

SUMANDEEP VIDYAPEETH

(Declared as Deemed to be University under Section 3 of the UGC Act 1956)

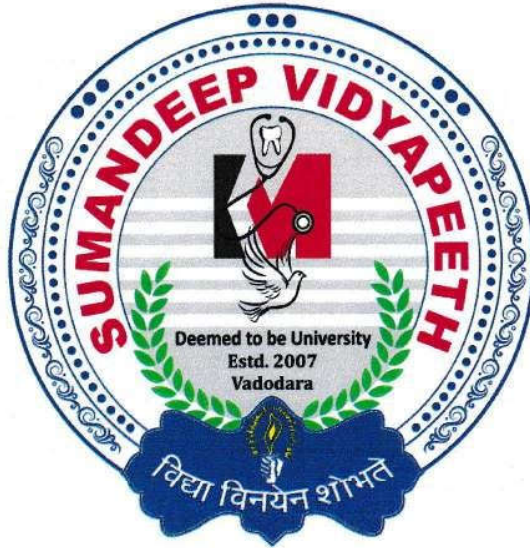
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CURRICULUM Doctor of Medicine (D.M.) in CARDIOLOGY

Attested CTC

Sharan
15/2/2021

Vice-Chancellor

Sumandeep Vidyapeeth
An Institution Deemed to be University
Vill. Piparia, Taluka: Waghodia.
Dist. Vadodara-391 760. (Gujarat)



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AMENDED UP TO DECEMBER -2020

CURRICULUM FOR DM COURSE IN CARDIOLOGY

PROGRAMME OUTCOME: DM

The purpose of DM Cardiology course is to create specialists who would provide high quality healthcare and advance the cause of science through research and training.

Programme specific outcome: DM

POS 1. The goal of the training in DM is to have trained physicians competent to manage patients in hospital and community settings independently and serve as a teacher for training undergraduates/postgraduates.

POS 2. He / She should also acquire skills in supervision of paramedical staff and be able to work as a team member of the healthcare providers.

POS 3. In addition, she/he should be well versed to carry out research.

POS 4. Thus, the major components of the curriculum shall cover theoretical knowledge, practical and clinical skills, attitudes, skills and training in research methodology and social care.

POS 5. Recognize the health needs of the community, and carry out professional obligations ethically and in keeping with the objectives of the national health policy.

DM CARDIOLOGY

COURSE OUTCOME (CO) : At the end of the Postgraduate training in the discipline concerned the student shall be able to recognize the importance of Cardiology in the context of the health needs of the community and national priorities in the health sector.

1. Practice Cardiology ethically and in step with the principles of primary healthcare.
2. Demonstrates sufficient understanding of the basic sciences relevant to Cardiology.
3. Identify social, economic, environmental, biological and emotional determinants of health in a given case, and take them into account while planning therapeutic, rehabilitative, preventive, and promotive measures/strategies.

4. Diagnose and manage majority of conditions in the specialty of Cardiology on the basis of clinical assessment, and appropriately select and conduct investigations.
5. Plan and advise measures for the prevention and rehabilitation of patients suffering from disease and disability related to the specialty of Cardiology.
6. Demonstrate skills in documentation of individual case details as well as morbidity and mortality data relevant to the assigned situation.
7. Demonstrate empathy and humane approach towards patients and their families and exhibit interpersonal behaviour in accordance with the societal norms and expectation.
8. Play the assigned role in the implementation of National Health Programmes, effectively and responsibly.
9. Organise and supervise the Cardiological Health Care services demonstrating adequate managerial skills in the clinic/hospital in the field situation.
10. Develop skills as a self-directed learner, recognize continuing educational needs: select and use appropriate learning resources.
11. Demonstrate competence in basic concepts of research methodology and epidemiology and be able to critically analyse relevant published research literature.
12. Develop skills in using educational methods and techniques as applicable to the teaching of medical/nursing students, general physicians and paramedical health workers.
13. Function as an effective leader of a health team engaged in health care, research or training.

Components of curriculum

Section I. Statement of goals & specification of

objectives. Section II. Selection & description of

course contents (Syllabus)

Section III. Recommended teaching learning methods and activities

Section IV. Organization and scheduling of course

Section V. Evaluation scheme

Section VI. Recommended books and other learning resource materials.

SECTION I.

STATEMENT OF GOALS & SPECIFICATION OF OBJECTIVES

A. Goal

The goal of DM Cardiology programme is to provide specialized training in Cardiology to produce competent superspecialists. These specialists will be capable of providing care of the highest order to the cardiac patients in the community as well as clinical tertiary care centres.

They would subsequently serve as teachers, trainers, researchers and leaders in the field of Cardiology. They shall recognize the health needs of the community, & carry out professional obligations ethically & in keeping with the objectives of the National Health Policy.

B. Learning Objectives

In general, the course is designed to train postgraduates (MD) in Internal Medicine & Pediatrics, in major areas of cardiology like clinical cardiology, coronary care, pediatric cardiology, electrophysiology, invasive diagnostic and therapeutic cardiac procedures and various noninvasive diagnostic techniques and research activities. *The aim of the course is to impart thorough and comprehensive training to the candidate in the various aspects of this so that at the end of the course he/she shall be able to perform the following*

Cognitive Domain:

- 1) To diagnose cardiovascular diseases based on clinical methods.
- 2) To interpret relevant laboratory, radiological and cardiological investigations for the purpose of diagnosis
- 3) To arrive at a treatment plan/s based on 1 & 2 and discuss the pros and cons with the patient and his family.
- 4) Be able to carry out efficient management of all types of cardiovascular emergencies after quickly assessing the patient and synthesizing available clinical and investigational information.

To keep abreast of the current knowledge and recent advances in the field by self learning and /or participating in continuing Medical Education programmes.

5) To deliver preventive and rehabilitative care.

6) To organize and manage administrative responsibilities for routine day today work as well as emergent/urgent situations

7) To understand the functional principles of various biomedical equipments used in invasive and non invasive cardiology.

8) To carry out research and publications in the field

9) To teach the medical and other paramedical students/staff and develop learning resource material for them

Skills:

Non-invasive Techniques

The candidate would be given adequate training during the courses so that he/she will be able to perform and interpret various non invasive techniques including:

1. Electrocardiography
2. Stress testing – ECG tread mill test, stress echocardiography and nuclear stress tests
3. Holter monitoring for arrhythmias and ischemic disorders
4. Echocardiography – M-mode, Two dimensional, Doppler, Color flow imaging, transesophageal echocardiography (TEE), echo directed hemodynamic studies.

Invasive Cardiology

The candidate would be given adequate training so that he/she will be able

1. To perform temporary pacemaker insertion, pericardiocentesis, central venous line insertions
2. To assist in various interventions including valvuloplasty, coronary and congenital interventions.
3. To perform cardiac catheterization and to calculate and interpret various hemodynamic parameters
4. Right and left heart catheterization and coronary angiography procedures in adults and children
5. Electrophysiology: To interpret electrophysiological data and assist in electrophysiology procedures, permanent pacemaker implantation, AICD implantation.

Affective Domain:

1) To adopt ethical practices in dealing with patients, colleagues, subordinates, superiors and health care workers.

2) To promote cordial interpersonal relation.

3) To perform as a team.

4) To learn to be a leader when the need arises.

5) To learn to order investigations and prescribe drugs rationally.

6) To be aware of ethical issues in human and animal research

7). Take a rational decision in the face of ethical dilemmas in cardiac diseases. Demonstrate & Humane approach towards patients & their families & exhibit interpersonal behavior accordance with social norms & expectations.

SECTION II COURSE CONTENT

Since the students are trained with the aim of practicing as independent specialists, this course content will be merely a guideline. They have to manage all types of cases and situations and seek and provide consultation. The emphasis shall therefore be more on the practical management of the problem of the individual cases and the community within the available resources. In general the course of the study shall include.

1. THEORY: GENERAL TOPICS

Basic Sciences

Applied basic sciences relevant to the field of Cardiology---Anatomy, Physiology, Biochemistry, Pathology, Microbiology, Pharmacology and Immunology pertaining to the Cardiovascular system

Clinical Cardiology

Etiopathology, hemodynamics, clinical evaluation, investigative modalities and treatment details of

- a) Coronary artery disease
- b) Rheumatic heart disease
- c) Congenital heart disease and other paediatric cardiac disorders
- d) Cardiac arrhythmias
- e) Heart failure
- f) Peripheral vascular disorders
- g) Systemic hypertension
- h) Systemic diseases involving heart
- i) Heart muscle diseases
- j) Pericardial diseases
- k) Cardiac trauma
- l) Tumors of heart
- m) Pulmonary thromboembolism and pulmonary hypertension
- n) Genetics, molecular biology and immunology related to cardiology
- o) Geriatric heart disease
- p) General anaesthesia and non cardiac surgery in patients with heart disease
- q) Pregnancy and heart disease
- r) Epidemiology and preventive cardiology

- s) Other general cardiology topics including principles and basics of drug therapy, care of patients with end stage heart disease, Nuclear cardiology, Cardiovascular Magnetic resonance and CT scan of the Heart

2. PRACTICAL SKILLS:

InvasiveCardiology

- a. To perform temporary pacemaker insertion, pericardiocentesis, central venous line insertions
- b. To assist in various interventions including valvuloplasty, coronary and congenital interventions
- c. To perform cardiac catheterization and to calculate and interpret various hemodynamic parameters
- d. Right and left heart catheterization and coronary angiography procedures in adults and children
- e. Electrophysiology: To interpret electrophysiological data and assist in electrophysiology procedures, permanent pacemaker implantation, AICD implantation.
- f. To assist in interventions for Cardiac Resynchronization Therapy (CRT), Cardiac Resynchronization Therapy–Pacemaker (CRT-P) and Cardiac Resynchronization Therapy – Defibrillator (CRT-D) device implantations for patients with advanced heart failure. To assist in implantation of Left Ventricular Support devices in heart failure patients like Intra Aortic Balloon Pump (IABP), Extra Corporeal Membrane Oxygenation (ECMO), Left Ventricular Assist Device (LVAD), etc.
- g. To assist in usage of devices used in Complex Percutaneous Coronary Interventions (PCI) like Intracoronary imaging with Intravascular Ultrasound (IVUS) and Optical Coherence Tomography (OCT) and Usage of plaque modification devices like Rotablation, Intra Vascular Lithotripsy (IVL) balloon

Non-InvasiveCardiology

- a. Electrocardiography
- b. Stress testing–ECG tread mill test, stress echocardiography and nuclear stress tests
- c. Holter monitoring for arrhythmias and ischemic disorders
- d. Echocardiography–M-mode, Two dimensional, Doppler, Color flow imaging, transesophageal echocardiography (TEE), TEE assisted usage in pediatric invasive cardiology procedures and interventions for structural heart diseases, Usage of stress and strain imaging to detect ischemic heart disease, and echo directed hemodynamic studies.
- e. Cardiac and peripheral CT imaging and interpretation to detect anomalous coronary artery diseases as well as diseases of aorta, pulmonary arteries, Major Aorto Pulmonary Collateral Arteries (MAPCAs), peripheral arterial diseases.
- f. Exposure to lipidology and genetic clinics to detect and manage premature atherosclerotic disease in young patients and those with inherited cardiac diseases
- h. (Board of Studies letter no.: SBKSMIRC/Dean/874, dated 18/06/2020 and Vide Notification of Board of Management Resolution Ref: No. SVDU/R/3383-A/2019-20 dated 31/07/2020

SECTION III

TEACHING LEARNING METHODS AND ACTIVITIES

Learning in post graduate programs shall be essentially “Autonomous & Self directed”. PG students are encouraged to largely carry out self learning. They are expected to seek knowledge & skill on their own initiative. Sound knowledge of Cardiology is to be acquired entirely by self

study & by participating in various teaching activities of the department. The following organized learning experiences should be provided to the students. Time table for these programs will be drawn every six months

1. Case presentation & case management in OPD & Indoor wards: The PG student will present cases daily on clinical rounds to the faculty members of the department. The students shall be provided facilities to manage cases of higher and greater complexity by allowing them graded responsibility as the course program.
2. PG lectures, Seminars, symposia, panel discussions of suitable topics: These will be held twice a month. Topics of common interest to PGs will be covered in the program. Each PG student should present minimum 6 seminars every year.
3. Journal clubs: These will be held once a month. Each PG student should present minimum 6 journal club every year.
4. Clinico-Pathological Correlation meetings will be held monthly with Pathology department Medical audit / fatality case discussions. PG student is expected to analyze & discuss the cases allotted to him/her in intramural and extramural training programs.
5. Interdepartmental meetings will be organized with Cardiovascular Thoracic Surgery and Pathology departments as required. PG student should actively participate in the meetings & discuss the cases or topics allotted.
6. Preparation and presentation of a dissertation: Every PG student will be required to carry out the research work under the supervision of his guide in the field of Cardiology. The thesis work can be carried out by student jointly with other departments & the faculty from other departments can be opted as co-guides.
7. Participation in conferences, workshops, field visits, camps, etc. and share knowledge and experience with others.
8. Departmental clinical work: PG students shall also be allowed to perform procedures under supervision and /or delegated authority depending on the experience and proficiency gained. The Heads of units and other consultants and guides shall be in-charge of the supervision and delegation of authority and responsibility to work.
The PG student will be also involved in various clinical research work being undertaken in the department by the faculty members. Each student is required to participate in at least one research project every year.
9. Intradepartmental postings
Every PG student will be posted by rotation in different sections of the Cardiology department like Out patient departments, Cardiology wards, Intensive Coronary Care Unit, Stress test unit, Echocardiography lab and Cardiac Catheterisation lab. A record of the observation made & lessons learnt should be maintained by the students

10. Teaching experience:

The PG students are to participate in all aspects of teaching specially practical's, demonstration & tutorials. During their tenure, they will be working under faculty members on rotation basis as per the allotment of the teaching schedule. The candidate will be regularly involved in teaching of undergraduate medical, paramedical, & nursing students as well as pediatrics postgraduate students. Their teaching skill will be assessed & shall form part of the internal assessment.

11. Community Cardiology

The training of PG students will involve learning experience "Derived from" or "Targeted to" the needs of the community. It shall therefore be necessary to expose the students to community based activities. Throughout the course of training the emphasis shall be on acquiring knowledge, skill and attitudes through first hand experiences as far as possible. The emphasis will be on self learning rather than on didactic lectures.

The entire period shall be 'in service' training programme based on the concept of 'learn as you work' principle.

SECTION IV

ORGANIZATION OF COURSE:

Admission

Admission to the course will be through All India Common Entrance Test conducted under the aegis of Sumandeep Vidyapeeth, At. & Po. Piparia, Ta. Waghodia, Gujarat.

Number of students

Each year students will be enrolled maintaining a teacher/students ratio of 1:1

Eligibility

M.D. or D.N.B. (Medicine or Pediatrics)

Duration

Duration of course shall be of 3 completed years including the period of examination.

Attendance

All the candidates joining the PG training program shall work as Full Time Residents during the period of training. It is desirable that candidates should have 100% attendance to enable this objective to be achieved. However a minimum of at least 80% attendance and achievement of satisfactory standards in both theoretical and clinical Cardiology would be required before they are allowed to appear for the university examination.

Leave

Residents would be entitled to 30 days leave in the first year and 36 days each in the second and third year of residency.

Postings/Rotations

There will be structured training program. The students are expected to learn in phasic manner starting with basic care progressing to advanced care management.

1st Year–

Out patient, Inpatient care-(which includes ward duty, ICCU duty and attending referral calls).

Training in Stress

test/Holter monitoring Literature search and plan for dissertation.

Research

- Basic techniques like review of literature for a given topic and collection of data.
- Exposure to computer for various applications.

At the end of first year residency the trainee should be able to present –

- Seminars which will have evidence embedded in the presentation and all references related to the subject matter will be incorporated. At the end of the seminar all the references will be listed and the seminar will be assessed by the facilitator.

- To introduce Basic life support (BLS) and Advanced Cardiac Life Support (ACLS) training for all the First year Postgraduate Resident Doctors from academic year 2017- 18.

- To introduce New chapter / topic 'Intellectual Property Rights (IPR) for all the First year Postgraduate Resident Doctors from academic year 2020-2021 of duration of 4hrs (Board of Studies letter no.: SBKS/DEAN/742/2021, dated 05/06/2021 and Vide Notification of Board of Management Resolution Ref no.: SVDU/R/3051-1/2020-21, dated - 29" July 2021)

List of topics :

1. *Introduction-Concept of Intellectual Property, Historical view of Intellectual Property system in India and International Scenario, Evolution of Intellectual Property Laws in India, Legal basis of Intellectual Property Protection, Need for Protecting Intellectual Property, Theories on concept of property - Major IP Laws in India.*
2. *Types of IPR: Patents, Copyright, Trademark Industrial Designs, Trade Secrets.*
3. *Patents: Concept of Patent, Criteria of Patentability, Inventions NOT patentable, Process of Obtaining a Patent, Duration of Patents, Rights of Patentee, Limitation of rights, Infringement and Enforcement.*
4. *Copyrights: Meaning of Copyright, Copyright Vs. Moral rights, Copyright eligibility, Term of Copyright, Registration of Copyright, Infringement and Remedies*
5. *Trademark: Meaning of Trademark, Criteria for trademark, Procedure for Trademark Registration, Term of protection, Infringement and Remedies.*
6. *Industrial Designs: Meaning of Industrial Designs, Rights in Industrial Designs: Nature, Acquisition and duration of rights.*
7. *Trade Secrets: Meaning of Trade Secrets, Need to protect Trade secrets, Criteria of Protection, Procedure for registration, Infringement.*
8. *Commercialization of IPR: Traditional IP and Evolving IP, Assignment, Licensing, Cross License, Patent Pool, Negotiations, Defensive Publications, Technical Disclosures, Patent Pooling, Patent Trolling, Brand Management, Brand and Pricing Strategies.*

2nd Year – Outpatient and Inpatient Care

Training in echocardiography and catheterisation laboratory

Allied postings – Cardiovascular and thoracic surgery, Vascular intervention

Radiology, Nuclear medicine.

3rd Year – Outpatient and Inpatient

Care Echocardiography and Cath

lab postings

Research projects finalization and preparing

dissertation. Extramural rotation

Extramural rotations or elective rotations for a maximum period of 2 months will be possible during end of the 2nd year of training.

The candidates can undertake up to 2 months elective rotation at parent or other institutions in the country centers approved by the Department.

There will be a continuous interaction between the Cardiology department and the allied departments to ensure that the students achieve these skills during their peripheral postings

Research

- i. Two papers for publication in Indexed journal before appearing for the final DM exam.
- ii. The candidate must attend continuing education symposia, workshops, and conferences including meeting of the Cardiological Society of India, workshop on Echocardiography, Electrophysiology, Cardiac Catheterisation etc.

Logbook

The post graduate students shall maintain a Record Book (Log Book) of the work carried out by them & training program undergone during the period of training including details of procedures carried out independently or assisted by the candidate. The log book will be checked by the faculty members imparting the training.

Development of attitude is a very important part of management of cardiac patients. It would be the constant endeavor of the faculty to develop desirable attitudes in the PG trainees during the course by personal examples, interaction and group discussion. Constant watch will be maintained during their work in the wards to ensure that this objective is being met. Although there will be no formal evaluation of attitude, some aspects of this domain would be covered during the formative evaluation as per the enclosed perform for continued internal assessment.

SECTION V
EVALUATIONS SHALL CONSIST OF FORMATIVE AND SUMMATIVE ASSESSMENT.

A. Formative

Wardwork
Case
presentation PG
lecture
Journal Club
General assessment of
attitude internal assessment

B. Summative

Final examination

A. Formative assessment.

The purpose of continuous course assessment is mainly

1. To ensure the habit of regularity, punctuality and disciplined working amongst PG students.
2. To give periodic feedback regarding their performance during the medical course & to enable them to take corrective steps to enhance their learning in various areas mentioned. eg. Patient care, research, teaching, administration etc.
3. To monitor attainment of clinical and technical skills to ensure adequacy of training.
4. To make it available to the internal examiner at the time of final examination to discount the possibility of a single adverse performance influencing the pass or fail situation of the candidate. This would give an idea of the continued performance of the candidate during the three years of training to the external examiners, so that candidates who have otherwise been rated as satisfactory in their internal evaluation can be given more chances in the final examinations to more questions and overcome the adverse effects of doing badly in any one case.

Formative evaluation will be carried out over following activities of the P.G. resident.

(See Annexure)

- Ward work.
- Case presentation
- P.G. Lecture
- Journal club
- General assessment of affective function attitude by medical & paramedical staff.
- Internal Assessment

Candidates can appear for theory examination only after being certified on the basis of internal assessment. However, internal evaluation marks cannot directly be used for influencing the outcome of the summative assessment. It cannot be used to fail a candidate who has otherwise done well in the final examination or to pass a candidate who has done consistently bad in summative assessment. Continuous assessment will be done on an ongoing basis using a logbook covering day-to-day performance of the candidate.

SUMMATIVEASSESSMENT

FinalExamination

Eligibility

Thecandidateshouldhave

1. Attendanceofminimum80%percentage
2. Satisfactoryinternalassessment
3. Approvalof dissertationsubmitted

Candidatescanappearfortheoryexaminationonlyafterbeingcertifiedonthebasisofinternal
assessment.

A. Theoryexamination

(AsperDirectionNo.01/2008dtd.26/05/2008&practicalsschemeisasperrevisedpracticalmarksheet.)

SECTION VI SUGGESTEDREADING

A. Books

NAMEOFBOOKEDITOR/AUTHORPUBLISHER

1. HeartDisease:ATextBookofCardiovascularMedicine.Voll&II:EugeneBraunwaldW.B.Saunders Company
2. Hurst'sTheHeartVoll&II:Robert.C.Schlant,R.WayneAlexander,McGraw-HillInc.
3. Feigenbaum'sEchocardiography:HarveyFeigenbaum,WilliamArmstrong,LippincottWilliams& Wilkins
4. Clinical definitionofcongenital heartdiseases:Joseph.K.Perloff,W.B.SaundersCompany
5. Interventional Cardiac CatheterizationHandbook: Morton J.KernMosby-YearBookInc
6. IntroductiontoElectrocardiography: LeoSchamroth,BlackwellSciences
7. Chou'sElectrocardiographyinClinicalPractice:AdultandPediatric:BorysSurawicz,TimothyKnillans,W.B.SaundersCompany
8. The ECG in Emergency Decision Making: Hein J. J. Wellens, Mary Boudreau Conover, W.B.SaundersCompany
9. MossandAdamsHeartDiseaseinInfants,ChildrenandAdolescents:GeorgeC.Emmanouilides, Thomas A Rimonschneider, Hugh D. Allen, Howard P. Gutgesell, WilliamsandWilkins
10. CardiacsurgeryVol.I&II:KirklinJ.W.Barratt-Boyes,ChurchillLivingstone
11. TextBookofValvularHeartdisease:JosephSApert,JamesSDalen,LippincottWilliams&Wilkins
12. HeartFailure:ACompaniontoBraunwald'sHeartDisease:DouglasL.Mann,W.B.SaundersCompany
13. CardiacPacemakersStepbyStep:AnIllustratedGuide:S.SergeBarold,RolandStroobandt,Futura PublishingCo
14. CardiacElectrophysiologyfromcelltocelltobedside:ZipesandJalife,W.B.SaundersCompany

15. Textbook of Cardiovascular Medicine: Eric. J. Topol, Lippincott Williams & Wilkins
16. Clinical Pediatric Arrhythmias: Gillette and Garson, W. B. Saunders Company
17. Pathology of Congenital Heart Diseases: Anton. E. Becker, Robert. H. Anderson, Butterworths
18. Echocardiography Manual: Jae. K. Oh, Jamil Tajik, Lippincott Williams & Wilkins
19. Stress Testing: Principles and Practice: Mervin. H. Ellestad, Oxford University Press Co
20. Textbook of interventional cardiology: Eric. J. Topol, W. B. Saunders Company

B. Journals

1. Indian Heart Journal
2. Journal of American College of Cardiology
3. Circulation
4. Heart
5. European Heart Journal
6. NEJM
7. BMJ
8. Journal of Thoracic and Cardiovascular Cardiology

ANNEXURE

Proformas for Internal Evaluation

Evaluation form for Postgraduates' Clinical Work

(To be completed once in 6 months by Unit Head)

Name:

Date:

Points to be considered:

1. Punctuality
2. Regularity of attendance
3. Quality of Ward Work
4. Maintenance of case records
5. Presentation of cases during rounds
6. Investigations work-up
7. Bedside manners
8. Rapport with patients
9. Undergraduate teaching (if applicable)
10. Others:

Guidance for Scoring: 1 (Poor) 2 (Below average) 3 (Average) 4 (Above average) 5 (Very good)

Score: ()

Signature:

Proformas for Internal Evaluation
Evaluation form for Postgraduates' Postgraduate Seminar

Name:

Date:

1. Presentation
2. Completeness of preparation
3. Cogency of presentation
4. Use of audiovisual aids
5. Understanding of subject
6. Ability to answer questions
7. Time scheduling
8. Consulted all relevant literature
9. Overall performance
10. Others:

Guidance for Scoring: 1 (Poor) 2 (Below average) 3 (Average) 4 (Above average) 5

(Very good) Score: ()

Signature:

Proformas for Internal Evaluation
Evaluation form for Postgraduates: Clinical Meeting

Name:

Date:

Points to be considered:

1. Completeness of history
2. Whether all relevant points elicited
3. Cogency of presentation
4. Logical order
5. Mentioned all positive and negative points of importance
6. Accuracy of general physical examination
7. Whether all physical signs missed or misinterpreted
8. Whether any major signs missed or misinterpreted
9. Diagnosis: whether it follows logically from history and findings.
10. Investigations required -
 - complete list -
 - relevant order
 - interpretation of investigations
11. Overall

Ability to react to questioning - Whether answers relevant and complete Ability to defend diagnosis

Ability to justify differential; diagnosis Confidence

Others

Guidance for Scoring: 1 (Poor) 2 (Below average) 3 (Average) 4 (Above average) 5 (Very good)

Score: ()

Signature:

Proformas for Internal Evaluation
Evaluation form for Postgraduates: Journal Club

Name:

Date:

Points to be considered:

1. Choice of articles
2. Cogency of presentation
3. Whether he has understood the purpose of the article
4. How well did he defend the article
5. Whether cross references have been consulted
6. Whether other relevant publications have been consulted
7. His Overall impression of articles
If good-reasons:
If poor-reasons:
8. Audiovisual aids
9. Response to questioning
10. Overall presentation
11. Others:

Guidance for Scoring: 1 (Poor) 2 (Below average) 3 (Average) 4 (Above average) 5

(Very good) Score: ()

Signature:

Logbook (Performance record book)

Maintenance of performance record Logbook is mandatory. Certified and assessed copy should be made available at the time of practical examination for review by examiners.

LogBook should contain:

- 1) Certificateduly signed by teacher, head of department, head of institute- stating _____ – Dr has worked in department from _____ to _____ for a period of 3 years. This performance record book contain authentic record of work done and assessment for last 3 years.
- 2) Record _____ of training
Name of the trainee
Name of the Hospital
Training period
Name of teacher
- 3) Posting
- 4) Workingschedule
- 5) Teachingprogramme
- 6) Presentation at Journal club: Date, Article Name, Assessment
- 7) Seminars: Date, Topic/Subject, Assesment
- 8) Case presentations: Date, Case, Teacher's signature
- 9) Death Audit / CPC: Date, Case discussed, Assessment & Signature
- 10) Procedures: Date, Name of patient, Type, Complications observed
- 11) Teaching activity: Date, Topic, Class
- 12) Participation in Research Activity: Name of project, Duration
- 13) Conferences / Workshop attended paper presentation / Publication

