reactions	06/4/22	F	M	C	Dr Divya Dr	
PH 1.6	pharmacovigilance	06/04/22	F	M	C	Dr Divya Dr	
PH 1.3	Drug formulations	09/04/22	F	M	C	Ms Reshma	

COMPETENCY ASSESSMENT - Small group discussion

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 OR Numerical Score	Decision of faculty Completed(C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Received Initial of learner
PH 1.2, d1, 5.2.	Drug delivery devices	20/04/22	F	M	C	Dr Divya	
PH 4.2	Effect of drug on blood pressure	23/04/22	F	M	C	Dr Ubaidulla	
PH 1.10	Basis of prescription writing	01/05/22	F	M	C	Dr Ubaidulla	

PH 1.10	Basics of prescription writing	01/05/22	F	M	C	Dr Ubedulla	

COMPETENCY ASSESSMENT : Small group discussion

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 OR Numerical Score	Decision of faculty Completed(C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Received Initial of learner
PH 4.2	Effects of drugs of dog BP	22/06/22	F	M	C	Dr Ubedulla	
PH 3.3	Central appraisal of drug promotional literature	24/06/22	F	M	C	Dr Divya	
PH 3.5	Drugs for a given case/condition	13/07/22	F	M	C	Dr R Ratheesh	

COMPETENCY ASSESSMENT - Small group discussion

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 OR Numerical Score	Decision of faculty Completed(C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback received Initial of learner
PH 1.12.	Basics of dose calculations.	30/4/22	F	M.	C	Dr Abdulla	

COMPETENCY ASSESSMENT : Small group discussion

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 OR Numerical Score	Decision of faculty Completed(C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Received Initial of learner

COMPETENCY ASSESSMENT - Small group discussion

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 OR Numerical Score	Decision of faculty Completed(C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Received Initial of learner

REFLECTION ON SMALL GROUP DISCUSSION

Topic	Drug Delivery Devices.

What happened

Dr Divya, faculty of pharmacology department conducted small group discussion on the topic Drug delivery devices. Sadam explained about different devices like enhance. Implantable insulin delivery device about transdermal patch. Also explained in devices a about the drug given through each device, advantages and disadvantage and there is also a demonstration about it way usage.

So what,

So we understand various types of drug delivery devices in details and the drugs given by through it and method of use

what next,

we will try to explain about each devices, their mode of use to the patient clearing we understand about the importance of various drug delivery devices.

Signature of student	Remarks and score	Signature of faculty with Name and Date
	Satisfactory	

REFLECTION ON SMALL GROUP DISCUSSION

Topic	Effects of drugs on dog BP.

What happened?.

To our session April 13. 4PM by Dr Ubedullah on the topic effect of drugs on dog BP.

Somewhat,

We learned about effect of certain drugs adrenaline, noradrenaline, isoprenaline, on dog BP. Sir demonstrated graphs along with the appropriate explanation. Graph I shows that adrenaline causes rise in BP and Isoprenaline causes fall in BP, Graph II explains how β blockers affect adrenaline, NA, Isoprenaline on BP. Graph III explain how and β & α blocker affect adrenaline noradrenaline, isoprenaline.

Graph IV shows effect of low dose acetylcholine on BP and effect of high dose acetylcholine. After administration of atropine.

Graph V shows effect of repeated administration of any drug on dog BP → tachyphylaxis.

What next?.

class was informative; I learned and understood the topic in detail.

Signature of student	Remarks and score	Signature of faculty with Name and Date
Asmat Jafri	Satisfactory	Dr.

REFLECTION ON SMALL GROUP DISCUSSION

Topic	PH1-9 – Nomenclature of drugs to generic name and branded drugs

Today session was a small group discussion based on the topic nomenclature of drugs ie, generic, branded drugs. which was under guidance of Dr R Rathnesh.

The term drug nomenclature implies that there are several that can be used to identify a drug. Chemical name, non proprietary name and proprietary name are the 3 different names in the name of given to a drug can have. Chemical name is the name given to a drug in accordance with the rule of chemical nomenclature established by international union of pure and applied chemistry. Generic/ non proprietary name is the name given assigned by recognised body. Non proprietary name after official publication in pharmacopoeia is called official publication name. Brand name/ proprietary is assigned by manufacturer. It acts as their trademark of particular. Rathnesh sir discussed about the definition advantage and disadvantages of the above mentioned type of nomenclature. Among above three names, Generic name is widely.

Signature of student	Remarks and score	Signature of faculty with Name and Date
	Satisfactory	

REFLECTION ON SMALL GROUP DISCUSSION

Topic.	

Signature of student	Remarks and score	Signature of faculty and Name and Date

REFLECTION ON SMALL GROUP DISCUSSION

Topic	

Signature of student	Remarks and score	Signature of faculty with Name and Date

REFLECTION ON SMALL GROUP DISCUSSION

Topic	

Signature of student	Remarks and score	Signature of faculty with Name and Date

COMPETENCY ASSESSMENT – Integration topics

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 OR Numerical Score	Decision of faculty Completed(C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Received Initial of learner
PH 1.34, 4.2. PL 14	cholinergic drugs, anticholinesterase and OP poisoning	11/04/22	F	M	C	Dr Ubedulla	
PH 1.4, 2.1 M1 1.6	Describe general principles of chemotherapy.	27/04/22	F	M	C	Dr Ubedulla	
PH 1.15. AS 4.1.1	Skeletal muscle relaxants	27/04/22	F	M	C	Dr Ubedulla	
PH 1.36. IM 12.13	Thyroid and antithyroid drugs.	06/05/22	F	M	C	Dr Divya	
PH 1.36.1 MH 1.6	Parenteral Antidiabetic	09/05/22	F	M	C	Dr Ubedulla	
PH 1.15 AS 4.1.1	Skeletal muscle relaxants.	21/05/22	F	M	C	Dr Ubedulla	

COMPETENCY ASSESSMENT – Integration topics

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 OR Numerical Score	Decision of faculty Completed(C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Received Initial of learner
PH 1.16.5 IM 17.11 IM 17.12	Drugs for migraine.	13/06/22	F	M	C	Dr R Ratheesh	
PH 1.16.1 AS 4.12	General Anesthetics part II	23/06/22	F	M	C	Dr Abedulla	
PH 1.16.2 AS 4.13	General anesthetics part II with preanesthetic agents	27/06/22	F	M	C	Dr Abedulla	
PH 1.19.4 PS 6.6	Antidepressants.	06/7/22	F	M	C	Dr Abdulla	
PH 1.19.5 PS 6.5	Antipsychotics	07/07/22	F	M	C	Dr Ratheesh	
PH 1.PS.6 PS 3.4 PS 7.6	Antimaniac and anxiolytics.	11/07/22	F	M	C	Dr Ratheesh	
PH 1.43(7) Dr 7.3	Antifungal drugs I	21/07/22	F	M	C	Dr Divya	
PH 1.43(7) Dr 7.3	Antifungal drugs II	25/07/22	F	M	C	Dr Divya	

PH 1.43(7) Dr 7.3	Antifungal drugs I	21/07/22	F	M	C	Dr Divya	
PH 1.43 (7) Dr 7.3	Antifungal drugs II	25/07/22	F	M	C	Dr Divya	
PH 1.46 IM 6.11	Antimalarial drugs part II	27/07/22	F	M	C	Dr Divya	

COMPETENCY ASSESSMENT - Integration topics

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 OR Numerical Score	Decision of faculty Completed(C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Received Initial of learner
PH 1.46 IM 6.17	Antiretroviral drugs part-II	28/07/22	F	M	C	Dr Divya	
PH 1.29 IM 1.24	Drugs used in CHF	10/03/22	F	M	C	Dr Naseeha	
PH 1.34.2 IM 13.6 IM 15.5	Drugs used in peptic ulcer	24/08/22	F	M	C	Dr Ubedulla	
PH 13.2(1) CT 2.17	Bronchial asthma and COPD	17/09/22	F	M	C	Dr Divya	
PH 1.31 IM 11.18	Antihyperlipidemic drugs part I	26/09/22	F	M	C	Dr Divya	
PH 1.31 IM 11.13	Antihyperlipidemic drugs Part II	23/09/22	F	M	C	Dr Divya	
PH 1.46	Anti-leprotic drugs	13/10/22	F	M	C	Dr Divya	

REFLECTION ON INTEGRATION TOPICS

Topic	Skeletal Muscle Relaxants
Department Involved	Pharmacology, Anaesthesia

We had an integration session on skeletal muscle relaxants by professor and HOD of pharmacology dept Dr Vbadulla. At the beginning muscle relaxants and its classification. These are the drugs which can reduce muscle tone / produce paralysis and can be classified into neuromuscular blocking agents, Directly acting and centrally acting agents. He explained the mechanism of action, adverse drug reaction, uses of each class of drugs. He also mentioned the drug interaction and toxicity of neuromuscular blocking agents.

The session was useful as we were introduced to the different types of skeletal muscle relaxants, its use and MOA and this information very helpful for our clinical practice

Signature of student	Remarks and score	Signature of faculty with Name and Date
[signature]	Satisfactory	[signature]

REFLECTION ON INTEGRATION TOPICS

Topic	PH 1.19.5 PSS-5 Antipsychotics.
Department Involved	Psychiatry, pharmacology department.

We had a session on Antipsychotics by professor of pharmacology Dr Rathnesh Sir. He began with an introduction on psychosis and functional disorders. Later we were taught the classification of antipsychotics. Its mechanism of action and pharmacological action on each system. We also discussed adverse effects on CNS, anticholinergic effects, endocrine and extrapyramidal effects. He briefly explained 'tardive dyskinesia'. We also learned about and another important topic atypical antipsychotics.

The session was definitely useful to learn different antipsychotics. Their uses and ADR. We were introduced about the common antipsychotics that is being used. We also learned how exactly are atypical antidepressants different and their significance

The entire session was definitely useful to learn different antipsychotics, their uses of and ADR we

The entire session was interesting and we are now familiarised with the common antipsychotics used.

Signature of student	Remarks and score	Signature of faculty with Name and Date
	Satisfactory	

REFLECTION ON INTEGRATION TOPICS

Topic	Bronchial Asthma and COPD
Department Involved	Pharmacology, pulmonology

We had an integrated session on bronchial Asthma and COPD professor - Dr Durga, department of pharmacology

At the beginning she gave a brief idea about Asthma. It's causes, clinical classification etc. After that she explained how the drugs for bronchial Asthma are to be classified, described each class of drugs with regard to its mechanism of action, adverse drug reaction and uses. She mainly focused on bronchodilators, leukotriene receptors, antagonist, mast cell stabilizers and inhaled corticosteroids. Then she mentioned about the status asthmaticus and COPD, stepwise management and also explained about various inhales devices used in asthma like drug powder inhaled, metered dose inhaler, nebulizer.

After the session a quiz was conducted on the same topic after among the students.

At the end of session, we were made aware of available drugs for asthma, its route of administration and adverse drug reaction and other informations such is valuable in our future clinical practices.

Signature of student	Remarks and score	Signature of faculty Name and Date
Anuj. Gupta	Satisfactory	Dr

REFLECTION ON INTEGRATION TOPICS

Topic	
Department Involved	

Signature of student	Remarks and score	Signature of faculty with Name and Date

REFLECTION ON INTEGRATION TOPICS

Topic	
Department Involved	

Signature of student	Remarks and score	Signature of faculty Name and

REFLECTION ON INTEGRATION TOPICS

Topic	
Department Involved	

Signature of student	Remarks and score	Signature of faculty with Name and Date

COMPETENCY ASSESSMENT – Self-directed learning

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 OR Numerical Score	Decision of faculty Completed(C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Received Initial of learner
PH 1.61	Dietary supplements and	11/4/21 to 17/4/21	F	M	C	Dr Ubedulla	
PH 1.34	Hepatic and pancreatic diseases	13/9/22 to 20/9/22	F	M	C	Dr Ubedulla	
PH 1.48	Sexually transmitted diseases & U19	05/9/22 to 11/10/22	F	M	C	Dr Dasugu	

PH 1.45	Sexually transmitted diseases & UTI.	25/9/22 to 11/10/22.	F	M	C	Dr Deepa	

COMPETENCY ASSESSMENT - Self directed learning

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 OR Numerical Score	Decision of faculty Completed(C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Received Initial of learner
PH 1.22.1	Drugs of abuse, dependance & addiction	2/10/22 to 3/10/22	F	M	C	Dr Rathesh	
PH 1.55	National health programs.	9/10/22 to 15/10/22	F	M	C	Dr Rathesh	
PH 1.52	Management of common poisoning common stings and bites	16/10/22 to 22/10/22	F	M	C	Ms. Reshma	

COMPETENCY ASSESSMENT – Self-directed learning

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 OR Numerical Score	Decision of faculty Completed(C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Received Initial of learner
PH 1.51	Occupational and environmental problems, food adulteration, pollutants and insect repellants	23/10/22 to 29/10/22	F	M	C	Dr Naseeha	

REFLECTION ON SELF-DIRECTED LEARNING

Topic	PH 1.6 dietary supplement and nutraceutic
Resources used	Research gate net · publications

on 11/4/22 . we had a SDL session on dietary supplement · and neutraceuticals it is done under the Dr Ubedulla Sir. Sir provided papers regarding the topic ·

Through these session we had a idea about dietary supplem and neutraceuticals . when talk about dietary supplement, we got know ledge about what is dietary supplement what mean by that, historical view of dietary supplement . Balanced diet, global mark of dietary supplement · supplement formulation, classification of supplements vitamin and mineral as supplements, fish oil, omega 3 supplement advantages. protein powder and infant form of supplement , botanical supplement advantages and limita neutraceuticals we got about what is neutraceutical its classi cation , and role in various diseases · and about dietary fi bre, probiotic , prebiotic, its health benefits , antioxidant metal binding protein, diet related diseases .

Though these SDL . as we know about dietary supple it for improve health or well being . these products are no necessary safe for everybody so I should more care about it . prescription will avoid neutraceuticals should taken ac cording to their acceptable recommended intake.

Signature of student	Remarks and score	Signature of faculty with Name and Date
	Satisfactory	

REFLECTION ON SELF-DIRECTED LEARNING

Topic	Sexually transmitted infections & UTI.
Resources used	

Self directed learning was done the topics Sexually transmitted infection and Urinary trait Infection from 25/9/22 to 1/10/22 which was conducted under the guidance of Dr Divya.

Sexually transmitted ~~de~~ infection mainly bacterial vaginosis actinomycosis, chlamydial infection genital warts, Syphilis etc. Syphilis is one of the ~~way~~ common bacterial infection spread through sexual contact treatment of Syphilis depend upon the risk category. Usually Syphilis is treated benzathin, penicillin ~~am~~ a intramuscularly. In case of of neurosyphilis ocular symptoms and ~~ot~~ syphilis are treated by aqueous crystalline penicillin queen intravenously uncomplicated UTI are among the most frequently occurring infection

In case of resistance. fluroquinolone which is expensive, 3rd generation cephalosporin are considered as 3rd line agent from provided material I had got a clean idea about the diagnosis and treatment of sexually transmitted disease

Signature of student	Remarks and score	Signature of faculty with Name and Date
	Satisfactory	

REFLECTION ON SELF-DIRECTED LEARNING

Topic	Management of common poisoning, common snake bites.
Resources used	Pharmacology and pharmacotherapeutics RS Sethi Harrison principle of internal medicine.

what happened.

In today's class we discussed about the management of common poisoning and signs of bites our session were under guidance of Reshma.

So what

Our first priorities with any unstable or critically ill patient, resuscitation on with basic life support takes following initial resuscitation and stabilization a risk assessment is performed to predict the course of clinical toxicity, interventions required and patient disposition. The diagnostic tests done are CBC, basic serum electrolytes blood urea nitrogen and creatinine, LFT, serum lactate, ECG etc. Insect bites causes irritation itching change in color over the involved arthropods, diplopodes, and arachnoids. Treatment of bite consists primarily symptomatic with the use of topical topical glucocorticoids and systemic antihistaminis

what's next?.

After this session, I got good knowledge about how to handle cases of poisoning and insect bites. Decontamination activated charcoal nebule bowel irrigation, warm alkaline antidotes, necessary supports are practiced

Signature of student	Remarks and score	Signature of faculty with Name and Date
	Satisfactory	

COMPETENCY ASSESSMENT – Practical exercises

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 OR Numerical Score	Decision of faculty Completed(C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Received Initial of learner
PH 4.1.	Administer dougs through various routes.	26/03/22	F	M	C.	Dr Ubedulla	
PH 4.1	Demonstrate the appropriate setting up of an intravenous dip	30/03/22	F	M	C.	Dr Dwoji	
PH 4.1	OOAP Demonstrate the appropriate setting up of an intravenous dip.	02/04/22	F	M	C.	Dr Dona	

PH 4.1	OCAP Demonstrate the appropriate setting up of an intravenous drip.	02/04/22	F	M	C	Dr Dona	

COMPETENCY ASSESSMENT - PRACTICAL SKILLS

1 Competency # addressed	2 Name of Activity	3 Date Completed dd-mm-yyyy	4 Attempt at activity First or Only (F)Repeat(R) Remedial(Re)	5 Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations OR Numerical Score	6 Decision of faculty Completed(C) Repeat(R) Remedial(Re)	7 Initial of faculty and date	8 Feedback Received Initial of learner
PH 4.2.	Demonstrate the effects of drug on BP	23/04/22	F	M	C	Dr Vbedulla	
PH 1.10.	Identify the errors in prescription and correct appropriately.	01/06/22	F	M	C	Dr Vbedulla	
PH 3.3.	Perform critical appraisal of drug promotional literature	21/06/22	F	M	C	Dr Divya	

COMPETENCY ASSESSMENT – Practical exercises

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 OR Numerical Score	Decision of faculty Completed(C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Received Initial of learner
PL: PH 3.5	Prepare and explain list of p. drugs for a given case/ condition.	13/07/22	F	M	C	Dr. Rathees	
PH 2.2	Prepare ORS solution from ORS packet and explain its causes.	19/10/22	F	M	C.	M. Rathees	
PH 2.3	Prepare a list of essential medicines for health care facility	6/10/22	F	M	C.		

PH 5.9 2.1	Prepare a list of essential medicines for a health care facility	6/10/22	F	M	C		

COMPETENCY ASSESSMENT - PRACTICAL EXERCISES

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 OR Numerical Score	Decision of faculty Completed(C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Received Initial of learner

COMPETENCY ASSESSMENT – Practical exercises

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) expecta-tions Meets (M) expectations Exceeds (E) ex-pectations OR Numerical Score	Decision of faculty Completed(C) Repeat(R) Re-medial(Re)	Initial of faculty and date	Feedback Received Initial of learner

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 OR Numerical Score	Decision of faculty Completed(C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Record of learner

REFLECTION ON PRACTICAL EXERCISES

Topic	PH 2.2 Prepare ORS solution from ORS packet and explain its use.

On 17th october we had a session on oral dehydration and its uses Ms Reshma was in charge of the session. She explained the topic very well. She discussed about the advantages of using ORS about precautions, its dosage and cautions to prepare ORS. She explained in detail about each ingredients and its action and also about uses including non diarrheal uses of ORS. She also mentioned about types of ORS - Home ORS, cereal based ORS, Super ORC. She also stated that difference b/w odd ORS and New WHO ORS and discussed in detail about the rule of Zero in ORS.

In short, from this practical session, I got a clean cut idea about ORS and its uses. How to prepare it and what are its indications. Now I'm confident that I/we can prepare ORS properly and I will also try to share this information to any my family and friends. I will educate my friends about you. to use ORS and sometimes it can be lifesaving.

Signature of student	Remarks and score	Signature of faculty with Name and Date
Arnab Dutta	Satisfactory	

REFLECTION ON PRACTICAL EXERCISES

Topic	PH 4.1 Demonstrate the appropriate setting up of an IV drip.

Attended a practical session on demonstration of appropriate setting of N drip by Dr Divya. She began with demonstration of cannula setting. Preparation and method of administration. About the parts of cannula, its types and uses. Also discussed about the basic preparation like what all equipments to be needed and preparation. She briefly discussed about preparing the patient and what all causes to be selected to administer the cannula. She ended the session by giving instruction about securing and observing after the cannula administration.

The session was very important from the side of practical exercise we all learned how to administer cannula its parts, uses etc this practical session made us very interesting and exciting helps us to know the importance.

Signature of student	Remarks and score	Signature of faculty with Name and Date
	Satisfactory	

REFLECTION ON PRACTICAL EXERCISES

Topic	PH 33 Perform critical appraisal of drug promotional literature

→ What happened?.

On 04-07-22 we had a session on the topic critical appraisal of drug promotional literature under the guidance of Dr. Krishnan. The session was helpful in knowing how roles of medical representatives and their primary roles and responsibilities and also about how to optimize the interaction checklist with a representative and how to communication effectively to attain maximum benefit and knowledge.

→ So what?.

A medical representative is they representative of a company whose job is to promote and sell their company's products that's pharmacological drugs or medical equipment. They inform and present a new medical equipment. They inform and present a new medical product to doctors and other care professionals. A doctor should have a interaction where one should look for international non proprietary name ingredient names, pharmacological effects and mechanism of action. and also should about clinical information like regimen, dosing intervals, contraindications precautions adverse effect drug reactions, and drug interactions. A doctor should not blindly belong their information given by

Signature of student	Remarks and score	Signature of faculty Name and Date
	Satisfactory	

REFLECTION ON PRACTICAL EXERCISES

Date:

[illegible], instead we should ask questions about [illegible] of drug, how better it is than the existing drugs [illegible] should be respectful and polite to them and [illegible] communicate in a peaceful environment and concentrate [illegible] information. Also it is very important not to demand [illegible] kind of favours from the representative.

[illegible]

The session was very helpful in understanding how to [illegible] with the representative and attain maximum knowledge [illegible] about the upcoming drugs used equipments. Provide [illegible] information in future to have an effective communi[illegible] with medical representation

Signature of student	Remarks and score	Signature of faculty with Name and Date
	Satisfactory	

REFLECTION ON PRACTICAL EXERCISES

Topic	

Signature of student	Remarks and score	Signature of [illegible] Name and [illegible]

REFLECTION ON PRACTICAL EXERCISES

Topic	

Signature of student	Remarks and score	Signature of faculty Name and Date

COMPETENCY ASSESSMENT – AETCOM modules

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 OR Numerical Score	Decision of faculty Completed(C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Received Initial of learner
Module 2.1	Bioethics continued - Case studies on patient autonomy and decision making	16/9/22	F	M	C	Dr Divya	
Module 2.1	Bioethics II	17/9/22	F	M	C	Dr Divya	
Module 2.1	"	22/9/22	F	M	C	Dr Divya	

Module 2.7	"	23/9	F		C	Dr Divya	

COMPETENCY ASSESSMENT – AETCOM modules

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) expecta-tions Meets (M) expectations Exceeds (E) ex-pectations OR Numerical Score	Decision of faculty Completed(C) Repeat(R) Re-medial(Re)	Initial of faculty and date	Feedback Received Initial of learner
Module 2.7		24/9/22	F	M	C	Dr Divya	
Module 2.7		30/9/22	F	M	C	Dr Divya	

COMPETENCY ASSESSMENT – AETCOM modules

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 OR Numerical Score	Decision of faculty Completed(C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Received Initial of learner

REFLECTION ON AETCOM MODULES

Topic	Case studies on patient autonomy and decision making.

What happened ?.

We had 5 AETCOM session by on patient autonomy and decision making. Patient is principle which states that a patient must have sufficient information and understanding before making decision.

So what ?.

Through these session we get to know what all information must be shared to the patient so that they have the opportunity to exercise a knowledgable and informed consent. A doctor should explain about the nature of illness, procedure treatment, risks and benefits of illness, procedures ~~treatment~~ success rate and alternate treatment available.

What next

By the end of session, importance of informed consent was made aware to all of us and right of patient to take decision regarding their own body.

Signature of student	Remarks and score	Signature of faculty with Name and Date
Amrit Jaiswal	Satisfactory	

REFLECTION ON AETCOM MODULES

Topic	

Signature of student	Remarks and score	Signature of faculty with Name and Date

REFLECTION ON AETCOM MODULES

Topic	

Signature of student	Remarks and score	Signature of faculty with Name and Date

REFLECTION ON AETCOM MODULES

Topic	

Signature of student	Remarks and score	Signature of faculty with Name and Date

REFLECTION ON AETCOM MODULES

Topic	

Signature of student	Remarks and score	Signature of faculty with Name and Date

REFLECTION ON EXTRACURRICULAR ACTIVITIES

Topic	Extracurricular activities

In this academic year, various co-curricular activities were conducted by different department and students union on [illegible] World Environment day we had poster making competition various other competition were also held by different depart on world Yoga day, Antibiotic week, world tuberculosis day Rabies week etc.

Students Union also taken interest on conducting various programmes in the College. We had a celebrations in the College association with pride month along with face painting competition, literature quiz and book exchange on reading day, [illegible] hepatitis day poster making competition associated with blood donation, dance events on onam, portrait making on independence day etc. Along with competition we also have seminars dules pertaining to different activities where interested students can join and exhibit their talents

Signature of student	Remarks and score	Signature of faculty with Name and Date
[signature]	Satisfactory	[signature]

REFLECTION ON EXTRACURRICULAR ACTIVITIES

Topic	

Signature of student	Remarks and score	Signature of faculty with Name and Date

REFLECTION ON SPORTS / PHYSICAL EDUCATION

Topic	Sports/ physical education.

Different games and sports that we play and watch have profo- impact on us. There we have been able to get engaged in differ sports like football, throwball, deadmeridon, basketball and other indoor sports like table tennis, chess etc.

It's a platform to interact with others. It is a way people to exercise and stay fit. It helps to achieve good health It's also helps in boosting our mood and preventing depression. It improves our mental as well as physical health. It's helps us to form and try to achieve a common goal. It give us a sense of worth and accomplishment. Even though its a team game or so, being able to achieve success on the playing field helps in giving confidence and sense of accomplish- ment. It's also an entertainment for others who watch it.

Signature of student	Remarks and score	Signature of faculty with Name and Date
Ananda Jaya	Satisfactory	

FINAL SUMMARY

Sl. No	Description	Attendance Percentage	Status	Signature of Student	Signature of Faculty
			Complete/ Incomplete		
1	Small group discussion				
2	Integration topics				
3.	Self-directed learning		Complete		
4	Practical exercises				
5	AETCOM modules				
6	Extracurricular activities				
7	Sports /Physical Education				

EXTRACURRICULAR / SPORTS / RESEARCH ACTIVITIES

ACHIEVEMENTS / AWARDS

COLLEGE LEVEL

STATE LEVEL

NATIONAL / INTERNATIONAL LEVEL

RESEARCH ACTIVITIES

Signature of student

Signature of faculty

SUMMARY OF INTERNAL ASSESSMENT

Internal Assessment (IA)	Date	Total marks		Marks scored		Signature of Student	Signature of faculty
		Theory	Practical	Theory	Practical		
First							
Second							
Third							
Remedial							
Final IA marks to be submitted to University							
Professionalism to be submitted to University		20 (as per KUHS guidelines)					

ATTENDANCE RECORD

Term	Theory (%)	Practicals (%)	Signature of Student	Signature of Faculty
I Term				
II Term				
III Term				
Final to be submitted to university				



KMCT MEDICAL COLLEGE
MANASSERY

COMPETENCY BASED MEDICAL EDUCATION (CBME)
MBBS PHASE II LOG BOOK

PATHOLOGY

Name of the Student : SREYA SUNIL

Roll no :

University registration no :

Kerala University of Health Sciences
Thrissur - 680596

KMCT MEDICAL COLLEGE

COMPETENCY BASED MEDICAL EDUCATION (CBME)

MBBS PHASE II LOG BOOK

PATHOLOGY

Name of the Student... SREYA SUNIL KUMAR .....

Roll No:... 124 .....

University Registration No.....

Duration of MBBS Phase II from year..... to year.....

KERALA UNIVERSITY OF HEALTH SCIENCES
THRISSUR 680 596

LOGBOOK CERTIFICATE

This is to certify that the candidate Mr / Ms.....SREYA SUNIL KUMAR.....

.....

Roll No.....124.....KUHS Registration No..19001205 2.....

admitted in the year.....2019..... in the KMCT Medical College, Kozhikode has satisfactorily completed / has not completed all assignments /requirements mentioned in this logbook for II MBBS course in the subject of 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

Signature with date

Head of Department
Department of Pathology

Principal / Dean

BIODATA OF THE STUDENT

Photo

Name of the Student : SREYA SUNIL KUMAR

Date of birth : 21-08-2000

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Father's name : D SUNILKUMAR

Mobile Number : 7991108727

Mother's Name : SREEVIDYA SUNIL

Mobile Number :

Signature of the Student

COMPETENCY ASSESSMENT - Small group discussion

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) expecta-tions Meets (M) expectations Exceeds (E) expectations OR Numerical Score	Decision of faculty Completed(C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Received Initial of learner
PA 13.2	Blood collection & Anticoagulants	29/07/21	F	M	C	3/8/21	
PA 13.3	Classification of Anemia	29/7/21	F	M	C	3/8/21	
PA 14.2 14.3	Diagnosis of Iron deficiency Anemia	29/7/21	F	M	-	3/8/21	

COMPETENCY ASSESSMENT - Small group discussion

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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 OR Numerical Score	Decision of faculty Completed(C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Received Initial of learner
PA 15.1 15.2 PA 15.3	Diagnosis of megaloblastic anemia	29/07/21	F	M	C		
PA 17.1 PA 17.2	Diagnosis of aplastic anemia	29/07/21	F	M	C	15/8/21	
PA 16.1 16.2	Hemolytic Anemia - Defn / classification	07/8/21	F	M	C	15/8/21	

COMPETENCY ASSESSMENT - Small group discussion

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PA 16.2 PA 16.3	Thalassemia - Types & Pathophysiology Clinical features, Blood findings & Special tests done	07/8/21	F	M	C		
PA 16.3	Sickle cell Anemia - Types, Pathophysiology, Clinical features, Blood findings & special tests done	07/8/21	F	M	C	18/8/21	
PA 16.4 16.3	H. Spherocytosis - Pathophysiology, Clinical features, Blood findings & special tests done	07/8/21	F	M	C		

3

COMPETENCY ASSESSMENT - Small group discussion

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Competency # addressed	Name of Activity	Date Completed dd-mm-yyyy	Attempt at activity First or Only (F)Repeat(R) Remedial(Re)	Rating Below (B) expecta-tions Meets (M) expectations Exceeds (E) ex-pectations OR Numerical Score	Decision of faculty Completed(C) Repeat(R) Re-medial(Re)	Initial of faculty and date	Feedback Received Initial of learner
PA 16.4 (10)	Intravascular hemolytic anemia with few examples	07/8/21	F	M	C	16/8/21	b
PA 17.1 17.2 (11)	Epidemiology of Cancer	11/8/21	F	M	C		b
12	Carcinogenic Agents & their cellular interactions.	11/8/21	F	M	C		b

COMPETENCY ASSESSMENT - Small group discussion

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PA 7.3 (13)	Microbial Carcinogenesis	11/8/21	F	M	C	16/8/21	
PA 7.4 (14)	Radiation Carcinogenesis	11/8/21	F	M	C		
PA 7.3 PA 7.4 (15)	Familial syndromes/ Inherited cancers & Acquired Premalignant Neoplasms	11/8/21	F	M	C		

COMPETENCY ASSESSMENT - Small group discussion

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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 OR Numerical Score	Decision of faculty Completed(C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Received Initial of learner
PA 27.9 (16)	Cardiomyopatery	8/9/21	F	M	C		
PA 27.7 (17)	Pericarditis & P. Effusion	8/9/21	F	M	C	17/9/21	
PA 27.7 27.9 (18)	Myocarditis	8/9/21	F	M	C		

COMPETENCY ASSESSMENT - Small group discussion

COMPETENCY ASSESSMENT - Small group discussion

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PA 27-2 (19)	Congenital heart disease.	8/9/21	F	M	C		
PA 28.14 (20)	Renal cell Carcinoma :- Etiology, Genetics, Pathogenesis & Pathology, Progression & Spread	31/12/21	F	M	C	8/9/21	
PA 28.16 (21)	Urothelial tumors	31/12/21	F	M	C		

COMPETENCY ASSESSMENT - Small group discussion

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PA 29.4 (22)	Carcinoma Prostate	31/12/21	F	M	C		L
PA 29.4 (23)	Carcinoma Prostate	31/12/21	F	M	C	4/1/22	L
PA 32.3 (24)	Hyperthyroidism - Clinical features - pathogenesis & Laboratory investigation	13/10/21	F	M	C		L

COMPETENCY ASSESSMENT - Small group discussion

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PA 32.3 (25)	Hypothyroidism - Clinical features, Pathogenesis - Laboratory investigation	13/10/21	F	M	C		
PA 32.1 32.3 (26)	Diffuse & MNG	13/10/21	F	M	C	9/1/22	
PA 32.5 (27)	Thyroid neoplasm → Follicular Adenoma & Follicular Carcinoma	13/10/21	F	M	C		

COMPETENCY ASSESSMENT - Small group discussion

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PA 32.1 32.3 32.2 (28)	Thyroid Neoplasm - Papillary Ca, Medullary & Anaplastic Carcinoma.	13/10/21	F	M	C		
PA 7.2 30.1 (29)	HPV and associated lesions	30/10/21	F	M	C	4/1/22	
PA 30.1 (30)	Carcinoma Cervix.	20/10/21	F	M	C		

REFLECTION ON SMALL GROUP DISCUSSION

Topic	BIOPSY AND CYTOPATHOLOGY

This was the first time that we got to see the pathology labs. We never expected such precise techniques and equipments to be found in the pathology lab.

We had a very vague idea about biopsy & cytopathology. We thought biopsy was only meant for diagnosis of cancer. But it was much more than that.

We realised that each step requires utmost care and alertness. We saw in a sequential manner about each proceeding from specimen accessioning to final filing & reporting. We were introduced to grossing, fixation, tissue processing (dehydration, clearing & impregnation), embedding by paraffin wax in the heuckhot block, microtome [used to section the block into ribbon shaped stripes. This was followed by H & E staining.
Mounting with DPX was also shown.
All these procedures are done based on details provided by patient in their requisition form and finally the report is forwarded to clinician. We also went thaough processes of cytopathology like sample collection, FNAC.
Each procedure has a lot of significance and value for the clinician and the patient as it helps to diagnose and treat the patient.

We realised that being a doctor, we need to always ensure the safety of the patients and cross check each procedure. So we need to be well versed in pathology as well as have hands on experience to understand procedures in a better way.

Classes on techniques of clinical pathology was a great experience We saw techniques of histopathology and cytopathology.
These things will surely help us in studying our clinical subjects.
Co-relation of these things with clinical subjects help us to understand things easily. Overall, session was excellent.

Signature of student	Remarks and score	Signature of faculty with Name and Date

REFLECTION ON SMALL GROUP DISCUSSION

Topic	Ulcerative Colitis.

I presented a seminar on the topic Ulcerative Colitis.

We discussed the definition of Ulcerative Colitis, the clinical features, the diagnostic criteria, treatment.

Risk factors of Ulcerative Colitis include having a close relative with IBD, between 15 & 30 yrs old women, high fat diet consumption.

symptoms of ulcerative colitis include diarrhea, abdominal cramping, tiredness, nausea, weight loss anemia.

Diagnosis by laboratory investigations include blood tests, stool samples, imaging tests, endoscopic tests.

Signature of student	Remarks and score	Signature of faculty with Name and Date

COMPETENCY ASSESSMENT – Integration topics

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 OR Numerical Score	Decision of faculty Completed(C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Received Initial of learner
1	Viral Hepatitis	02/~~7~~/21	F	M	C		L
2	Peptic ulcer disease	03/11/21	F	M	C		L
3	Immunology (with Microbiology)	04/11/21	F	M	C		L

COMPETENCY ASSESSMENT – Integration topics

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 OR Numerical Score	Decision of faculty Completed(C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Received Initial of learner
4.	Inflammatory Bowel disease	8/6/21	F	M	C		
5.	Gestational Trophoblastic disease.	14/9/21	F	M	C		

REFLECTION ON SELF-DIRECTED LEARNING

Topic	Blood Banking
Resources used	

We were divided into 6 groups randomly and certain competencies were alloted to each group. Each group was asked to conduct a discussion for 45 minutes & prepare notes. The competencies given as follows:

① PA 22.1 → Classify and describe blood group systems (ABO & Rh). Under this competency, we studied about ABO group system and Rh blood group system.

② PA 22.2 → Enumerate the indications, principle & steps of compatibility testing. This made us aware of the screening of blood before transfusion and also the importance of cross-matching

③ PH 22.4 → Enumerate the blood components and describe their clinical use. We studied about the main uses of various blood components like RBC, WBC, platelet, Fresh Frozen plasma, etc

④ PH 22.5 → Enumerate and describe infections transmitted by blood transfusion. We discussed about few of the disease transmitted by transfusion

Hepatitis (HBV, HCV), HIV, malaria, syphilis.

⑤ PH 22.6 → Describe transfusion reaction and the steps in the investigation of transfusion reaction.

⑥ PH 22.7 → autologous transfusion → which is the transfusion of one's own blood to their body.

At the end of the discussion, a leader was choosen by each group. Then the leader presented the alloted topic in front of the entire class.

This helped us to have a thorough knowledge on each of these topics. So diving topics, studying separately and later sharing gained information seems to be very effective in knowledge acquiring as well as a time-saver.

Signature of student	Remarks and score	Signature of faculty with Name and Date

REFLECTION ON SELF-DIRECTED LEARNING

Topic	Environmental & Nutritional Diseases
Resources used	

A Quiz competition was held on the topic "Environmental and Nutritional Diseases" on July 1st.
The competition enwised participation from the whole class.
Before coming to pathology, we had a basic idea regarding this topic as we had learnt in biochemistry.
In round one, we were asked the biological names of different vitamins. In round two, we were mainly asked the clinical manifestations of various vitamin deficiencies.
In round three, we had discussed various clinical scenarios.
In the following round, we had to diagnose various disorders using pictorial aids. After that, we were shown gross and microscopic pictures to diagnose the diseases.
In the subsequent rounds, we had to diagnose the disease using flowcharts and related images.
To make matters more exciting, we also had a rapid fire session.
This session was very valuable because nutritional and environmental diseases are common in our country.
Instead of rote learning, we were able to grasp the topic easily by an interesting quiz conducted by our faculty. Along with this, we would also like to learn about the drug abuse prevalent among adolescents.
We plan to learn this by referring our texts, watching videos, and by observing patients in OP.
Overall, it was a very interesting and informative session

Signature of student	Remarks and score	Signature of faculty with Name and Date

COMPETENCY ASSESSMENT – Practical exercises

1	2	3	4	5	6	7	8
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	Grossing pathology	11-09-21	F	M	C		Good
	Histopathology recording	14-09-21	F	M	C		
	Slide processing	15-09-21	F	M	C		

COMPETENCY ASSESSMENT – Practical exercises

1	2	3	4	5	6	7	8
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	FNAC Procedure	18-09-21	F	M	C		good.
	Blood Banking	20-09-21	F	M	C		
	Electives	05-10-21	F	M	C		

REFLECTION ON PRACTICAL EXERCISES

Topic	Gross Pathology

Before observing each slide under the microscope gross pathology is an important aspect of study. Gross specimens of different organs are preserved in one pathology laboratory for further studies of our specimen.

We were able to study the gross features of different specimens in pathology, this helped me to get a better idea regarding the gross specimens & their features.

Signature of student	Remarks and score	Signature of faculty with Name and Date

REFLECTION ON PRACTICAL EXERCISES

Topic	Histopathology of different slides

We had slide discussion classes & our faculties taught us how to identify each slide with identifying the features.

We had a great exposure to all the histology slides, and could learn a lot about the cell morphology Moreover, the discussion classes which were held helped us to learn better and make the portions more thoroughly.

Signature of student	Remarks and score	Signature of faculty with Name and Date

REFLECTION ON PRACTICAL EXERCISES

Topic	FNAC (Fine Needle Aspiration Cytology)

- It is a diagnostic procedure used to investigate lump/mass

- We observed the whole procedure. we saw the hollow needle inserted into the mass for sampling of cells, which is stained and then examined under a microscope

- We are able to diagnose many inflammatory conditions & cancer.

We are performing the FNAC for 2 reasons
→ a biopsy is performed on a lump/tissue mass
→ biopsy also performed to assess the effect of treatment & to obtain tissue for special studies

Signature of student	Remarks and score	Signature of faculty with Name and Date

REFLECTION ON PRACTICAL EXERCISES

Topic	Blood Bank

During one of our practical classes, we visited the blood bank.

They collect, separate, test & stored blood until a patient needs. The first step in the blood banking process is collection. Most blood banks rely on volunteer blood donor. The tubes & donation are labelled with donor information & sent off for processing & testing.

The donated blood is taken to processing center. Whole blood is usually centrifuged, which separates it into its many components that patients may need: red blood cells, platelets & plasma.

Overall, it was a good experience.

Signature of student	Remarks and score	Signature of faculty with Name and Date

REFLECTION ON PRACTICAL EXERCISES

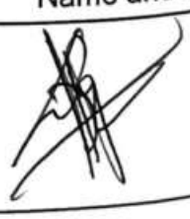
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Overall, it was a good experience.

Signature of student	Remarks and score	Signature of faculty with Name and Date
		

FINAL SUMMARY

Sl. No	Description	Attendance Percentage	Status	Signature of Student	Signature of Faculty
			Complete/ Incomplete		
1	Small group discussion	95%	Complete	✓	✓
2	Integration topics	95%	Complete	✓	✓
3.	Self-directed learning				
4	Practical exercises	96%	Complete	✓	✓
5	AETCOM modules				
6	Extracurricular activities				
7	Sports /Physical Education				

SUMMARY OF INTERNAL ASSESSMENT

Internal Assessment (IA)	Date	Total marks		Marks scored		Signature of Student	Signature of faculty
		Theory	Practical	Theory	Practical		
First	26/8/21	100	100	57.75			
Second	6/11/21	100	100	56.75	A		
Third	6/12/21	100	100	~~37~~ 48	63		
Remedial		–	–				
Final IA marks to be submitted to University							
Professionalism to be submitted to University		20 (as per KUHS guidelines)					

ATTENDANCE RECORD

Term	Theory (%)	Practicals (%)	Signature of Student	Signature of Faculty
I Term	97	97		
II Term	96	96		
III Term	97	97		
Final to be submitted to university				



KMCT MEDICAL COLLEGE
MANASSERY

COMPETENCY BASED MEDICAL EDUCATION (CBME)
MBBS PHASE II LOG BOOK

MICROBIOLOGY

Name of the Student :.....

Roll No :.....

University Registration No :.....

Kerala University of Health Sciences

KMCT MEDICAL COLLEGE

COMPETENCY BASED MEDICAL EDUCATION
(CBME)

MBBS PHASE II LOG BOOK

MICROBIOLOGY

Name of the Student..... Aaryadas. T.R. .....

Roll No:..... 3 .....

University Registration No..... 20001294 .....

Duration of MBBS Phase II from year..... to year.....

KERALA UNIVERSITY OF HEALTH SCIENCES
THRISSUR 680 596

LOGBOOK CERTIFICATE

This is to certify that the candidate ~~Mr~~ / Ms. Aaryadas·T·R·

.....

Roll No. 3 *KUHS Registration No.* 200012294

admitted in the year..... in the KMCT Medical College, Kozhikode has satisfactorily completed / has not completed all assignments /requirements mentioned in this logbook for II MBBS course in the subject of 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

Signature with date

23/12/22

Department of Microbiology
KMCT Medical College
Calicut - 673 602

Head of Department
Department of Microbiology

Principal / Dean

BIODATA OF THE STUDENT

Photo

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Father's name : Ramadas. T.K

Mobile Number : 9961360138

Mother's Name : Priya. P.A

Mobile Number : 8137906363

Signature of the Student

GENERAL INSTRUCTIONS

1. Completion of the activities specified and submission of the certified log-book 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 designated student, who would be responsible for maintaining his/her log-book.
3. The student is responsible for getting the entries in the logbook verified by the Faculty incharge 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.

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5	Competency assessment and reflections of AETCOM modules	
6	Reflections of Extracurricular activities	
7	Reflections of Sports / Physical Education	
8	Final summary	
9	Summary of internal assessment and attendance	
10	Assessment of extracurricular activities	

23/12/22

Signature of faculty in charge

COMPETENCY ASSESSMENT - Small group discussion

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MI 1.1, 1.2, 1.6	Culture media Culturing methods	22.3.22	F	M	C		
MI 8.5, 8.6 MI 8.5, 8.6 MI. 8.9, 8.10	Biomedical waste management Needle stick injury Anti-microbial susceptibility test	29.3.22	F	M	C		
MI 8.5, 8.6, 8.7	Health care - associated infection	1.4.22	F	M	C		

COMPETENCY ASSESSMENT - Small group discussion

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M1 1.8 8.13 8.15	Immunology – Ag-Ab reactions	5.4.22.	F	M	C		
M1 1-8	Immunology - Structure & functions of immune system	12.4.22	F	M	C		
M1 1.10	Immunology – Hypersensitivity	19.4.22	F	M	C		

COMPETENCY ASSESSMENT - Small group discussion

1	2	3	4	5	6	7	8
Competency	Name of Activity	Date Completed	Attempt at	Rating Below	Decision of	Initial of	Feedback

COMPETENCY ASSESSMENT - Small group discussion

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MI 1.10	Immunology - Autoimmunity & immunodeficiency disorders	26.4.22	F	M	C		
	Parasitology - entameoba	29.4.22	F	M	C		
	Parasitology - flagellates	3.5.22	F	M	C		

COMPETENCY ASSESSMENT - Small group discussion

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	Parasitology – opportunistic coccidium parasites	13.5.22.	F	M	C		
	Parasitology – malarial parasites	17.5.22	F	M	C	[illegible]	
M1 3-1	Parasitology – cestodes	10.6.22	F	M	C		

COMPETENCY ASSESSMENT - Small group discussion

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MI 3.2	Parasitology - Trematodes	14.6.22.	F	M	C		
MI 3.3	Parasitology - Nematodes	21.6.22	F	M	C		

REFLECTION ON SMALL GROUP DISCUSSION

Topic	ANAEROBIC CULTURE METHODS

Obligate anaerobic bacteria can grow only in the absence of oxygen, hence for the growth of such bacteria anerobic environment is needed

The following methods are to create anaerobiosis:

⇒ Evacuation & replacement: evacuation of air from gas & replacement with inert gas - Hydrogen & removal of O_2 by catalyst.

⇒ Manual method: McIntosh & Filde's anearobic Jar used

⇒ Automated system (anoxomat) - automatically evacuate air & replace H_2 catalyst - sachet containing Al pallet coated with palladium.

⇒ Absorption of O_2 by chemical methods.

- Gas-Pak system: O_2 removed by chemical reaction: uses a sachet containing sodium Bicarbonate & sodium borohydride in presence of H_2O produce hydrogen & CO_2 gas.

⇒ Indicators of anaerobiosis

a) Chemical: Reduced methylene blue - colorless in a anerobic medium, but blue on exposure to oxygen.

b) Biological: use obligate aerobe, Pseudomonas - absence of its growth indicates that complete anaerobiosis has been achieved

⇒ Gas bag (Bio Mereux): contain airtight transparent bag with a generator sachet, rapidly produces CO_2 & produce anerobic environment

⇒ Anaerobic glove bag & Anaerobic work station: provide facility for easy processing incubator & examination of specimen without exposure of oxygen

⇒ Reducing agents: O_2 reduced by glucose thioglycolate cooked meat process, cysteine, ascorbic acid. Robertson | cooked meat broth is most widely used

⇒ Pre-reduced anaerobically sterilized: prepared entirely under O_2 free conditions from initial sterilization to packaging sealed full packets.

Signature of student	Remarks and score	Signature of faculty with Name and Date
		24/6

REFLECTION ON SMALL GROUP DISCUSSION

Topic	HYPERSENSITIVITY

Hypersensitivity or allergy refer to the exaggerated consequences in the sensitized host following subsequent contact with specific antigen.

	Type I	Type II	Type III	Type IV
Immune response altered	Humoral	Humoral	Humoral	Cell mediated
Immediate / delayed	Immediate	Immediate	Immediate	Delayed
Duration b/w appearance of symptom	2–30 min	5–8 hr	2–8 hr	24–72 hr
Antigen	Soluble	Cell surface bound	Soluble	Soluble / bound
Mediator	IgE	IgG	Ag–Ab complex	T_{DTH} cell
Effector mechanism	Mast cell degranulation	• ADCC • complement mediated cytolysis	• complement activation & inflammatory response	• Macrophage activation leads to phagocytosis or cell cytotoxicity
Desensitization to the allergen	Easy, but short lasting	Easy, but short lasting	Easy, but short lasting	Difficult but sustained
Typical manifestation	Anaphylaxis Asthma Atopic dermatitis	• Transfusion reaction • Rh incompatibility Hemolytic anemia	• Arthus reaction – Serum sickness • Glomerulonephritis • Rheumatoid arthritis	• Tuberculin test • Granuloma formation in tuberculosis leprosy etc • Contact dermatitis

Signature of student	Remarks and score	Signature of faculty with Name and Date
		24/6

REFLECTION ON SMALL GROUP DISCUSSION

Topic	Lab diagnosis of malaria

Microscopic tests

1) Peripheral blood smear - gold standard
   Thick smear - more sensitive
   Thin smear - speciation can be done based on the following features
   - P. vivax - amoebiod ring form & schizont
   - P. falciparum - ring forms (multiple ring forms, accole form, headphone shaped ring form)
   - P. malariae - band form
   - P. ovale - enlarged fimbriated oval RBC with ring form
2) fluorescence microscopy (Kawamoto technique)
3) Quantitative buffy coat examination -
   parasitized RBCs appear as brilliant green dots.

Non microscopic tests

1) Antigen detection test : (RDTs) or ICTs detect pan malarial Ag (PLDH, aldolase) falciparum species Ag (HRP II)
2) culture - RPMI 1640 medium
3) Molecular diagnosis - PCR targeting 18s rDNA

Signature of student	Remarks and score	Signature of faculty with Name and Date
		MCO 13/10/22

REFLECTION ON SMALL GROUP DISCUSSION

Topic	LAB DIAGNOSIS OF HIV

Specific test for HIV detection

→ Screening tests (antibody detection)

- ELISA - highly specific & sensitive
  take 2-3 hrs
- Rapid / simple test (< 30 minutes)
  - Dot blot assay (tridot test)
  - Immunochromatography (ICT, latent flow assay)
  - Particle agglutination assay
  - DIPstick or Combs test (enzyme immuno assay band test)

→ Supplemental test (antibody detection)

- Western blot assay
- Line immuno assay

→ Confirmatory test

- P24 antigen detection (after 12-26 days of infection)
- Viral culture - by co-cultivation technique
- HIV-RNA (best confirmatory test) - detected 10-14 days after infection
  - Reverse transcriptase PCR (RT-PCR)
  - Branched DNA assay
  - NASBA (Nucleic Acid sequence based Amplification)
  - Real time RTPCR for estimating viral load
- HIV DNA detection - useful for diagnostic of pediatric HIV

Non specific immunological methods

- Low CD_4 T cell count
- Hypergamaglobulinemia
  - Neopterin
  - β_2 microglobulin
- Altered CD_4 : CD_8 T cell ratio

Signature of student	Remarks and score	Signature of faculty with Name and Date
		13/10/22

REFLECTION ON SMALL GROUP DISCUSSION

Topic	MOLECULAR METHODS IN DIAGNOSIS OF TB

Polymerase chain reaction

Nested PCR targeting IS6110 gene.

Automated real time (RT-PCR) PCR

1. Cartridge - based nucleic acid amplification test (CBNAAT) Eg: genexpert
2. Chip based real time PCR Eg: Truenat

Gene expect CBNAAT)

- Lowest turnaround time (2 hours) rapid
- Principle: Based on RT PCR technique simultaneously detects
  a) MTB complex DNA b) Rifampicin resistance
- Specimen - CSF, lymphoid, other tissue, Sputum

Chip based NAAT (Truenat)

- Truenat - chip based RTPCR system
- Automated battery operated system,
- Turn around time 2hrs: 1½-2hr - cost - level

Line probe Assay (LPA)

- Probe based detection of amplified DNA in the specimen
- Identify MTB complex
- Detection of resistance to first line antitubercular drug
- Speciation of MTB complex & NTM
- Detection of resistance to second line ATDs
- Useful particularly in isoniazid mono resistant cases of TB, which are not diagnosed by Gene expert

good

Signature of student	Remarks and score	Signature of faculty with Name and Date
	Good.	13/10/22

REFLECTION ON SMALL GROUP DISCUSSION

Topic	SUPERFICIAL mycosis

- fungal infection involving skin, hair, nail & mucosa

Tinea versicolor - Malaziezia furfur

- flat round scaly patches in area rich in sebacious gland
- seborrheic dermatitis (dandruff), atopic dermatitis, folliculitis
- Lab diagnosis - microscopy examination of skin scraping
  Golden yellow color on wood lamp examination

Tinea nigra : Hortae, werneckii (black colored yeast like fungus)

- painless, black, non-scaly patches on palm & sole

Piedra

- white piedra : Trichosporon beigelii (yeast like fungus) produce creamy white colonies rectangular
- black piedra : Piedraia hortae (phaeoid fungus) produce reddish brown colonies, asci containing ascospores

Dermatophytosis include trichophyton, microsporum & epidermophyton

clinical types: Tinea capitis (favus, ectothrix, endothrix)
Tinea corporis (trunk & limbs)
Tinea pedis (athlet foot)
Tinea cruris (groin)
Tinea barbae (beard, moustache)
Tinea faciei (non bearded area of face)
Tinea imbricata (concentric lession of skin)
Tinea magnum - palmar aspect of hand

Lab diagnosis wood lamp examination - pasture for microsporum
species of trichophyton soleini

Good

specimen - skin scrapings, hair plait & nail clipping
Direct examination - thin septate hyaline hyphae
culture - on SDA containing cycloheximide

Signature of student	Remarks and score	Signature of faculty with Name and Date
	Good	13/10/22

REFLECTION ON INTEGRATION TOPICS

Topic	Syphilis & Gonococcus
Department Involved	

We had a session on syphilis & Gonococcus. ~~by~~

The topic began with an introduction to various sexually transmitting disease & reached the main topic of Syphilis & Gonococcus: The clinical manifestation of syphilis & Gonococcus, pathogenesis & various lab diagnosis available for them. Then discussed about the primary chancre & regional lymphadenopathy which is included in the primary syphilis & about secondary syphilis. After that late & latent syphilis were also briefly explained. Then the congenital syphilis & epidemiology & also about clinical treatment.

The session was definitely useful to learn different type of sexually transmitted disease, especially about the syphilis & the gonococcus. We exactly got knowledge about the various dermatological treatment which is used for syphilis & gonococcus & how it prevent the disease.

The entire session was interesting & we are now familiar with the essential knowledge about the 2 main sexually transmitting infections that is syphilis & gonococcus

Signature of student	Remarks and score	Signature of faculty with Name and Date

REFLECTION ON INTEGRATION TOPICS

Topic	Congenital infections- TORCH
Department Involved	

There was a session on topic congenital infections- TORCH. The session began with how the disease is spread such as vertical transmission & the congenital infection TORCH which include- Toxoplasma, Rubella, other infections, cytomegalovirus & Herpes simplex virus. After detailed discussion about all infections. we discussed about clinical manifestation especially the gynaecological manifestations. And the briefly explained about lab reports, complications, epidemiology, severity, prevention & TORCH & also said about how it is manifested in the immunocompromised & immunocompetent person. The session end with treatment plans provide to the patient & the chance of antiviral resistance.

The serum was really useful to identify & learn about the disease. The serum was interactive in nature. There was a student - teacher interaction in the whole period.

The session was totally interactive. We ask our doubts & confirms about the topic same time she clearly explained it to us. The session made clear idea about the TORCH infections. It was very literally & interactive session for me. I learned alot I hope that it will be more useful during my clinical posting ✍

Signature of student	Remarks and score	Signature of faculty with Name and Date

REFLECTION ON SELF-DIRECTED LEARNING

Topic	BIOTERRORISM
Resources used	Med. Microbiology – Apurbalalitha (3rd edition)

Bioterrorism – where there is intentional & deliberate release of biological agents to cause illness / death of people / animal / plants

– Feature of agent used in bioweapons:

- Produce high morbidity & mortality
- Low infective dose
- Highly infective by aerosol
- Lack of rapid diagnostic facility

→ Development of bioweapon

- Reconstruction of known pathogenic viruses using information on their genetic sequence
- Alteration of bacteria to make them more dangerous
- Reconstruction of microorganism that release bacterial biochemical within human body & alteration to the human host

→ classification:

Category A: These agents are the highest priority pathogen which produce greatest risk to national security

Eg: Anthrax (Bacillus anthrax) botulism, plague, tularemia

Category B: These agents are the second highest priority pathogen

eg: melioidosis, Brucellosis, Q fever etc

Category C: These agents are the 3rd highest priority pathogen. They are emerging pathogen, to which the general population lack immunity

Eg Nipah virus, SARS & MERS, influenza virus

Signature of student	Remarks and score	Signature of faculty with Name and Date
		13/10/22

REFLECTION ON SELF-DIRECTED LEARNING

Topic	COVID -19
Resources used	Med. microbiology – Apurba Sastry (3rd edition)

Pathogenesis

Transmission via respiratory droplet & contact route. Virus enters into target host cell by binding of its spike glycoprotein's antigen with the host cell receptor

Clinical manifestation Average incubation period 5-6 days

common features: fever, cough, with expectoration fatigue, loss of smell, sore throat, diarrhoea

Stages

mild - influenza like illness
moderate - pneumonia
severe - called severe acute respiratory illness
- severe pneumonia - respiratory rate > 30 min, SpO_2 < 90%
complication: acute respiratory distress syndrome, septic shock

Lab diagnosis

- Specimen - throat & nasal swab
- NAAT - nucleic acid amplification testing
  - formats - real time RTPCR automated (CB NAAT)
  - gene targets - screening (envs gene)
- CRISPR - based assay
- Ag detection assay - detects nucleocapsid protein antigen
- Ab (IgG detection assay)
- Sequencing to determine mutation in viral genome
- Viral culture - for research purpose
- Non specific test
  - radiology (chest - CT scan) ground glass appearance
  - Biomarker LLG dimer

Treatment: home isolation, hospitalisation Drug: remdesivir, tocilizumab

vaccine: covishield, covaxin

Signature of student	Remarks and score	Signature of faculty with Name and Date
		13/10/22

REFLECTION ON SELF-DIRECTED LEARNING

Topic	BIOTERRORISM
Resources used	Med. Microbiology - Ajurba sethy (3rd edition)

Bioterrorism is a form of terrorism where there is intentional & deliberate release of biological agents to cause mass illness or death of people, animals or plants.

classification includes:

A) These agents are the highest priority pathogens which pose the greatest

Signature of student	Remarks and score	Signature of faculty with Name and Date

REFLECTION ON SELF-DIRECTED LEARNING

Topic	Lab diagnosis :- ECHINOCOCCUS WITH HYDATID CYST - MICROSCOPY
Resources used	Med. microbiology (Apurba sathay)

Lab diagnosis of Hydatid cyst

- Specimen : Hydatid fluid, cyst
- Hydatid fluid microscopy : Direct mount on staining with acid fast stain
  - detect brood capsule & protoscolices.
- Histological examination - demonstrate cyst & wall of attached brood capsule.
- Stains used - Giemsa, H&E, PAS.
- Antibody detection
  - ELISA, - using B&T antigen
  - DIGFA - dot immuno Gold filtration Assay
  - Immunoblot - western blot.
- Antigen B - used to detect antibody
- Imaging method - X-ray, USG (water lily sign)
  - CT scan, MRI
- molecular method - PCR
  - PCR - RFLP
  - molecular typing
  - Clo genotypes - most common in India (type - 1)
- Skin test (Casoni test) - Demonstrate type I hypersensitivity reaction

Signature of student	Remarks and score	Signature of faculty with Name and Date
		ACO 23/12/22

REFLECTION ON SELF-DIRECTED LEARNING

Topic	INTESTINAL AMOEBIASIS
Resources used	Med. microbiology – Apurba Sastry

Amoeba are single, celled protozoan parasite that constantly change their shape due to presence of an organ of locomotion called as pseudopodium - 2 types.

Intestinal amoeba : entamoeba histolytica, entamoeba coli.

Free living amoeba : Naegleria, Acanthamoeba.

– causes amoebic dysentery, amoebic liver abcess.

Life cycle

Host : man, Infective form : cyst, MOT : feco-oral route

Pathogenesis

colonization → adhesion → flask shaped ulcer → Invasion → Intestinal complication

Complications

fulminant amoebic abcess, amoebic appendicitis

Lab diagnosis

. Stool microscopy : wet mount, permanent stain – cyst & trophozoit detection

. Histology : PAS, H&E – detect trophozoit

. Stool culture : polymenicy anerie culture.

. Stool antigen detection (copro Ag) ELISA – detect 170 KDA lectin Ag

ICT – detect 29 – KDA surface Ag.

. serology : Amoebic Ag : ELISA (170 KDA & lectin Ag)

Amoebic Ab : ELISA

. Iso enzyme analysis

. molecular diagnosis – detect multiplex PCR, RT PCR

. Treatment : Iodoquinol, paramomycin

Signature of student	Remarks and score	Signature of faculty with Name and Date
Ayte.		23/04/22

REFLECTION ON PRACTICAL EXERCISES

Topic	Lab diagnosis & Rabies & Prophylaxis

Lab diagnosis

- Antigen detection: from hair follicle at nape of the neck
  from corneal smear
  by direct immunofluorescence test.
- Viral isolation: Mouse inoculation
  cell line inoculation – mouse neuroblastoma & BHK cell line.
- Antibody detection: from serum & CSF: MNT, RFFIT, FAVN, IFA
- Viral RNA detection: by RTPCR
- Negri body detection: Histopathological staining of brain biopsies (hippocampus) - for postmortem diagnosis of rabies

Prophylaxis

Category of risk	Types of exposure	Recommended prophylaxis (WHO)
Category-I (No risk)	• Touching / feeding of animal • Licks on intact skin	• No treatment needed if history is reliable
Category-II (Minor risk)	• Minor scratches / abrasions without bleeding / nibbling of uncovered skin	• Wound management • Rabies vaccine. • Observe dog for 10 days
Category III (Major risk)	• Single / multiple transdermal bite with oozing of blood • Licks on broken skin (mucous membrane • Direct contact with bats / wild animals	• Wound management • Rabies Ig • Rabies vaccine • Observe the dog for 10 days

Signature of student	Remarks and score	Signature of faculty with Name and Date
		23/12/22

REFLECTION ON PRACTICAL EXERCISES

Topic	Lab diagnosis of UTI

There was a practical exercise on lab diagnosis of UTI It include specimen collection, transport, direct microscopy, & culture

: Specimen collection : clean voided midstream urine
suprapubic aspiration - infants & coma patients
catheterised patients - from tube, not from bag

, Transport : should be immediately / else we can do refrigration

- Direct microscopic examination : wet mount examination for Leukocyte esterase test
Nitrate reduction test & gram staining
- Culture : media : CLED agar / combination of Mackonkey & blood agar
- Quantitative culture
Semiquantitative method - standardised loop technique
Quantitative method - Pour plate method
- Colony appearance : E coli, Klebsiella - pink colonies on Mackonkey
Proteus, Pseudomonas - pale colonies on Mackonkey agar
- Identification - MALDI TOF, VITEK
- AST : disk diffusion test, automated mic based method

Significant bacteriuria

Count $> 10^5$ CFU/mL - infection - Significant
Between $10^4 - 10^5$ CFU/ml - doubtful significant
$< 10^4$ CFU/ml - due to commensal bacteria -

The practical session was really useful for the knowing about the lab diagnosis of UTI

Signature of student	Remarks and score	Signature of faculty with Name and Date
		23/12/22

KMCT MEDICAL COLLEGE

DEPARTMENT OF COMMUNITY MEDICINE

LOG BOOK

MBBS - CBME

(As per GMR 2019)

Name of the Student: HANA V

Roll No: 52

University Registration No: 190011976

KERALA UNIVERSITY OF HEALTH SCIENCES
THRISSUR – 680 596

KMCT MEDICAL COLLEGE

DEPARTMENT OF COMMUNITY MEDICINE

LOG BOOK

MBBS - CBME

(As per GMR 2019)

Name of the Student: HANA V

Roll No: 52

University Registration No: 190011976

Department of Community Medicine
KMCT Medical College
Kerala 673 602

6/3/23

KERALA UNIVERSITY OF HEALTH SCIENCES
THRISSUR – 680 596

PREFACE

The Medical Council of India has revised the undergraduate medical education curriculum so that the Indian Medical Graduate (IMG) is able to recognize "Health for all" as a national goal. He/she should also be able to fulfill his/her societal obligations. The revised curriculum has specified the competencies that a student must attain and clearly defined teaching learning strategies for the same. With this goal in mind, integrated teaching, skill development, AETCOM and self- directed learning have been introduced. There would be emphasis on communication skills, basic clinical skills, and professionalism. With this view in mind the logbook has been designed as per the guidelines of Competency Based Curriculum.

INSTRUCTIONS TO THE STUDENTS

1. The logbook is the day to day record of the academic and non academic activities of the student.
2. Each medical student is responsible for maintaining their logbook throughout the period of training.
3. Students are instructed to keep their logbook entries up to date.
4. It is the responsibility of the student to enter their activity in respective pages and get them duly signed by the supervising faculty and to keep the logbook safe and secured.
5. The logbook assessment will be on multiple factors like:
    a. Attendance.
    b. Timely completions.
    c. Active participation in sessions.
    d. Quality of write up of reflections.
    e. Overall presentation.
6. The logbook will be a prerequisite for appearing in the final summative (University Professional Year III – Part I Examination) examination.

BASIC INFORMATION

Name of the student	HANA·V
Date of Birth	04-09-1999
Address	VADAKKAN HOUSE KARAPPURAM PO , EDAKKARA NILAMBUR TALUK MALAPPURAM DISTRICT
University registration number	190011976
Batch	2019
Contact No	9072557985
E-mail id	hanavadakkan@gmail.com.
Guardian / Parent Name	SULAIMAN VADAKKAN
Address	VADAKKAN HOUSE KARAPPURAM P·O , EDAKKARA NILAMBUR TALUK, MALAPPURAM DIST
Contact number & e-mail id	9446135454 vadakkansulaiman20@gmail.com.

LOGBOOK CERTIFICATE

This is to certify that this log book is the bonafide record of Mr. / Ms. HANA V

Registration Number 190011976 and admitted to this institution in the academic year 2019. His / her performance after assessment of various competencies, as per the Competency Based Undergraduate Medical Education (CBME) Curriculum, Graduate Medical Regulations 2019, during the period Sep 2019 to Dec 2022 are found to be satisfactory/ ~~good~~/ excellent.

He/ she is not eligible/ eligible to appear for the summative (University) assessment as on Feb 2023

Place: MANASSERY

Date: 11-01-2023

Head of the Department

Professor and HOD
Department of Community Medicine
KMCT Medical College

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ACADEMIC PERFORMANCE

a. **Internal assessment - Theory**

Sl. No	Date of examination	Marks obtained	Feedback given	Date	Signature of student	Signature of faculty
1	13/11/2021	37	Yes	20/11/21		
2	22/6/2022	41	Yes	29/6/22		
3	23/8/2022	36	Yes	30/8/22		
4	7/12/2022	50.5	Yes	19/12/22		
5	8/12/2022	50	Yes.	19/12/22		
6						
7						
8						

b. **Internal assessment - Practical (End posting examination)**

Sl. No	Date of examination	Marks obtained	Feedback given	Date	Signature of student	Signature of faculty
1	24/09/21	65	Yes	25/9/21		
2	22/8/22	53	Yes	23/1/22		
3	16/12/22	66.75.	Yes.	19/12/22		

c. **Final internal assessment submitted to university**

Internal assessment	Total marks	Marks scored	Signature of student	Signature of faculty
Theory	40	18		
Practical	40	26		
Professionalism	20	18		

d. **Attendance record**

Professional year	Theory (%)	Practical (%)	Signature of student	Signature of faculty
I	92	100		
II	87	94		
III	80			
Final submitted to university	94	97		

RESEARCH PROJECT
(CM 6.1-6.4, 7.9)

Title of the project	study on perception of teaching Faculties towards competency based medical education curriculum in KMCT medical college.
Objectives	To study the perception of teaching Faculties towards competency based medical education in KMCT medical college
Study design and sample size	cross sectional study 84
Study tool	Self administered semi. structured questionnaire.
Main results & conclusion	94% of faculties were aware about curriculum change. 40% of them agreed that curriculum change will improve the quality of skills in IMG 68% were aware that 1 month foundation course was implemented in beginning of course & 37% of them had neutral opinion regarding the professional development starting from foundation course is necessary. 64% attended training sessions regarding the implementation of CBME & 61% of Faculties claimed that they are adequately trained to educate as per new recommendations. 70% of were of opinion that additions of competencies were essential and 94% were aware about new teaching learning methods. 8% preferred powerpoint presentation 92% of them agree that new curriculum increased their load.
Results presented in conference / department	Yes.
Signature of faculty guide	

SMALL GROUP DISCUSSION

Date	Competency No	Name of the activity	Initial of faculty & date	Feedback received, Initial of learner
30/11/19	CM 1.7	Indicators of health	Dr. Nivya	
25/12/19	CM 2.1, 2.2	Role of family in health and disease	Dr. Nivya	
9/12/19	CM 2.2	Demonstration of socioeconomic status	Dr. Nivya	
15/2/20 7/9/22	CM 2.1, 9.1, 9.2, 9.7	Vital statistics	Dr. Meera Mr. Durgesh	
4/11/20	CM 7.4	Measures of morbidity	Dr. Anupama	
11/11/20	CM 7.4	Measures of mortality	Dr. Meera	
18/11/2020 25/11/2020	CM 7.5	Study designs	Dr. Bindu Dr. Meera.	
21/5/21	CM 6.1	Formulate a research question for a study	Dr. Divya	
27/4/21 4/5/21 11/5/21	CM 1.6, 4.1, 4.2	Health education and counseling	Mr. Sujesh	
4/6/21 11/6/21	CM 11.1-11.5	Occupational diseases	Dr. Bindu. Dr. Divya.	
25/6/21	CM 5.3	PEM	Dr. Anupama	
2/7/21	CM 5.3	Vit A deficiency	Dr. Anupama	
16/7/21	CM 5.3	Iron deficiency anemia	Dr. Anupama	
23/7/21	CM 5.6	Community nutrition programs	Dr. Anupama	
30/7/21	CM 5.7	Food hygiene	Dr. Bindu.	
27/8/21	CM 3.2	Water quality standards	Dr. Meera	
3/8/22	CM 3.2, 5.7	Interpretation of water, milk and food analysis	Dr. Navya	
10/8/22	CM 7.7, 8.4	Investigation of epidemic	Dr. Meera	
17/8/22	CM 7.6	Screening tests	Dr. Rupesh	
24/8/22	CM 6.3	Test of significance - X^2, z, t	Dr. Nivya Dr. Bindu Dr. Maya	

Date	Competency No	Name of the activity	Initial of faculty & date	Feedback received, Initial of learner
6/9/22	CM 9.5, 10.6	Family planning	Dr. Meera	
11/4/22	CM 8.2	BMI estimation	Dr. Bindu	
8/4/22	CM 3.6	Vector borne disease control	Dr. Nivya Dr. Navya	
6/6/22	CM 14.1-14.3	Biomedical waste management	Dr. Manju	
13/2/22	CM 10.1-10.4	Antenatal care	Dr. Manju	
4/4/22	CM 5.4, 8.2	Diet counseling for DM	Dr. Navya	
20/4/22	CM 5.4, 8.2	Diet counseling for HTN	"	
21/5/22	CM 5.3, 5.4	Diet counseling for child with PEM	Dr. Manju	
20/9/22	CM 8.1	ORS management of child with ADD	Dr. Anupama	
9/6/22	CM 20.3	AEFI	Dr. Divya	
8/8/22	CM 1.5	Emporiatrics	Dr. Bindu	
4/7/22	CM 10.2	Tribal health	Dr. Bindu	
1/10/22	CM 1.5	Palliative care	Mr. Sujesh	
29/10/22	CM 10.2	Children in difficult circumstances	Dr. Divya.	
25/10/22	CM 10.9	Gender issues	Dr. Manju	
26/10/22	CM 10.9	Women empowerment	"	
27/10/22	CM 3.1-3.3	Environmental issues	Dr. Anupama.	
3/11/22	CM 4.3	Evaluation of health education	Dr. Bindu.	
7/11/22	CM 4.3	Medical audit	Dr. Bindu	
10/11/22	CM 8.5, 8.6	Integrated disease surveillance	Dr. Bindu.	
22/12/22	CM 3.6,3.7	Arthropods of medical importance	Dr. Bindu. Dr. Nivya	
9/12/21	CM 3.8	Insecticides and rodenticides	Dr. Deepa	
23/12/21	CM 5.1	Common sources of nutrients and requirements	Dr. Divya	

Date	Competency No	Name of the activity	Initial of faculty & date	Feedback received, Initial of learner
[illegible]	CM 5.2	Assessment of nutritional status	Dr. Divya	
	CM 3.2	Well water disinfection	Dr. Meera	
[illegible]	CM 5.7	Milk hygiene	Dr. Manju	
[illegible]	CM 1.5	Vaccines and cold chain	Dr. Manju	
[illegible]	CM 6.4	Measures of central tendency and dispersion	Mr. Durgesh	
[illegible]	CM 10.3	Infant and young child feeding practices	Dr. Bindu	
[illegible]	CM 3.2	Small scale methods of water purification	Dr. Anupama	
[illegible]	CM 10.5	ICDS and Anganwadi	Dr. Meera	
[illegible]	CM 8.1	Tuberculosis	Dr. Meera	
[illegible]	CM 8.1	Poliomyelitis	Dr. Meera	
[illegible]	CM 8.1	Rickettsial diseases	Dr. Meera	
[illegible]	CM 15.1-15.3	Mental health	Dr. Rupesh	
[illegible]	CM 8.1	Leprosy	Dr. Rupesh	
[illegible]	CM 10.1	Maternal mortality	Dr. Manju	
[illegible]	CM 10.1	Infant mortality	Dr. Divya	
[illegible]	CM 10.1, 10.4, 10.5	Maternal health	Dr. Divya	
[illegible]	CM 10.1, 10.4, 10.5	Child health	Dr. Divya	
[illegible]	CM 7.7, 8.1	Food poisoning	Dr. Niviya	
[illegible]	CM 7.7, 8.1	Hepatitis A & E	Dr. Nivya	
[illegible]	CM 8.1	Rabies	Dr. Navya	
[illegible]	CM 8.1	Tetanus	Dr. Navya	
[illegible]	CM 8.1	Scabies	Dr. Nivya	
[illegible]	CM 8.1	Diphtheria	Dr. Nivya	

Date	Competency No	Name of the activity	Initial of faculty & date	Feedback received, Initial of learner
3/8/22	CM 8.1	Chickenpox	Dr. Divya	
4/8/22	CM 8.1	Malaria	Dr. Meera	
5/8/22	CM 8.1	Filariasis	Dr. Manju	
5/8/22	CM 8.1	JE	Dr. Manju	
12/8/22	CM 8.1	Dengue	Mr. Dhrgesh	
12/8/22	CM 8.1	Chikungunya	Dr. Bindu	
8/8/22	CM 8.2	Diabetes mellitus	Dr. Divya	
6/8/22	CM 8.2	Hypertension	Dr. Divya	
6/8/22	CM 8.2	Cancer	Dr. Divya	
1/8/22	CM 8.1	ARI	Dr. Bindu	
18/8/22	CM 12.1-12.4	Geriatric health	Dr. Navya	
11/8/22	CM 8.1	Sexually transmitted infections	Dr. Navya	
13/8/22	CM 8.1	Measles	Dr. Rupesh	
15/8/22	CM 8.1	Mumps	Dr. Rupesh	
17/8/22	CM 8.1	Rubella	Dr. Rupesh	
13/8/22	CM 8.1	HIV AIDS	Dr. Meera	
26/10/21	CM 8.1	Leptospirosis	Dr. Anupama	
26/7/22	CM 8.1	Acute diarrheal diseases	Dr. Meera	
19/10/22	CM 10.5	UIP	Dr. Medya	
3/5/22	CM 18.1, 18.2	International health	Dr. Bindu	
3/5/22	CM 18.2	Voluntary health agencies	Dr. Bindu	
16/7/22	CM 5.4	Diet prescription - Balanced diet	Dr. Manju	
18/7/22	CM 5.4	Diet prescription - Therapeutic diet	Dr. Manju	

Date	Competency No	Name of the activity	Initial of faculty & date	Feedback received, Initial of learner
10/8/21	CM - 3.1	Air pollution	Dr. Divya	
17/8/21	CM - 3.1	Noise pollution	Dr. Divya	
17/7/21	CM - 5.8	Food Fortification, adulterants	Dr. Meera	
17/7/21	CM - 5.8	Food adulteration	Dr. Meera	
26/6/21	CM 5.3	Iron deficiencies disorders.	Dr. Anupama	
26/6/21	CM 5.3	Endemic fluorosis & Lathyrism	Dr. Anupama	
22/2/20	CM 5.3	Sex ratio	Dr. Meera	
5/11/21	CM 5.3	population explosion	Dr. Anupama	
7/12/21	CM 9.3	Waste disposal	Dr. Meera	
14/12/21	CM 9.4	Soil transmitted helminthiasis	Dr. Divya	
17/12/21	CM 3.4	ZIKA	Dr. Anupama	
14/12/21	CM 8.1	KFD	Dr. Anupama	
21/12/21	CM 8.1	Major public health events	Dr. Anupama	
18/12/21	CM 8.1	perception of covid - 19	Dr. Rupesh	
31/3/22	CM 8.1	Indoor air pollution	Dr. Manju	
28/3/22	CM 20.3	Housing standards.	Dr. Manju	
28/3/22	CM 3.1	case control study	Dr. Rupesh	
3/5/22	CM 7.5	Cohort study	Dr. Manju	
3/5/22	CM 7.4	Incidence & prevalence	Dr. Nivya	
4/7/22	CM 8.2	accidents & injuries	Dr. Deepa	

AETCOM

Competency No.	Name of activity	Date	Signature of Faculty	Feedback received, Initial of learner
CM 1.9, AETCOM M-I: 3	Doctor patient relationship	2/11/19 30/11/19	Dr. Bindu Dr. Rupesh Mr Sugesh	
CM 1.10, AETCOM M-I: 4	Doctor patient relationship	18/1/20 15/1/20 8/2/20	Dr. Bindu Dr. Rupesh Mr. Sugesh	
CM , AETCOM M-II: 4	Working in a healthcare team	24/9/21 25/9/21	Dr. Bindu Mr. Sugesh	
AETCOM M-II: 3	Health care as a right	17/9/21 18/9/21	Dr. Anupama	

CLINICO SOCIAL CASE DISCUSSION

(CM 1.5, 2.1-2.3, 5.2)

Name of activity	Date	Signature of Faculty	Feedback received, Initial of learner
Antenatal case	15/6/22		
Diabetic foot ulcer	16/6/22		
COPD	14/6/22		
Acute exacerbation of Intermittent asthma.	14/6/22		

FIELD VISIT

Name of the visit	Date	Report written in record	Signature of Faculty
CHC visit	13/7/22		
Hospital visit - Biomedical waste management	6/6/22		Dr. Manju Mr. sujesh
Visit to old age home	27/6/22		Mr. Sujesh
Water purification plant	13/6/22		Mr. sujesh
Sewage treatment plant	13/7/22		Mr. sujesh Dr. Deepa
Anganwadi visit	16/10/21	Virtual visit	Dr. Meera
Diary plant	1/11/21	Virtual visit	Dr. Deepa / Dr. Sruthi
PHC visit	28/10/21	Virtual visit	Dr. Deepa/ Dr. Sruthi

CO-CURRICULAR ACTIVITIES

(IEC activities, Quiz, Poster, Debate, Essay, Skit, Sports etc)

Date	Details of the event	Role : Participated/ Organized/ Observed	Signature of Faculty
10/8/22	THROWBALL	Participated.	

KMCT MEDICAL COLLEGE
KOZHIKODE

LOGBOOK

OTORHINOLARYNGOLOGY

PHASES II & III - Part I

(CBME based on GMER 2019 Part II)

FATHIMA NAFEESA, 46

KMCT MEDICAL COLLEGE, KOZHIKODE

LOGBOOK

OTORHINOLARYNGOLOGY

PHASES II & III - Part I

(CBME based on GMER 2019 Part II)

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STUDENT RÉSUMÉ

Affix recent
passport sized
photograph

Name of the student : Fathima Nafeesa

Date of admission to MBBS : 2019

Register No. (College ID) :

Register No. (University ID) : 190011968

Duration of Phase II : ..... to .....

Duration of Phase III Part I : ..... to .....

Permanent address : Koppam house centre, Melepattambi,
Palakkad

E-mail ID : nafeesa.os@gmail.com

Mobile number : 9072666665

Signature of student

CERTIFICATE

This is to certify that Mr. / Ms. ..... Fathima Nafla .....

..... with KUHS Reg. No. ....19001968....,

admitted in the year ....2019..... in ..... KMCT Medical College .....

..... (Institution),

has satisfactorily completed / has not completed all assignments / requirements mentioned in this logbook for Phase II & III MBBBS course in the subject of Otorhinolaryngology during the period from ..... to.....

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

Signature of faculty

Date of submission:

Name:

Designation:

Head of the department

Department seal

Principal / Dean of the college

Institution seal

Place:

Date:

GENERAL INSTRUCTIONS

1. The logbook is a record of the academic / co-curricular activities of the designated student, who shall be responsible for maintaining his / her logbook.
2. The student shall be responsible for getting the entries in the logbook verified by the faculty in charge regularly.
3. Entries in the logbook reflect the activities undertaken in the department & must be scrutinized by the Head of the concerned department.
4. 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
5. The logbook is the record of work done by the candidate in the department / specialty and shall be verified by the college before submitting the application of the students for university examination.
6. 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?)

ELIGIBILITY FOR UNIVERSITY EXAMINATION

I. Attendance

80%* in both theory and clinical in both II and III phases of study is mandatory for eligibility to appear for final University examination.

75% attendance in Professional Development Programme (AETCOM Module) is required for eligibility to appear for final examination in each professional year.

II. Internal Assessment:

Learners must secure at least 50% of the total marks (combined in theory and clinical and not less than 40 % marks in theory and practical separately) assigned for internal assessments in ENT and 50% in professionalism for the subject to be eligible to appear for final University examination in ENT. Partial attempt is permissible for eligible subjects if the candidate fails to secure internal assessment eligibility for any of the subjects.

Candidates who have not secured eligible internal assessment marks and not registered for regular examination cannot appear for supplementary examination in that subject / subjects and will join the next batch.

III. Logbook:

Completion of activities specified and submission of completed logbook is a pre-requisite for a student to apply for end of phase summative examination.



Signature of student

Name: Fathima Nefeesa.

Place: KOZHIKODE

Roll No: 44

Date: 28/02/23

UID: 19001196 8

*No. 9552/2018/AC1/Med/B1/KUHS dated 14.06.2021

SUMMARY OF LOG IN ENT

Phase II

Period	Hours	Certifiable competencies	Non-certifiable competencies

Phase III – Part I

Period	Hours	Certifiable competencies	Non-certifiable competencies

Final marks

Theory (40)	Clinical (40)	Professionalism (20)

Final attendance

Theory	Clinical	AETCOM

Signature of student		Signature of faculty	

Head of Department

Department seal

COMPETENCY ACQUISITION & ASSESSMENT

COMPETENCIES – ENT

Competency number	Competency name	Date completed	Teaching Learning Method	Attempt@	Grade#	Status*	Initials of faculty	Feedback received Initials of learner
EN 2.1	Elicit document and present an appropriate history in a patient presenting with an ENT complaint	24/03/22	DOAP	F	M	C	Dr Meryem	
EN 2.2	Demonstrate the correct use of a headlamp in the examination of the ear, nose and throat	24/03/22	DOAP	F	M	C	Dr Meryem	
EN 2.3	Demonstrate the correct technique of examination of the ear	24/03/22	DOAP	F	M	C	Dr Meryem	
EN 2.4	Demonstrate the correct technique of performance and interpretation of tuning fork tests	25/03/22	DOAP	F	M	C	Dr Alwin	
EN 2.5	Demonstrate the correct technique of examination of the nose and paranasal sinuses including the use of nasal speculum	26/03/22	DOAP	F	M	C	Dr Amal	
EN 2.6	Demonstrate the correct technique of examination of the throat, including the use of a tongue depressor	26/03/22	DOAP	F	M	C	Dr Ashida	
EN 2.7	Demonstrate the correct technique of examination of the neck including elicitation of laryngeal crepitus	28/03/22	DOAP	F	M	C	Dr Amal	
EN 2.8	Demonstrate the correct technique to perform and interpret pure tone audiogram and impedance audiogram	25/03/22	DOAP	F	M	C	Dr Alwin	
EN 2.9	Choose correctly and interpret radiological, microbiological, and histological investigations relevant to ENT disorders	29/03/22	Small group discussion	F	M	C	Dr Arivu	
EN 2.10	Identify and describe the use of common instruments used in ENT surgery	29/03/22	small group discussion	F	M	C	Dr Amal	
EN 2.11	Describe and identify by clinical examination malignant and pre-malignant ENT diseases	30/03/22	small group discussion	F	M	C	Dr Jain	
EN 2.12	Counsel and administer informed consent to patients and their families in a simulated environment	30/03/22	Small group discussion	F	M	C	Dr Hesen	
EN 2.13	Identify, resuscitate and manage ENT emergencies in a simulated environment (including tracheostomy, anterior nasal packing, removal of foreign bodies in ear, nose, throat and upper respiratory tract)	31/03/22	DOAP	F	M	C	Dr Athena	

@ First [F], Repeat [R], Remedial [Re] # Below (B) expectations, Meets (M) expectations, Exceeds (E) expectations * Completed [C], Repeat [R], Remedial [Re]

COMPETENCIES – ENT

Competency number	Competency name	Date completed	Teaching Learning Method	Attempt@	Grade#	Status*	Initials of faculty	Feedback received Initials of learner
EN 2.14	Demonstrate the correct technique to instilling topical medications into the ear, nose and throat in a simulated environment	01/4/22	DOAP	F	M	C	Dr Ashok.	
EN 3.1	Observe and describe the indications for, and steps involved in otomicroscopic examination in a simulated environment	01/4/22	small group discussion	F	M	C	Dr Ashok.	
EN 3.2	Observe and describe the indications for, and steps involved in performance of diagnostic nasal endoscopy	22/3/22	small group discussion	F	M	C	Dr Mayur	
EN 3.3	Observe and describe the indications for, and steps involved in rigid / flexible laryngoscopy	23/3/22	SGD	F	M	C	Dr Sneha	
EN 3.4	Observe and describe indications for, and steps involved in the removal of foreign bodies from ear, nose and throat	2/4/22	SGD	F	M	C	Dr Nilu	
EN 3.5	Observe and describe indications for, and steps involved in the surgical procedures in ear, nose and throat	2/4/22	SGD	F	M	C	Dr Nilu	
EN 3.6	Observe and describe indications for, and steps involved in the skills of emergency procedures in ear, nose and throat	4/4/22	SGD	F	M	C	Dr Amol	
EN 4.1	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of otalgia	6/4/22	DOAP SGD	F	M	C	Dr Aman	
EN 4.2	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of diseases of the external ear	4/4/22	DOAP SGD	F	M	C	Dr Am-l	
EN 4.3	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of AOM	11/1/22	DOAP SGD	F	M	C	Dr Nilu	
EN 4.4	Demonstrate the correct technique to hold otoscope, visualize and assess the mobility of the tympanic membrane, interpret and diagrammatically represent the findings	4/4/22	DOAP	F	M	C	Dr Mayur	

@ First [F], Repeat [R], Remedial [Re] #Below (B) expectations, Meets (M) expectations, Exceeds (E) expectations * Completed [C], Repeat [R], Remedial [Re]

COMPETENCIES – ENT

Competency number	Competency name	Date completed	Teaching Learning Method	Attempt@	Grade#	Status*	Initials of faculty	Feedback received Initials of learner
EN 4.5	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of OME	11/1/22	DOAP SGD	F	M	C	Dr Nivce	
EN 4.6	Elicit, document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of discharging ear	14/1/22	DOAP SGD	F	M	C	Dr Athulya	
EN 4.7	Elicit, document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of mucosal type of CSOM	29/03/22	DOAP SGD	F	M	C	Dr Amel	
EN 4.8	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of squamosal type of CSOM	30/03/22	DOAP SGD	F	M	C	Dr Amal	
EN 4.9	Demonstrate the correct technique for syringing wax from the ear in a simulated environment	22/03/22	DOAP	F	M	C	Dr Bindu	
EN 4.12	Elicit document and present a correct history, demonstrate and describe the clinical features choose the correct investigations and describe the principles of management of hearing loss	10/01/22	DOAP SGD	F	M	C	Mr Arjun	
EN 4.17	Enumerate the indications and interpret the results of an audiogram	23/03/22	SGD	F	M	C	Dr Ajmal	
EN 4.22	Elicit, document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of nasal obstruction	17/05/22	DOAP SGD	F	M	C	Dr Amal	
EN 4.25	Elicit, document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of nasal polyps	14/06/22	DOAP SGP	F	M	C	Dr Athulya	
EN 4.26	Elicit, document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of adenoids	12/07/22	DOAP SGP	F	M	C	Dr Rameshendran	

@ First [F], Repeat [R], Remedial [Re] # Below (B) expectations, Meets (M) expectations, Exceeds (E) expectations * Completed [C], Repeat [R], Remedial [Re]

COMPETENCIES – ENT

Competency number	Competency name	Date completed	Teaching Learning Method	Attempt@	Grade#	Status*	Initials of faculty	Feedback received Initials of learner
EN 4.27	Elicit, document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of allergic rhinitis	24/05/22	DOAP SGD	F	M	C	Dr Ashok	
EN 4.28	Elicit, document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of vasomotor rhinitis	07/06/22	DOAP SGD	F	M	C	Dr Ashok	
EN 4.29	Elicit, document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of acute and chronic rhinitis	07/06/22	DOAP SGD	F	M	C	Dr Nivea	
EN 4.30	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles and management of epistaxis	31/05/22	DOAP SGD	F	M	C	Dr Nivea	
EN 4.33	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles and management of acute and chronic sinusitis	21/06/22	DOAP Seminar SGD	F	M	C	Dr Bindu	
EN 4.38	Elicit, document and present a correct history, demonstrate and describe the clinical features, choose correct investigations and describe the principles of management of type of dysphagia	20/01/22	DOAP SGD	F	M	C	Dr Thasneem	
EN 4.39	Elicit, document and present a correct history, demonstrate and describe clinical features, choose correct investigations and describe principles of management of acute and chronic tonsillitis	02/08/22	DOAP Seminar SGD	F	M	C	Dr Athira	
EN 4.42	Elicit, document and present a correct history, demonstrate and describe clinical features, choose the correct investigations and describe principles of management of hoarseness of voice	05/07/22	DOAP Seminar SGD	F	M	C	Dr Thasneem	
EN 4.48	Elicit, document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of airway emergencies	23/01/21	DOAP Seminar SGD	F	M	C	Dr Adarsh	

@ First [F], Repeat [R], Remedial [Re] # Below (B) expectations, Meets (M) expectations, Exceeds (E) expectations * Completed [C], Repeat [R], Remedial [Re]

COMPETENCIES – ENT

Competency number	Competency name	Date completed	Teaching Learning Method	Attempt@	Grade#	Status*	Initials of faculty	Feedback received Initials of learner
EN 4.49	Elicit, document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of foreign bodies in the air and food passages	04/10/22	POPP Seminar SGD	F	M	C	Dr Jasm.	

RFLECTIONS – ENT

1. Topic: .....Symptomatology..and..Examinchm..... Facilitator: .....Dr.K...Ramachandran..... Date: ....12/09/21.....

Today's topic was symptomatology and Examinchm of ear, HOD sir took the class very well. Initially sir discussed about the most common symptoms which patient presented to ENT OPD. Then sir taught about taking history and examining the patient in detail. It was very informative class. He also briefed about the instruments used.

2. Topic: .....clinical..anatomy..of.....External..Ear..... Facilitator: .....Dr....Meyer..... Date: ....15/09/21.....

Today's session was very interesting and dealt with clinical anatomy of external ear. Each part pinna, meatus & tympanic membrane were elaborately discussed and various signs associated with diseases that would be seen usually in these regions were explained to us.

RFLECTIONS – ENT

3. Topic: .....Clinical Anatomy of Inner Ear.....

Facilitator: .....Dr. Ashwin Sir..... Date: .....11/5/2021.....

Today's session was on the topic clinical Anatomy of Inner ear. One of us presented the topic and Ashwin Sir discussed the topic after presentation. He made us consider the inner ear structures and various anomalies related to it. Thus it was a very informative class. In the ending, Ashwin sir asked questions about the same.

4. Topic: .....Physiology of Hearing - physiology of balance.....

Facilitator: .....Dr. Mary.....S..... Date: .....12/5/2021.....

The session was on physiology of balance & hearing and was taken today with the help of a power point presentation. The session began by discussing the auditory pathway and how sound is transmitted from external environment to auditory pathway and finally upto brain. Later important topics like the impedance mechanism of middle ear were discussed along with ossicles. Was act of ossicles stapedius & TM & stapes were also

RFLECTIONS – ENT

5. Topic: ..... PTA, WHO classification, Tympanometry .....

Facilitator: ..... Mr. Appan ..... Date: ..... 19/10/21 .....

Todays sellion wes on topic Puretone audiometry, WHO classification and Tympenometry. PTA is a test used to measure hearing sensitivity. Thes Sir discused about WHO classification of diefnes. And last about tympenometry. It is a test that shows how well middle ear is worky if wes very informetive class.

6. Topic: ..... Emergencies in otology .....

Facilitator: ..... Dr. Aswin Sir ..... Date: ..... 20/10/21 .....

Todays session wes taken by my classmate on the topic Emergency in otology. Dr Aswin sir discused the topic after that. I taked about all the emergencies in external ear, middle ear & Inner ear. And sir clarified our doubts regarding the topics

RFLECTIONS – ENT

7. Topic: Management of SSNHL and Noise

Facilitator: Dr Amel Date:

Today's topic was taken by Dr Amel sir. He discussed about the Management of sudden sensory neural hearing loss and Noise. Sir elaborated on different types of procedures. Then he discussed the causes of SSNHL & some ototoxic drugs that elicit SSNHL. It was very informative class.

8. Topic: Diseases of External Ear

Facilitator: Dr Nirmalan Date: 22/01/21

Today we had a class on diseases of external ear. taken by Dr Nirmalan ma'am. Ma'am discussed about various causes of Otitis External precancerous ones, cauliflower ear Malignant Otitis Externa. And lastly discussed about all the clinical features & Management of the cases.

RFLECTIONS – ENT

9. Topic: .....Asom.....

Facilitator: .....Dr. Aswin Sir..... Date: ....23/11/21.....

Today's topic was Acute Otitis media, which was taught by Dr Aswin sir. He discussed about the causes, stages, sorts & emy, Management & Atom. It was a very informative class.

10. Topic: .....O.M.E., Myringotomy.....

Facilitator: .....Dr.....Athulya Ma'am..... Date: ...24/11/21.....

Today's topic was taught by Dr Athulya Ma'am and topic is Otitis Media with effusion and Myringoplasty. Ma'am discussed about pathogenesis, Etiology, clinical features test, investigation, treatment, Surgical Management of OME

Ma'am also discussed about Myringotomy, its indications, contraindications. Steps, post & pre operative care. Overall it was a very informative class.

RFLECTIONS – ENT

11. Topic: ..... COM Mucosal disease Myringoplasty .....

Facilitator: ..... Dr. Bindu Mdm ..... Date: ..... 23/4/21 .....

Today topic is Mucosal disease of Glut Media, Mdm discussed about COM, classification, difference between tubotympani & attico antral type of COM, clinical features, pathological changes, Bacteriology, investigations & treatment of COM. Mdm also discussed about Myringoplasty. Its pre requisite, indications, contraindications, grafts used, technique and everything related to it. It was a very informative session.

12. Topic: ..... Squamosal disease, Mastoidectomy. .....

Facilitator: ..... Dr. K. Ramachandran ..... Date: ..... 27/4/21 .....

Today class was taught by Dr Ramachandran HOD of ENT department. Sir taught about Squamosal disease, cholesteatoma, pathology, symptoms, complications, treatment. Then taught us about cholesteatoma. Then about Mastoidectomy, indications, steps, post operative care, complications. Types and everything related to it.

RFLECTIONS – ENT

13.Topic: Counselling and Administration Consent to patient and family

Facilitator: Dr Jaime Date: 28/11/21

The session mainly focussed about the doctor-patient relationship. Consent a very important procedure in every OPD. It is very important to take consent from the patient before any procedure. This class was very informative and will definitely help us in our future.

14.Topic: Case presentation cases – Mucosal disease

Facilitator: Dr Bindu M'cm Date: 29/11/21

Today's topic was case taking and session was guided by Dr Bindu M'cm. One of us took the case of csom with mucosal disease associated with moderate hearing loss. M'cm added more points and discussed about the management of the case. The session was very informative overall.

RFLECTIONS – ENT

15.Topic: Anatomy of Nose & PNS

Facilitator: Dr Ashik. Date: 15/10/22

Today's seminar session was taken by me and was anatomy of Nose & PNS. After the seminar Dr Ashik Ma'am taught us more about the topic in depth and gave us deep understandy of Anatomy, Nose and PNS. Ma'am discussed about the structure of Nose, its lateral walls, Nasal septum and also about clinical pathology. It was a very useful session.

16.Topic: Symptomatology and Examination of Nose, PNS and Nasopharynx

Facilitator: Dr Jaisi Date: 17/10/22

The seminar for today's session was taken by Amal Ker topic was symptomatology and Examination of Nose, PNS and Nasopharynx. This session was assisted by Dr Jaisi Ma'am. She briefly discussed the topic after seminar and showed us how to use thudicum speculum for anterior rhinoscopy.

RFLECTIONS – ENT

17.Topic: .....Physiology of Olfaction.....

Facilitator: .....Dr Sejnes..... Date: ...17/10/22.....

Today the seminar was taken by Fathima Nazin & was on topic physiology of olfaction and physiology of nose and PNS respectively. It was chaired by Dr Sejnes Ma'am. She also described the anatomy of nose & PNS briefly and gave an overview of the physiology of Olfaction & functions of nose & PNS

18.Topic: .....Acute Sinusitis & its complication and deviated Nasal Septum.....

Facilitator: .....Dr. Bindu..... Date: ...19/11/22.....

The seminar for today was taken by Fathima on the topic Acute Sinusitis and its complication and deviated Nasal septum respectively The seminar was chaired by Dr Bindu Ma'am. After the topic presentation she taught us details about classification & various types, clinical features, complication and treatment modes. Following which ma'am explain the same more in detail.

RFLECTIONS – ENT

19.Topic: chronic sinusitis with complications

Facilitator: Dr Taine. Date: 20/10/22

The seminar for today was taken by Hafsa on topic chronic sinusitis and its complications. It was chaired by Dr Taiye Mc'ens who gave a more depth knowledge of various aspects. Its etiology, types, symptoms, signs and complications were all discussed today

It was a very informative session

20.Topic: Sinunasal polyposis

Facilitator: Dr. Aiwin Sir Date: 21/10/22

Today's seminar was on topic sinunasal polyp which was presented by Rizc and detail discussed was done by Dr Aiwin Sir. The topic was presented very well by her. It included the types of polyp, its etiopathogenesis, differences management etc.

Sir also added points which she missed and discussed about the topic. It was a very informative session.

RFLECTIONS – ENT

21.Topic: Allergic rhinitis

Facilitator: Jaime Mc'cm Date: 22/11/22

The seminar for today was on the topic Allergic Rhinitis which was taken by Sabercion. She explained the topic indudy its etiology, classification and treatment. After which Dr Jaime Mc'cm explained in detail about the type its treatment. It was a very informative session we went to OP after the seminar.

22.Topic: Atrophic Rhinitis

Facilitator: Dr Nivea Date: 25/10/22

Todays seminar was taken by Rachel Saini and topic was Atrophic Rhinitis. It was assisted by Dr Nivea Mc'cm.. She explained the topic in depth. and we went to OP after that we saw Adenoidectomy and Myringotomy which was done by Dr Ashoka Mc'cm.

RFLECTIONS – ENT

23.Topic: ..... Vasomotor Rhinitis ..... Date: 21/10/22

Facilitator: ..... Dr Nilu .....

Todays session was taken by resident on topic Vasomotor Rhinitis. It was assisted by Dr Nilu Ma'am. She explained the topic in depth. We went to OT. Dr Athila Ma'am explained to us the instruments used and explained various steps of the surgery.

24.Topic: ..... DNI - Case presentation ..... Date: 26/10/22

Facilitator: ..... Dr K. Ramachandran .....

Todays session was a case presentation on the topic DNI. HOD sir guided us in this session. The main symptomatology, signs, examination findings, management, investigations & treatment along with surgical procedure were delately discussed.

RFLECTIONS – ENT

25.Topic: Tonsil

Facilitator: Dr Ashwin Date: 27/10/21

Today seminar was on the topic Tonsil it was taken by Sedna. The session was guided by Dr Ashwin sir. She presented in detail about anatomy, relations and cholgical factors affecting tonsil.
Different types of tonsillitis she also presented about tonsillectomy.
After the class sir explained details about the same

26.Topic: Adenoid

Facilitator: Dr Ashwin Date: 27/10/21

Today seminar was on the topic adenoids. It was taken by Sedna. The session guided by Dr Ashwin sir. She presented in detail about anatomy, relations and cholgical factors affecting adenoids. She also points about the adenoidectomy. It was a very informative session

RFLECTIONS – ENT

27.Topic: ..... Malignancy of Nose & PNS .....

Facilitator: ..... Dr. Amal ..... Date: ..... 21/10/22 .....

Today's seminar was on the topic Malignancy of Nose & PNS, which was taken by Hema. The session was guided by Dr Amal sir. She talked in detail about various malignancies affecting nose & PNS the risk groups, treatment of malignancies, staging of it, classification following which we got more insight into the topic.

28.Topic: ..... Nasal polyp - case presentation .....

Facilitator: ..... Dr Akhil ..... Date: ..... 26/10/22 .....

Today's session was on case presentation on topic nasal polyp it was presented by me. Dr Akhil ma'am guided me in this session. She explained the case, pointers symptoms signs, examination findings after which Ma'am explained in depth about the topic. its management, investigation and treatments.

RFLECTIONS – ENT

29.Topic: Anatomy of Larynx

Facilitator: Dr. Nivee Date: 21/10/22

Today's seminar was on the topic Anatomy of Larynx taken by Rethum. & Sellim guided by Dr Nivee Ma'am. The presentation include the location & extent of larynx, cartilages, muscle of larynx, laryngeal ligament & membrane & space of larynx. Ma'am further explained the various clinical pathology in different parts of larynx. It was a fruitful session.

30.Topic: Symptomatology of Mouth & throat

Facilitator: Dr. Jaisan Date: 31/10/22

Today's session was on topic symptomatology of Mouth & throat taken by Hence. The session was guided by Dr. Jaisan Ma'am.

We had gone to OT where we could see the various instrument like kollen nasal speculum, Hess' elevator, etc. It was a very informative session.

RFLECTIONS – ENT

31.Topic: Examination of Mouth & throat

Facilitator: Dr Jaine Date: 7/11/22

Todays session was on the topic examination of mouth & throat taken by Shaima. This was guided by Dr Jaine Ma'am. We went to OT, where we saw many instruments. Overall it was an informative session

32.Topic: Acute & chronic infection of larynx

Facilitator: Dr Jaine Date: 21/11/022

Todays seminar was on the topic Acute & Chronic infection of larynx taken by Shaima. She presented about various parts of larynx that becomes infected its etiology and the diseases about acute laryngitis Acute laryngo tracheobronchitis, epiglottitis & about necro infection TB affects larynx, lupus, Syphilis. Jaine ma'am gave more details after the session.

RFLECTIONS – ENT

33. Topic: ..... Chronic Adenotonsillitis .....

Facilitator: ..... Dr. Athula ..... Date: ..... 3/11/22 .....

Today's session was a case presented on chronic adenotonsillitis taken by Fathima. She presented the case giving the possible signs & symptoms and examination findings of typical Adenotonsillitis. After the presentation Dr Athula Miss discussed in detail & talked about the management of case which included main investigations, medical & surgical management

34. Topic: ..... Vocal cord paralysis .....

Facilitator: ..... Dr. Binduma ..... Date: ..... 7/11/22 .....

Today's seminar was taken on the topic vocal cord paralysis and by Sherin. The session was chaired by Dr Binduma Miss. They presented on the Nerve supply of larynx, lesions & its management. It was a very interesting and challenging topic.

RFLECTIONS – ENT

35.Topic: ..... Puberphonia .....

Facilitator: ..... Dr. Bindu ..... Date: 4/11/22

Today's session was on the topic puberphonia by Dr. Bindu Ma'am. The nerve supply of larynx, causes & tests for puberphonia was explained in this session.

36.Topic: ..... Non neoplastic lesions of larynx .....

Facilitator: ..... Dr. Ashwin Sir ..... Date: 5/11/22

Today's session was on the topic non-neoplastic lesions of larynx. The session was very interesting it included classification, polyps, nodules & their management. The Anatomy of larynx was also revised in the session.

RFLECTIONS – ENT

37.Topic: Melignent Tumor of larynx

Facilitator: Dr. K. Rameshwaran Date: 7/11/22

Today's seminar was on topic Melignent tumor of Larynx taken by Schorsum P. The session was allotted by HOD Dr Rameshwaran Sir. He explained in detail about supraglottic, glottic & subglottic cancer. His staging, treatment which includes surgery, radiotherapy. He also discussed about laryngectomy & post operative rehabilitation followed by detailed explanation by sir. It was a very informative session.

38.Topic: Csom - case presentation

Facilitator: Dr Amal Date: 8/11/22

Today's session was a case presentation on Csom-TTD by Sachi Sen. He presented the case with various symptoms s/s & main examination findings after which Amal sir discussed in detail about the disease. Also explained about the investigation, treatment and various causes, complications, discharge & hearing. He also talked about the complications during the surgery. It was an overall informative session.

RFLECTIONS – ENT

39. Topic: ..... Physiology of Nose and PNS

Facilitator: ..... Dr. Sapna ..... Date: 18/10/22

Today's seminar was taken by Reshu Rathee on topic physiology of Nose and PNS. She was guided by Dr Sapna Ma'am. She elaborately discussed the topic. She also talked about the functions of nose & PNS in brief.

40. Topic: ..... Clinical Anatomy of Middle Ear

Facilitator: ..... Dr. Ashwini Sir ..... Date: .....

Middle ear was explained to us especially its anatomy and all the clinical implications by Dr Ashwini sir. The class began by we brushing up the Anatomy associated with Middle ear its walls and various structures present and passing through it. The class ended by talking about the descent that could be due to damage or lesion to any nerve associated with it.

COMPETENCY – AETCOM

Competency number	Competency name	Date completed	Teaching Learning Method	Attempt@	Grade"	Status*	Initials of faculty	Feedback received Initials of learner
3.1.1	The foundation of Communications	4/5/22						
3.1.2	" "	11/5/22						
3.1.3	" "	18/5/22						

REFLECTIONS – AETCOM

1. Topic: The foundation of Communication

Facilitators: Dr. Jaina. Date: 4/5/22

In the first session of this, faculty explained about communication skills of a doctor how to communicate to a patient & also to obtain the consent & counsel patient about his treatment & procedures to be done

2. Topic: The foundation of Communication

Facilitators: Dr. Thasneem Date: 11/5/22

In this second session, group discussion was done on communication & each group presented their views. from each group activities explained & summarised about the topic.

REFLECTIONS – AETCOM

3. Topic: The foundations of communications ..... Date: 18/5/22

Facilitators: Dr. Amal

In the last session, we were made into different groups and were asked us to do a role play ~~on~~ examination of OP patient and dealing with an angry patient, revealing the bad news, counselling of them. We we were asked to present it as a roleplay.

4. Topic: ..... Date: .....

Facilitators: .....

COMPETENCY–LEARNERDOCTOR METHOD

Nameofpatient: Abin Joseph Age: Sex:

Shorthistory: Complaints of disturbed sleep, snoring mouth breathing and occasional change in voice of 8 years of duration, mother also noticed decreased hearing for atleast 6 months.

Clinicalfindings: General examination - dull expression with mouth breathing
oral cavity & nasopharynx - Hitched of upperlip, crowded upper incisors, high arched palate. Tonsils - normal in size. Posterior pharyngeal wall - thick mucoid drippy
Nose - cold spatula test - decreased b/l fogging
Ear - b/l TM retracted, dull landmarks with multiple air bubbles seen through TM.

Diagnosis: ~~Inv~~ chronic adenoiditis with b/l serous otitis media.

Investigations: CBC - leucocytosis; xray nasopharynx - moderate sized adenoid; tympanometry - Pure tone audiometry (R) 20 dB CHL, (L) 20 dB CHL; OAE - grade III (1/3rd to 2/3rd choanae filled)

Course in Hospital: 7/m Abin was admitted with complaint of mouth breathing, snoring for past 2 years. After relevant clinical examination, he was diagnosed with chronic adenoiditis with b/l SOM. surgery was planned. She underwent adenoidectomy with b/l myringotomy under a/g. Post operatively he was treated with antibiotics, post operative period was uneventful, hence he was discharged ~~hospital:Reflection~~ a week. He was advised to have plenty of water fluids & to build diet gradually from soft to solid food. oral hygiene is to be mentioned.

s:

Reflection: This case gave us a very good idea as to how to approach a case of chronic adenoiditis with b/l SOM. starting from signs and symptoms, investigations & surgery. We were able to correlate our theory knowledge with whatever took place in the hospital. It was indeed a very good opportunity

FATHIMA NAFEESA, MA

COMPETENCY–LEARNERDOCTOR METHOD

Age: 28 Sex: Female

Nameofpatient: Rime.

Shorthistory: persistent right sided nasal obstruction of 6 years
History of recurrent episodes of watery nasal discharge associated with
bouts of sneezing especially during early morning hours for the last 10 yrs.

Clinicalfindings: Nose - Cold spectule test - fogging decreased on both sides (more on right side)
- Right nasal cavity narrowed with nasal septum almost touching.
inferior turbinate which is hypertrophied with blunt irregular surface.
- Left nasal cavity: wide nasal cavity with inferior turbinate hypertrophied
and blunt irregular surface



Diagnosis: Deviated nasal septum / ⓑ inferior Turbinate hypertrophy / Allergic Rhinitis

Investigations: General: CBC - Eosinophilia; Specific: DNE - Deviation of Nasal septum towards right,
hypertrophy of left inferior & middle turbinate, narrow right nasal cavity cmpd left nasal cavity.

Course in Hospital: 28/F - Rime was admitted with complaint of nasal obstruction for past 6 years.
After relevant clinical examination, she was diagnosed with DNS towards right with left inferior turbinate
hypertrophy. Surgery was planned & she underwent left SMR with SMR under GA. post operatively she was
hospital:Reflection treated with antibiotics and other supportive medicines. She was advised to
review after 1 week for splint removal. post operative advices explained. Forceful nose blowing
s: soft diet to be followed initially. remain sitting position to prevent oozing of blood. avoid
heavy to work for several days.

Reflection: This case gave us very good idea as to how to approach a case of DNS.
Starting from the sign & symptoms, investigations & surgery., we were able to correlate
our theory knowledge with whatever was happening in the hospital. It was
a very good opportunity.

COMPETENCY–LEARNERDOCTOR METHOD

Age: 31 Sex: Male

Nameofpatient: Mathew.

Shorthistory: Recurrent episodes of left sided mucoid ear discharge & left sided hearing since childhood. symptoms started with an episode of fever & ear ache followed by ear discharge in childhood. After that he had recurrent episodes of ear discharge following deep bath and upper respiratory infection. last episode of ear discharge was 4 months back

Clinicalfindings:



Left ear: TM - Medium sized central perforation.

Right ear: TM - Normal.

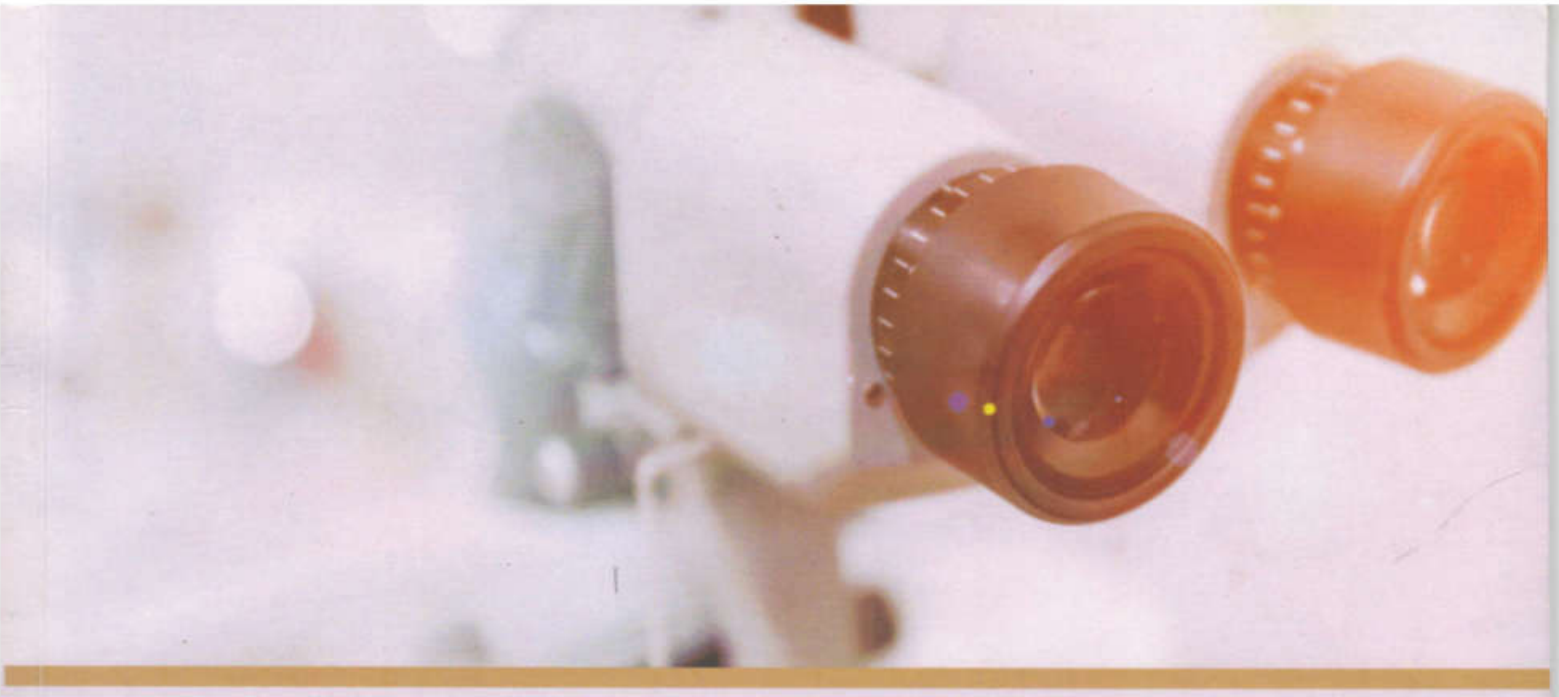
Tunning fork test: Rinne - left - negative; Webers lateralised to left
ABC - normal b/l.

Diagnosis: ~~Inv~~ left CSOM - mucoid type, inactive with moderate CHL without complications

Investigations: CBC: leucocytosis; Microscopic examination of ear - TM perforation, cholesteatoma
culture sensitivity of ear discharge - positive for pseudomonas, audiometry → R 30dB CHL, L 40dB CHL
X-ray mastoid - no bony destruction.

Course in hospital: 35/M Mathew was admitted with complaint of recurrent episodes of left sided mucoid ear discharge & left sided hearing loss since childhood. After clinical examination & investigations he was with left CSOM - mucoid type inactive with moderate CHL with no complications. surgery was planned & he underwent type I tympanoplasty under GA. post operatively he was treated with antibiotics. post operative period was uneventful here he was discharged with oral antibiotics & other appropriate medications. He was asked to come after 1 week for suture removal.

Reflection: This case gave us a very good idea as to how to approach a case of unemployed CSOM. Starting from types & symptoms, investigations & surgery. we were able to correlate our theory knowledge with what we took place in hospital. It was very good opportunity.



KMCT
MEDICAL COLLEGE

DEPARTMENT OF
OPHTHALMOLOGY
(COMPETENCY BASED MEDICAL EDUCATION)

LOG BOOK

KERALA UNIVERSITY OF HEALTH SCIENCES
THRISSUR – 680 596

LOG BOOK

DEPARTMENT OF OPHTHALMOLOGY

(COMPETENCY BASED MEDICAL EDUCATION)

Name of the Candidate: LAMYA SHAUKATH KOROTH

Roll No: 67

University Registration No: 190011992



KERALA UNIVERSITY OF HEALTH SCIENCES
THRISSUR – 680 596

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BONAFIDE CERTIFICATE

This is to certify that this log book is the bonafide record of ~~Mr~~./Ms....LAMYA.....SHACKATH....KOROTH., University Reg. No.1900111992....., admitted in the year...2019.....in the KMCT Medical College,Kozhikode. He/ She has undergone ----- weeks training in Ophthalmology and his /her performance after assessment of various competencies and other criteria as per the Competency Based Undergraduate Medial Curriculum, GMR 2019, during the period .....to ..... is found to be satisfactory/good/ excellent.

He / She is eligible to appear for the summative (University) assessment as on the date given below.

Place

Date

Signature of Faculty

Name and Designation

Dr. NABEELA T. MBBS, MS, DNB
Department of Ophthalmology
Reg. No. 49231
KMCT Medical College Hospital
Manassery, Mukkom, Kozhikode - 673 602

Countersigned by Head of Department, Ophthalmology

KMCT Medical College, Kozhikode.

Seal

Principal, KMCT Medical College, Kozhikode.

PROFORMA OF THE STUDENT

Name of the student: LAMYA SHAUKATH KOROTH

Date of birth: 14-10-1999

Father's name: SHOUKATH ALI

Mother's name: RAZIYA PA

Recent Passport Size Photo

Address: 'SHAUZIYA' (H)
MALA PO
THRISSUR
PIN: 680519

Contact Number: 8301922621

Email id: lamyashaukath@gmail.com

Date of admission to MBBS Course:

Date of beginning of the current Phase:

Reg: No. College ID

Reg No . University ID 190011992

Signature:

GENERAL INSTRUCTIONS

1. Logbook is a record of academic/ co -curricular activities of the designated student who shall be responsible for maintaining his/her logbook.

2. The student shall be responsible for getting the entries in the logbook verified by the faculty in charge regularly.

3. The entries in logbook reflect the activities undertaken in the department and have to be scrutinised by the head of concerned department.

4. The logbook is a record of various activities by the student like

    - Overall participation and performance
    - Attendance
    - Participation in sessions
    - Record of completion of predetermined activities
    - Acquisition of selected competencies

5. Logbook is a record of work done by the candidate in the department/speciality and shall be verified by the college before submitting the application of students for university examinations.

6. Students shall also write reflections on the topics learned in relevant sections of logbook.
   Reflections should be structured using the following guiding questions
   What did you learn from the experience?
   What are the applications of learning?
   How would you apply these knowledge and skills?

ELIGIBILITY FOR UNIVERSITY EXAMINATIONS

1. **Attendance**

   80% in both theory and clinical in both II and III phases of study is mandatory for eligibility to appear for final university examination.

   75% attendance in professional development programme (AETCOM Module) is required for eligibility to appear for final examination in each professional year.

2. **Internal Assessment**

   Learners must secure at least 50% of total marks(combined theory and clinical)and not less than 40% marks in theory and practical separately assigned for internal assessment in Ophthalmology and 50% in professionalism for the subject in order to be eligible to appear for final university examination in Ophthalmology.

   Candidates who have not secured eligible internal assessment marks and not registered for regular examination cannot appear for supplementary examination in that subject/subjects and will join the next batch.

3. **Logbook**

   Completion of activities specified and submission of completed logbook is a prerequisite for a student to apply for end of phase summative examination.

Place
Date

Signature of the student

Name
Roll Number
UID

DOAP – PHASE II CLINICAL POSTING

Date	Competency Number	Name of Activity	Attempt of Activity		
			First	Repeat	Remedial
30/10/21	OP 1.3	Perform visual acuity assessment for distance Using Snellen chart	I		
01/10/21	OP 1.3.1	Perform assessment of near vision	I		
02/10/21	OP 1.3.2	Perform assessment of colour vision	F		
03/10/21	OP1.3.3	Perform Pinhole test	F		
04/10/21	OP 1.4	Demonstrate how to perform Blink reflex & Menace reflex	F		
05/10/21	OP 1.5	Perform visual field assessment by confrontation	F		
06/10/21	OP 2.3	Observe and document NLD syringing	F		
08/10/21	OP 3.2	Perform pupillary reaction &Projection of light	F		
09/10/21	OP 3.2 1	Demonstrate Conjunctival and Ciliary congestion	F		
10/10/21	OP 3.8	Demonstrate or observe Technique of eversion of eyelid and FB removal from tarsal conjunctiva	F		
11/10/21	OP 3.9	Observe and document technique of installation of eye drops	F		
Signature of Faculty					

DOAP – PHASE II CLINICAL POSTING

Date	Competency Number	Name of Activity	Attempt of Activity		
			First	Repeat	Remedial
12/10/21	OP 6.7	Observe and document Schiotz & Applanation Tonometry	F		
13/10/21	OP 6.7.1	Perform assessment of anterior chamber depth by torchlight	F		
15/10/21	OP 7.3	Demonstrate iris shadow in a patient with cataract	F		
16/10/21	OP 8.3	Observe and document Direct Ophthalmoscopy	F		
17/10/21	OP 8.3 .1	Observe and document Indirect ophthalmoscopy	F		
18/10/21	OP 8.3.2	Observe and document fundus examination with 90D	F		
19/10/21	OP 9.1	Demonstrate correct technique to examine uniocular &binocular movements	F		
20/10/21	OP 9.2	Observe and document Hirschberg Light reflex test.	F		
22/10/21	OP 9.3.1	Observe and document Retinoscopy.	F		
23/10/21	OP 9.5	Observe and document Eye irrigation	F		
24/10/21	OP 9.5.1	Observe and document Pad and bandaging of eye.	F		
Signature of Faculty					

DOAP – PHASE III CLINICAL POSTING

Date	Competency Number	Name of Activity	Attempt of Activity		
			First	Repeat	Remedial
19/04/22	OP 1.2	Identify spherical and cylindrical lens in trial set and demonstrate how to differentiate convex lens from concave lens.	F		
20/4/22	OP 2.1	Demonstrate lid lag	F		
21/4/22	OP 2.1.1	Demonstrate lagophthalmos	F		
22/4/22	OP 2.2	Demonstrate symptoms & clinical signs of common conditions of lid -Evert lid and differentiate Hordeolum externum from H.internum -Identify lid crease and brow position	F		
23/4/22	OP 2.3	Demonstrate Bell's Phenomenon	F		
25/4/22	OP 2.3.1	Demonstrate the regurgitation test of lacrimal sac	F		
26/4/22	OP 2.3.2	Observe and document massaging technique in congenital dacryocystitis	F		
Signature of the Faculty					

DOAP – PHASE III CLINICAL POSTING

Date	Competency Number	Name of Activity	Attempt of Activity		
			First	Repeat	Remedial
27/4/22	OP 2.3.3	Observe and document epilation of eye lashes in trichiasis.	F		
28/4/22	OP 3.2	Demonstrate symptoms & clinical signs in 'red eye' -Differentiate conjunctival congestion from circumcorneal congestion -Identify pupillary changes in uveitis and angle closure glaucoma	F		
29/4/22	OP 3.2.1	Observe and document difference between conjunctival follicles and papillae	F		
30/4/22	OP 4.1	Demonstrate the technique of fluorescein staining of cornea	F		
2/5/22	OP 4.3	Perform testing corneal sensation	F		
3/5/22	OP 4.4	Observe and document Schirmer's test	F		
4/5/22	OP 4.8	Observe and document the technique of removal of superficial foreign body from cornea	F		
5/5/22	OP 4.10	Identify patients with corneal blindness and Counsel patients and Family about eye donation	F		
Signature of the Faculty					

DOAP – PHASE III CLINICAL POSTING

Date	Competency Number	Name of Activity	Attempt of Activity		
			First	Repeat	Remedial
6/5/22	OP 6.6	Demonstrate the clinical features and diagnose common clinical conditions affecting the anterior chamber -Identify hypopyon and hyphema -Differentiate between bacterial and fungal hypopyon	F		
7/5/22	OP 6.7	Perform digital tonometry	F		
9/5/22	OP 6.7.1	Observe the technique of gonioscopy	F		
10/5/22	OP 6.7.2	Observe field charting using HFA	F		
11/5/22	OP 6.10	Counsel patient with Glaucoma.	F		
12/5/22	OP 7.5	Participate in the team for cataract surgery and document seen cases	F		
13/5/22	OP 7.6	Administer informed consent and counsel patients for cataract surgery	F		
14/5/22	OP 8.1	Demonstrate RAPD by swinging flashlight test	F		
16/5/22	OP 8.3.3	Identify diagnostic lenses used in Oph OPD (90D,20D gonioscope) and document their uses	F		
17/5/22	OP 9.2	Observe and document cover and uncover test	F		
Signature of the Faculty					

CERTIFICATION OF SKILLS

Date	OP No.	Name of activity	Attempt at activity (F/R/Re)	Numerical grade out of 5	Initial of faculty
	O.P.1.3	Perform visual acuity assessment for distance using Snellen chart	F		
	O.P.1.3.1	Perform assessment of near vision	F		
	O.P.1.3.2	Perform visual field assessment by confrontation	F		
	O.P.1.3.3	Perform assessment of colour vision	F		
	O.P.9.1	Demonstrate the correct technique & examination of extra ocular movements (uniocular& binocular)	F		

Signature of HOD / in charge

SEMINARS / SMALL GROUP DISCUSSIONS

Phase II

Date	Competency Number	Competency	Participated	Presented
12/10/21	OP 1.1	Visual perception	✓	
13/10/21	OP 1.2	Refractive Errors Myopia	✓	
14/10/21	OP 1.2.2	Refractive errors-Hypermetropia Aphakia	✓	
16/10/21	OP 1.2.3	Astigmatism	✓	
17/10/21	OP 2.1	Eyelid Anatomy, Physiology		✓
18/10/21	OP 2.3	Anatomy &physiology of Lacrimal Apparatus	✓	
19/10/21	OP 2.4	Anatomy of Orbit and Surgical Spaces of Orbit and SOF	✓	
20/10/21	OP 4.3	Anatomy of Cornea and Maintenance of Corneal Transparency	✓	
22/10/21	OP 4.4	Precorneal tear film	✓	
23/10/21	OP 4.9	Eye Donation &Eye banking	✓	
Signature of the Faculty				

SEMINARS / SMALL GROUP DISCUSSIONS

Phase II-Contd

Date	Competency Number	Competency	Participated	Presented
24/10/21	OP 6.5	Angle of Anterior Chamber Gonioscopy	✓	
25/10/21	OP 6.5.1	Aqueous production and maintenance of IOP	✓	
26/10/21	OP 6.7	Tonometry	✓	
26/10/21	OP 6.8	Pupillary pathways and normal pupillary reflexes		✓
27/10/21	OP 7.1	Anatomy and Metabolism of Lens &Accommodation	✓	
28/10/21	OP 8.1	Anatomy of retina and Photochemistry of vision	✓	
1/11/21	OP 8.3	Normal fundus	✓	
2/11/21	OP 8.4	Technique of fundus examination	✓	
2/11/21	OP 8.5	Visual pathway	✓	
2/11/21	OP 9.1	Anatomy and Actions of Extra-ocular muscles	✓	
3/11/21	OP 9.2	Anatomy of III, VI Cranial nerves	✓	
3/11/21	OP 9.4	Vision 2020 and NPCB	✓	
Signature of the Faculty				

SEMINARS / SMALL GROUP DISCUSSIONS

Phase III

Date	Competency Number	Competency	Participated	Presented
30/4/22	OP 2.1	Differential diagnosis of lid swellings	✓	
1/5/22	OP 2.2	Anomalies of Lid margin	✓	
2/5/22	OP 2.3	Evaluation of epiphora& Dacryocystitis	✓	
3/5/22	OP 2.4	Preseptal and Orbital cellulitis	✓	
4/5/22	OP 2.6	Proptosis	✓	
5/5/22	OP 3.3	Ophthalmia neonatorum	✓	
5/5/22	OP 3.4	Trachoma & Follicular conjunctivitis		✓
6/5/22	OP 3.5	VKC (spring catarrh)	✓	
8/5/22	OP 3.6	Pterygium	✓	
8/5/22	OP 4.1	Corneal ulcer – etiology and clinical features	✓	
9/5/22.	OP 4.1.1	Corneal ulcer - complications and management	✓	
9/5/22	OP 4.4	Dry Eye	✓	
9/5/22	OP 4.5 4.6	Corneal Blindness and Keratoplasty Pannus	✓	
10/5/22	OP 4.6.1	Keratoconus	✓	
10/5/22	OP 5.1	DD of Limbal Nodule	✓	
11/5/22	OP 6.1	Acute Iridocyclitis	✓	
11/5/22	OP 6.7	POAG	✓	
		Signature of the Faculty		

SEMINARS/ SMALL GROUP DISCUSSIONS

Phase III-Contd

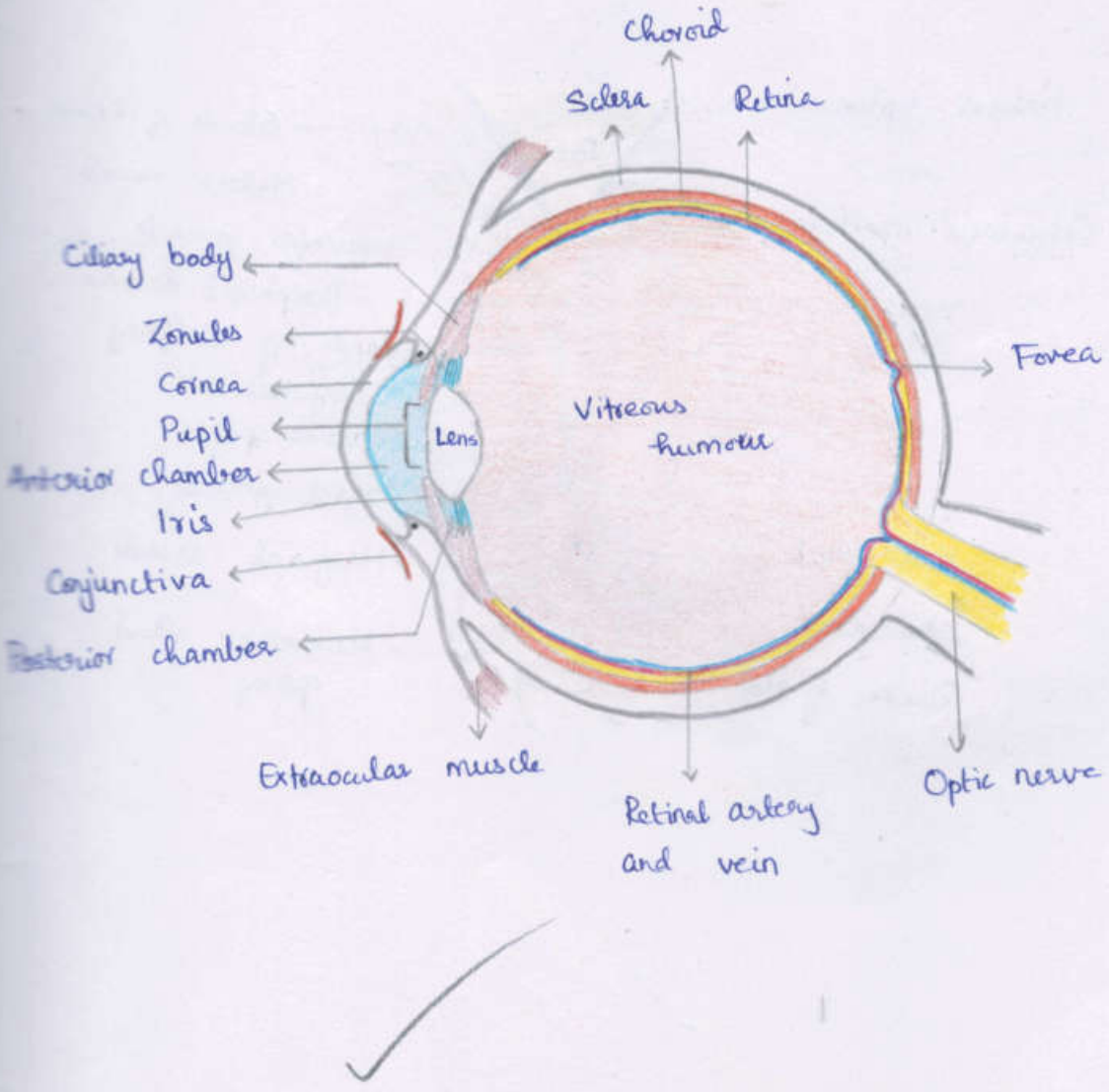
Date	Competency Number	Competency	Participated	Presented
27/5/22	OP 6.7.1	PACG	✓	
12/5/22	OP 6.7.2	LIG and other Secondary Glaucomas	✓	
13/5/22	OP 6.7.3	DD of Red Eye	✓	
15/5/22	OP 7.2	Senile cataract CF,stages and Complications	✓	
23/5/22	OP 7.2.1	Congenital cataract, Complicated cataract, traumatic cataract and cataract associated with systemic diseases.	✓	
24/5/22	OP 7.3	Work up of a patient for cataract surgery.	✓	
25/5/22	OP 7.4	Cataract surgery –anaesthesia, types of surgeries and steps of cataract surgery and IOL.		✓
25/5/22	OP 7.4.1	Complications of cataract surgery	✓	
1/6/22	OP 8.2	Diabetic retinopathy	✓	
2/6/22	OP 8.1 8.2.1	Retinal vascular occlusions, Hypertensive retinopathy and other common retinal diseases	✓	
3/6/22	OP 8.5	Visual pathway lesions	✓	
3/6/22	OP 8.5.1	Papilledema, Optic neuritis and Optic atrophy	✓	
4/6/22	OP 9.2	Strabismus – types and clinical features	✓	
5/6/22	OP 9.5	Ocular injuries	✓	
5/6/22	OP 2.1, 4.7	Minor procedures – NLD syringing, I&C and Tarsorrhaphy	✓	✓
6/6/22	OP 4.5	Enucleation and evisceration – indications and procedure	✓	
		Signature of the Faculty		

SELF DIRECTED LEARNING

Name of facilitator:

SDL Number: Date: Time:

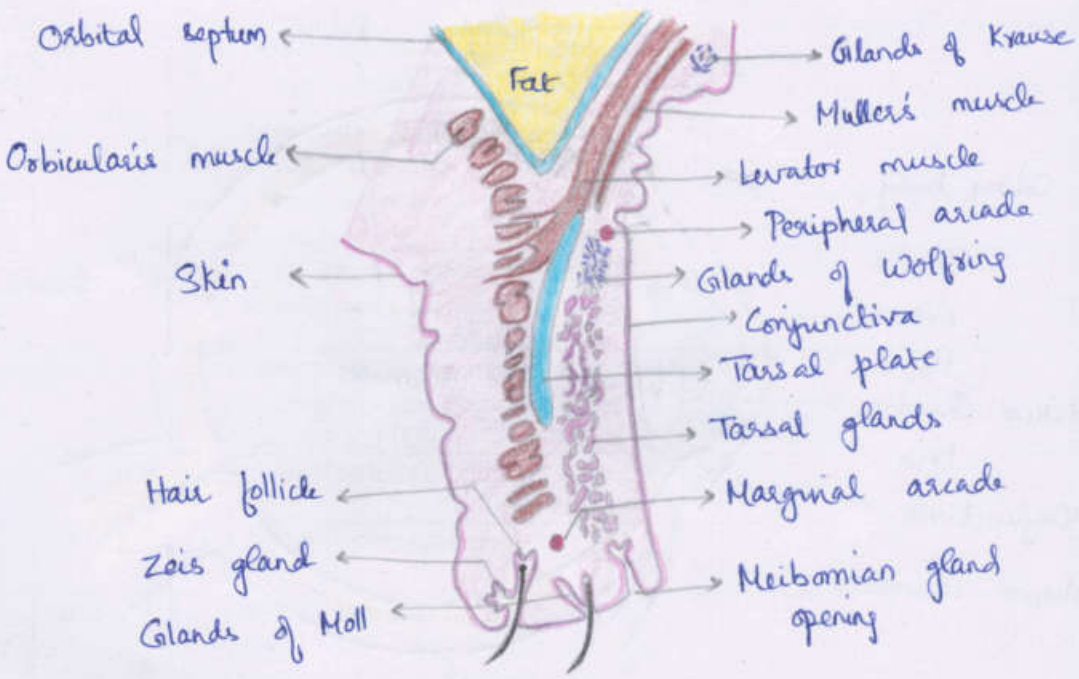
Topic::Draw and label the cross-section of eyeball



SELF DIRECTED LEARNING

Name of facilitator:
SDL Number: Date: Time:

Topic::Draw and label the cross-section of upper eyelid

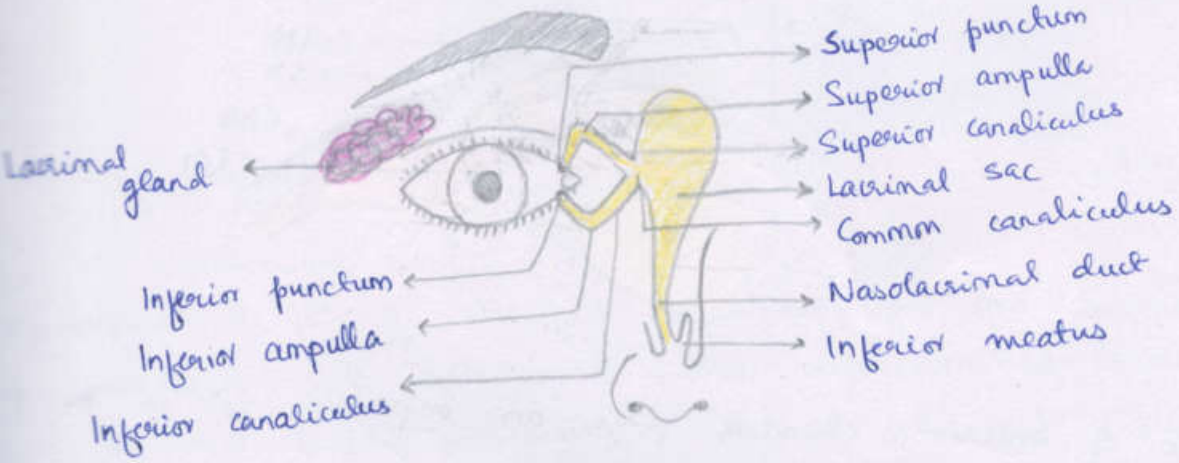


SELF DIRECTED LEARNING

Name of facilitator:

SDL Number: Date: Time:

Topic::Draw and label the cross-section of lacrimal apparatus

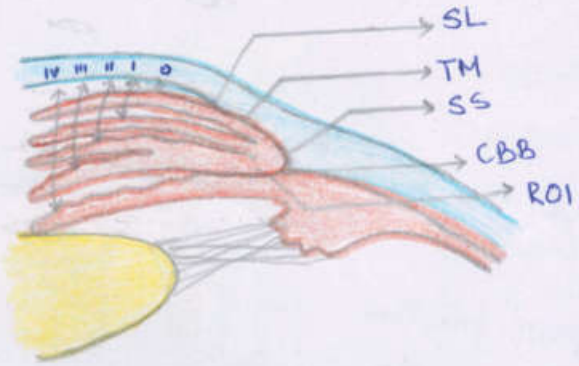


SELF DIRECTED LEARNING

Name of facilitator:

SDL Number: Date: Time:

Topic:Describe, illustrate and label the angle of anterior chamber



Angle of anterior chamber plays an important role in the proce
of aqueous drainage. It is formed by:

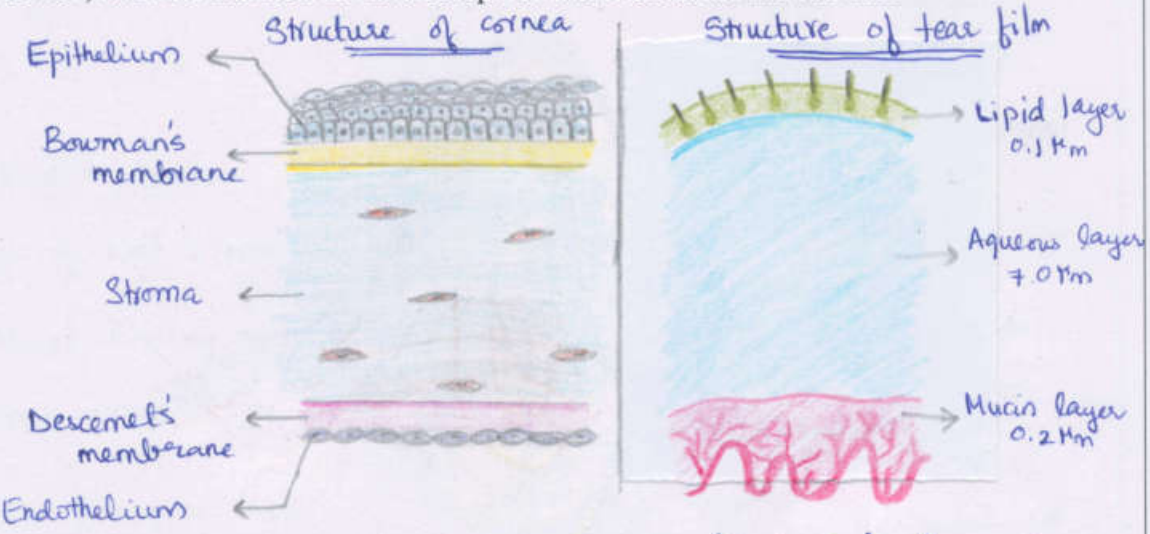
- ROI = Root of iris
- CBB = Ciliary Body Band = anterior-most part of ciliary body.
- SS = Scleral spur.
- TM = Trabecular Meshwork
- SL = Schwalbe's line = Prominent end of descemet's membrane of cornea

SELF DIRECTED LEARNING

Name of facilitator:

SDL Number: Date: Time:

Topic: Describe, illustrate and label the microscopic structure of cornea and tear film



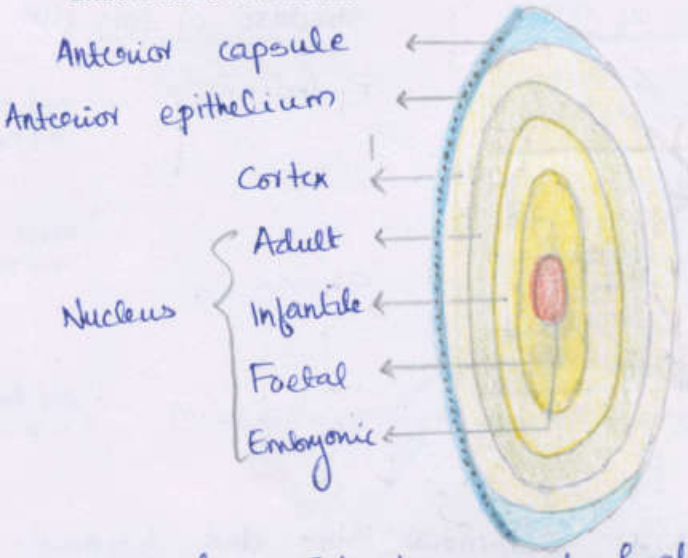
- Epithelium : It is of stratified squamous type and becomes continuous with epithelium of bulbar conjunctiva at limbus. The basal layer is made of columnar cells, next 2-3 layers of umbrella cells and superficial layers of flattened cells.
- Bowman's membrane : Consists of acellular mass of condensed collagen fibrils. Once destroyed, it does not regenerate.
- Stroma (substantia propria) : Consists of collagen fibrils (lamellae) embedded in hydrated matrix of proteoglycans. Among the lamellae are present keratocytes, wandering macrophages, histiocytes and a few leucocytes.
- Descemet's membrane : Strong homogenous layer. Very resistant to chemical agents, trauma and pathological processes. Unlike Bowman's membrane, it can regenerate.
- Endothelium : Consists of a single layer of flat polygonal cells. The cell density decreases with increasing age. There is a considerable functional reserve for endothelium.

SELF DIRECTED LEARNING

Name of facilitator:

SDL Number: Date: Time:

Topic:Describe, illustrate and label the structure of crystalline lens. Describe the lens capsule and attachment of the zonule



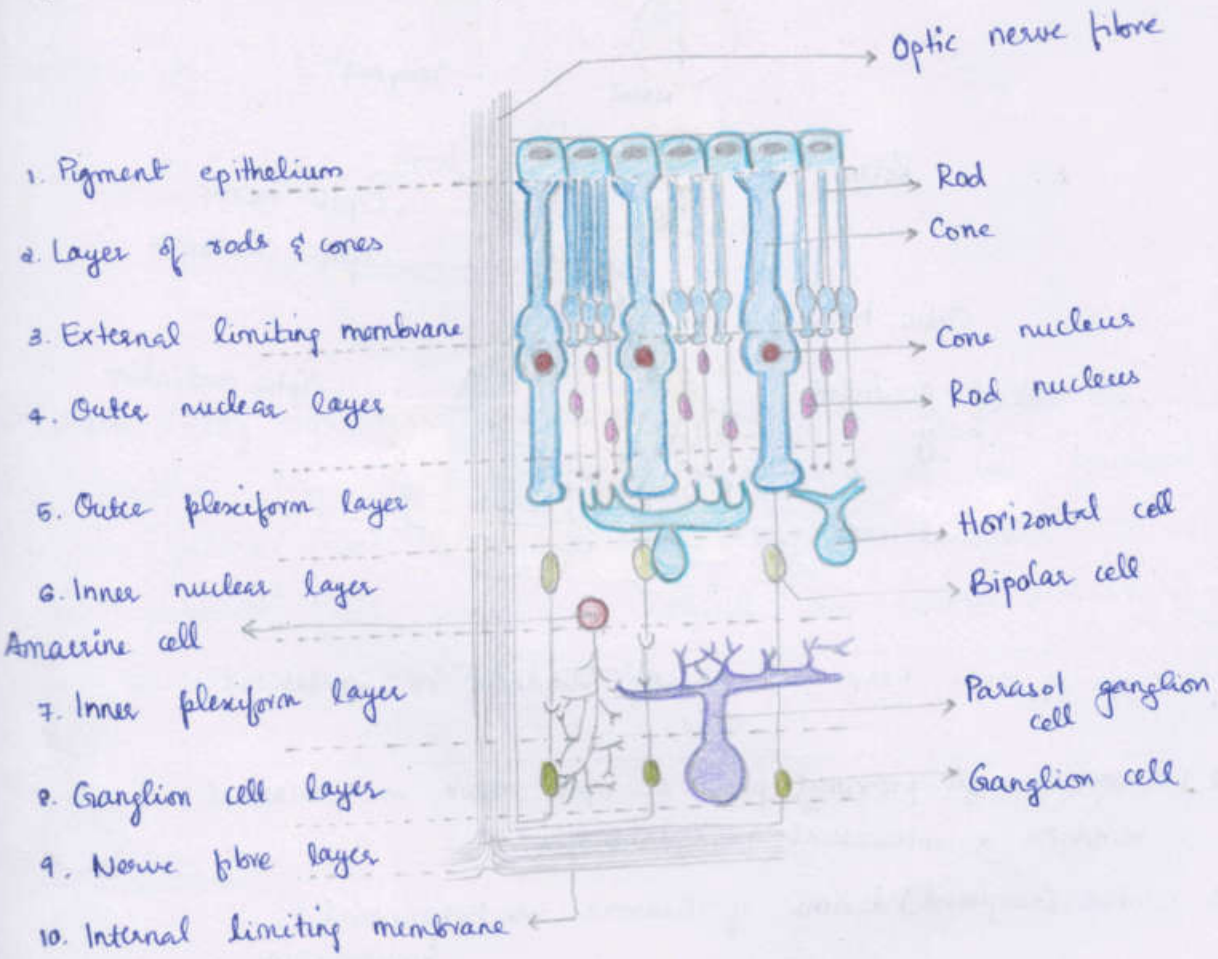
1. Lens capsule : Thin, transparent, hyaline membrane surrounding lens; thicker over anterior than posterior surface.
2. Anterior epithelium : Single layer of cuboidal cells lying deep to anterior capsule. There is no posterior epithelium as these cells are used up in filling the central cavity of lens vesicle during development of lens.
3. Lens fibres : Mature lens fibres are cells which have lost their nuclei. These are arranged compactly as nucleus & cortex of lens. The cortex is the peripheral part which comprises the youngest lens fibres.
4. Suspensory ligaments of lens : Series of fibres passing from ciliary body to lens. These hold the lens in position and enable ciliary muscle to act on it and are arranged as 3 groups.

SELF DIRECTED LEARNING

Name of facilitator:

SDL Number: Date: Time:

Topic: Describe, illustrate and label the layers of retina

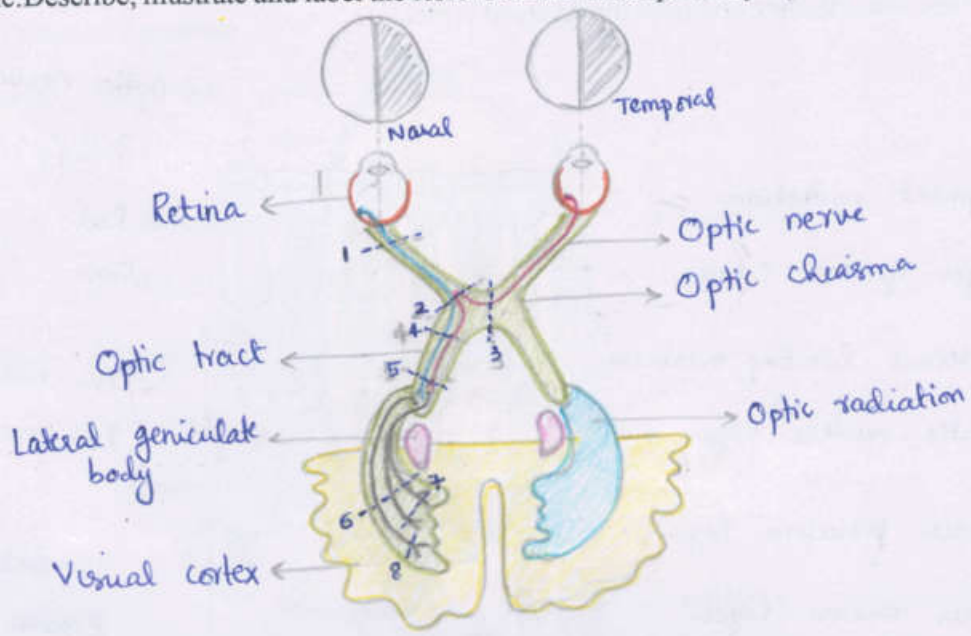


SELF DIRECTED LEARNING

Name of facilitator:

SDL Number: Date: Time:

Topic: Describe, illustrate and label the lesions of the visual pathway



1. Lesions of optic nerve ⇒ Complete blindness on ipsilateral side.

2. Lesions through proximal part of optic nerve ⇒ Ipsilateral blindness + contralateral quadrantanopia.

3. Central (sagittal) lesions of chiasma ⇒ Bitemporal hemianopia

4 & 5. Lesions of optic tract ⇒ Homonymous hemianopia

6. Lesions of optic radiation ⇒ Homonymous hemianopia

7. Lesions of anterior part of visual cortex ⇒ Homonymous hemianopia sparing the macula

8. Bilateral occipital cortex lesions ⇒ bilateral central scotoma

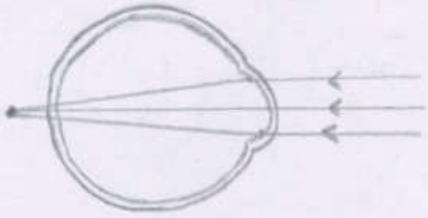
SELF DIRECTED LEARNING

Name of facilitator:

SDL Number: Date: Time:

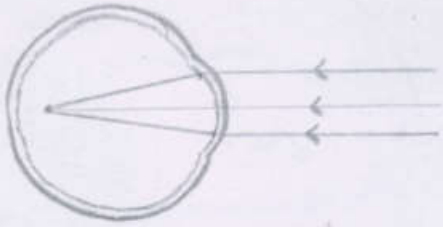
Topic: Describe and illustrate refraction of a hypermetropic and myopic eye

HYPERMETROPIC EYE :-



- Hypermetropia / long sightedness is the refractive state of the eye wherein parallel rays of light coming from infinity are focussed behind the retina with accommodation being at rest.
- Thus, the posterior focal point is behind the retina which therefore receives a blurred image.

MYOPIC EYE :-

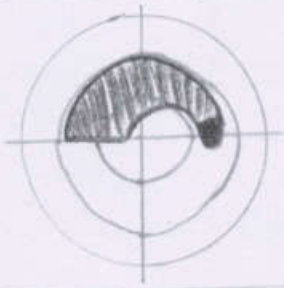


- Myopia or short sightedness is a type of refractive error in which parallel rays of light coming from infinity are focussed in front of the retina when accommodation is at rest.

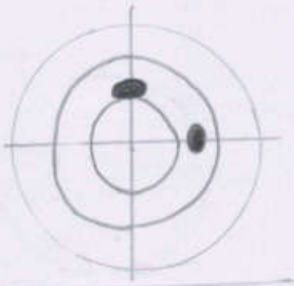
SELF DIRECTED LEARNING

Name of facilitator:
SDL Number: Date: Time:

Topic:Describe and illustrate field defects in primary open angle glaucoma



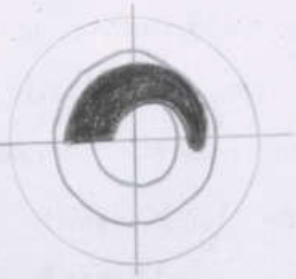
Arcuate (Bjerrum area)



Superior paracentral scotoma



Siedel's scotoma



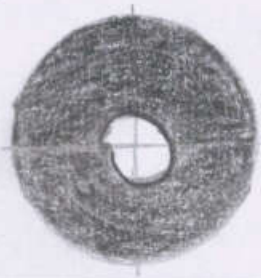
Bjerrum's (arcuate) scotoma



Double arcuate (ring) scotoma with superior central nasal step



Roenne's nasal step



Tubular field



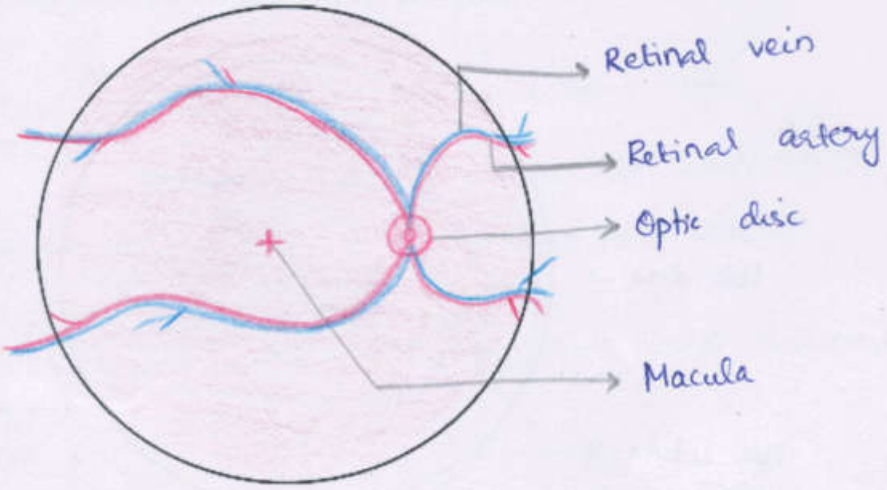
Only temporal island of vision



SELF DIRECTED LEARNING

Name of facilitator:
SDL Number: Date: Time:

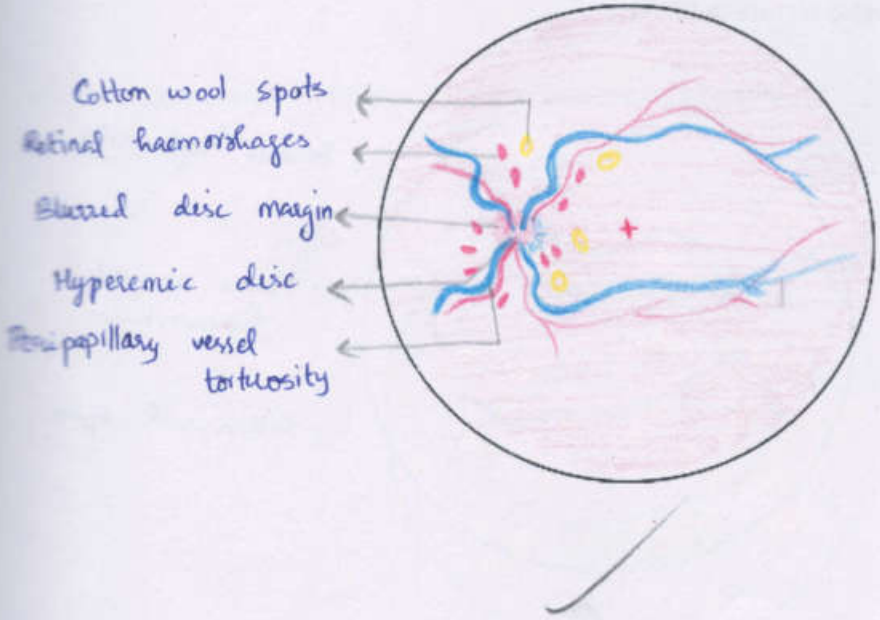
Topic:Draw and label normal fundus picture



SELF DIRECTED LEARNING
Name of facilitator:

SDL Number: Date: Time:

Topic:Draw and label fundus picture in papilloedema

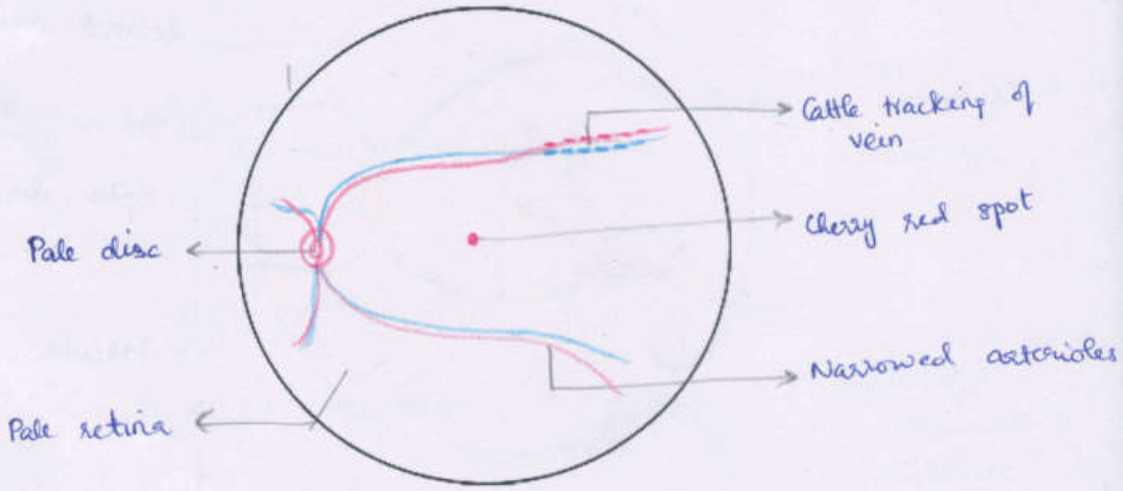


SELF DIRECTED LEARNING

Name of facilitator:

SDL Number: Date: Time:

Topic:Draw and label fundus picture in CRAO

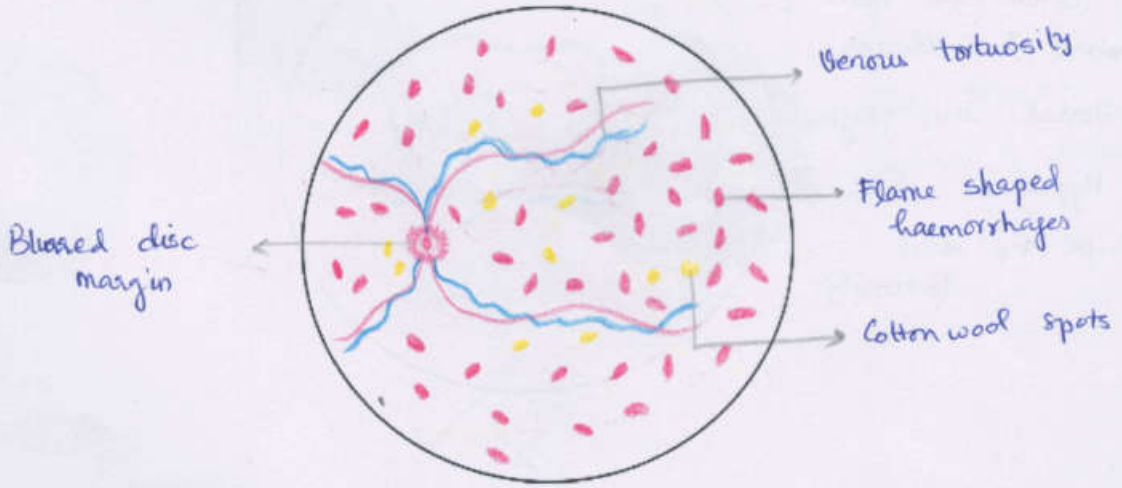


SELF DIRECTED LEARNING

Name of facilitator:

SDL Number: Date: Time:

Topic:Draw and label fundus picture in CRVO

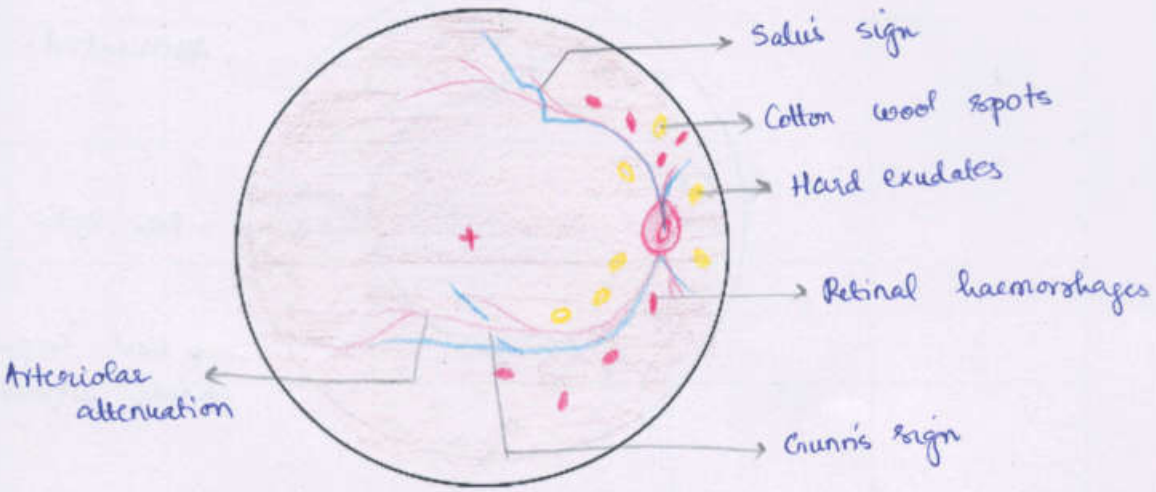


SELF DIRECTED LEARNING

Name of facilitator:

SDL Number: Date: Time:

Topic:Draw and label fundus picture in hypertensive retinopathy

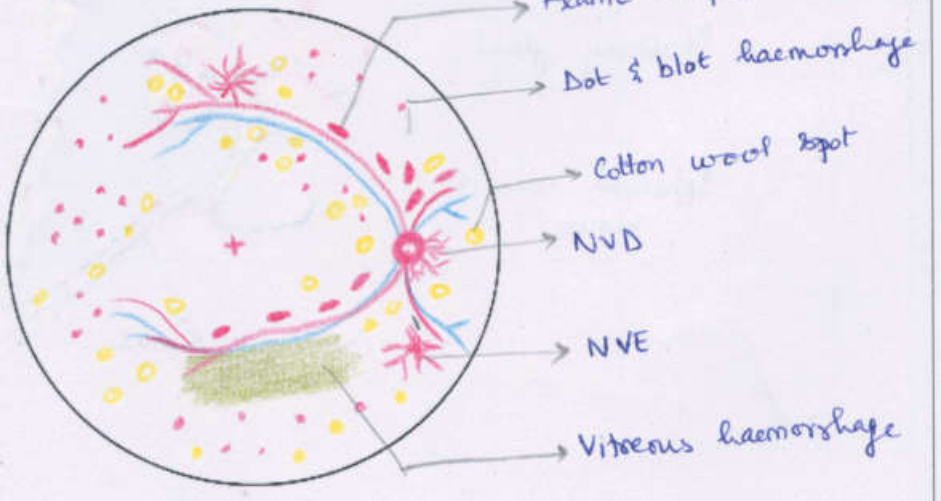


SELF DIRECTED LEARNING

Name of facilitator:

SDL Number: Date: Time:

Topic:Draw and label fundus picture in diabetic retinopathy

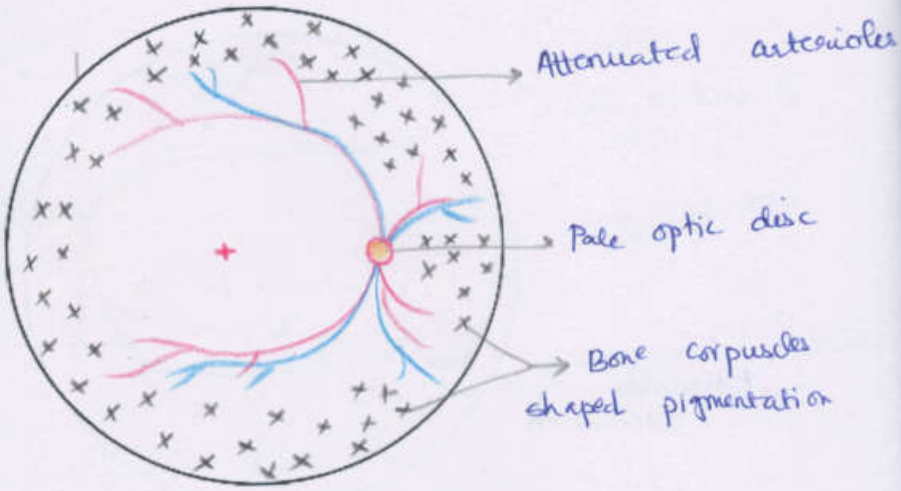


SELF DIRECTED LEARNING

Name of facilitator:

SDL Number: Date: Time:

Topic:Draw and label fundus picture in Retinitis Pigmentosa

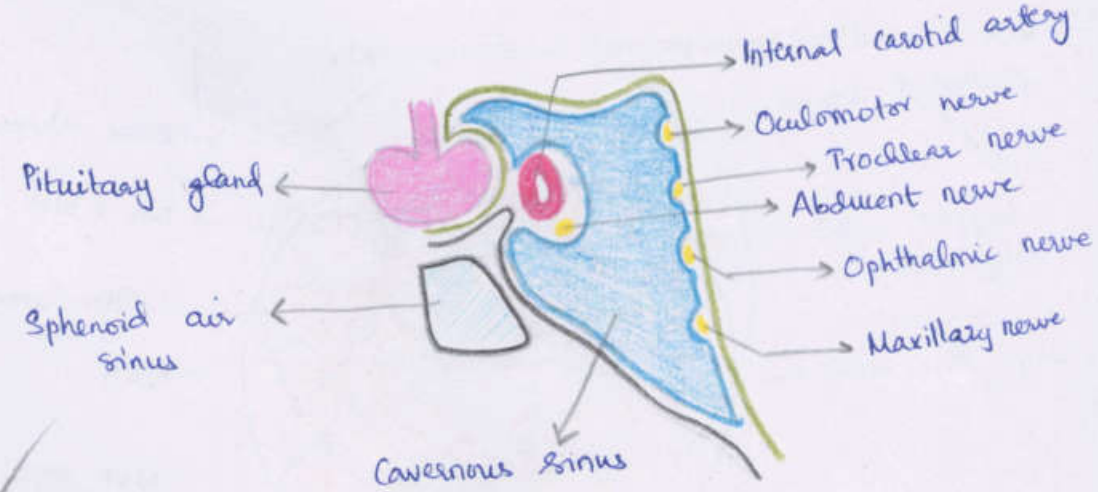


SELF DIRECTED LEARNING

Name of facilitator:

SDL Number: Date: Time:

Topic:Draw and label cross section of cavernous sinus



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

oflogbook.Reflectionsshouldbestructuredusingthefollowingguidingquestions:

a. Whathappened?(Whatdidyoulearnfromtheexperience?)

b. Sowhat?(Whataretheapplicationsofthelearning?)

c. Whatnext?(Howwouldyouapplytheseknowledgeandskills?)

INDEX

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6	Reflections Phase 2	
7	Seminar / Tutorial topics/ small group discussions – Phase 3, part 1	
8	Reflections Phase 3, Part 1	
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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	COMPETENCY 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**
SIGNATURE of Unit Chief			**SIGNATURE of Faculty**	
DATE	**COMPETENCY No:**	**COMPETENCY**	**Whether achieved or not**	**If not achieved remedial measures given**
	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**

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

COMPETENCY ASSESSMENT

Clinical posting – Phase III Part 1 From_____to_____

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

	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**
SIGNATURE of Unit Chief			**SIGNATURE of Faculty**	
DATE	**COMPETENCY No:**	**COMPETENCY**	**Whether achieved or not**	**If not achieved remedial measures given**
	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**

			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 Chief			**SIGNATURE of Faculty**	

DRAFT

COMPETENCY ASSESSMENT

Clinical posting – Phase III Part 2 From_____to _____

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

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

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

DATE	COMPETENCY 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**

SIGNATURE of Unit Chief	SIGNATURE of Faculty

DATE	COMPETENCY 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	Yes/No	Yes/No/NA
	S.U. 9 S.U.28.1	DDs and approach in management of a case of hernia – Inguinal	Yes/No	Yes/No/NA
	S.U. 9 S.U.28.1	DDs and approach in management of a case of hernia – Femoral	Yes/No	Yes/No/NA
	S.U. 9 S.U.28.1	DDs and approach in management of a case of hernia – Epigastric	Yes/No	Yes/No/NA
	S.U. 9 S.U.28.1	DDs and approach in management of a case of hernia – Umbilical	Yes/No	Yes/No/NA
	S.U. 9 S.U.28.1	DDs and approach in management of a case of hernia – Incisional	Yes/No	Yes/No/NA
	S.U. 9 SU30.5 SU30.6	DDs and approach in management of a case of scrotal swelling	Yes/No	Yes/No/NA
	S.U. 9 S.U.27.7	DDs and approach in management of a	Yes/No	Yes/No/NA

		case of Lymphadenopathy		
	S.U. 9 S.U. 24 SU28.12	DDs and approach in management of a case of obstructive jaundice	**Yes/No**	**Yes/No/NA**

SIGNATURE of Unit Chief **DATE**	**COMPETENCY No:**	**COMPETENCY**	**Whether achieved or not**	**SIGNATURE of Faculty** **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**
SIGNATURE of Unit Chief			**SIGNATURE of Faculty**	

Seminar / Tutorial topics/ small group discussions – Phase II From_____ to_____

DATE	COMPETENCY 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**

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

REFLECTION ON SMALL GROUP DISCUSSION

Sl. No.	Topic	Date

SIGNATURE of Unit Chief
SIGNATURE of Faculty

Sl. No.	Topic	Date

SIGNATURE of Unit Chief

DRAFT

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

From_____to_____

DRAFT

DATE	COMPETENCY No.	COMPETENCY	Whether achieved or not	If not achieved remedial measures given
DATE	COMPETENCY	COMPETENCY	Whether achieved or not	If not achieved remedial measures given
	S.U.28.6	Management of Upper GI bleed	Yes/No	Yes/No/NA
		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	Yes/No	Yes/No/NA
	S.U.29.5	Chest injury Management of Ureteric colic and Acute	Yes/No Yes/No	Yes/No/NA Yes/No/NA
	S.U.29.7	Abdominal Injury – Liver, Spleen, Kidney, Pancreas Urinary retention.	Yes/No	Yes/No/NA
	S.U. 27.6	Extremity trauma Management of Deep vein thrombosis	Yes/No	Yes/No/NA
	S.U.28.13	Gas Gangrene, Compartment syndrome, Crush Syndrome	Yes/No	Yes/No/NA
	S.U.28.14	Intestinal obstruction	Yes/No	Yes/No/NA
	S.U.30.3	Burns – Burns management, PIV access, Fluid Management, Assessment of Urgent surgery, Treatment of burn wound Acute scrotum	Yes/No Yes/No	Yes/No/NA 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**

SIGNATURE of Unit Chief	SIGNATURE of Faculty

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

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

REFLECTION ON SMALL GROUP DISCUSSION

Sl. No.	Topic	Date

SIGNATURE of Unit Chief **SIGNATURE of**

Sl. No.	Topic	Date

SIGNATURE of Unit Chief **SIGNATURE of**

Seminar / Tutorial topics/ small group discussions –

Phase III Part 2From_____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**

		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**

<u>Seminar / Tutorial topics/ small group discussions –</u>

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**

		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**

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REFLECTION ON SMALL GROUP DISCUSSION

Sl. No.	Topic	Date

SIGNATURE of Unit Chief

SIGNATURE of Faculty

Sl. No.	Topic	Date

SIGNATURE of Unit Chief

SIGNATURE of Faculty

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**
SIGNATURE of	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	**Yes/No**	**Yes/No/NA**

SIGNATURE of Unit **SIGNATURE of**

Bed side clinic, DOAP session- Phase III-Part 2 From_____to_____

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

	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_____

	COMP		**Whether**	**If not achieved remedial**

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**

SIGNATURE of Unit

SIGNATURE of

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

SIGNATURE of

Skills lab– Phase III Part 2 From_____to_____

DATE	COMPETENCY 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**

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

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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

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SIGNATURE of Unit Chief

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 of

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**

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