

FATHER MULLER MEDICAL COLLEGE



**POSTGRADUATE
LOG BOOK**

**DEPARTMENT
OF**

.....

FATHER MULLER MEDICAL COLLEGE

(Affiliated to RGUHS, Karnataka, Bangalore)

POSTGRADUATE LOG BOOK

Name of the Department

Name of the Student

Postgraduate Degree/Diploma

Academic Year

Name and Designation of Guide

Signature of the Student

CERTIFICATE

Certified that the content of this Log book is the Bonafide work of Dr. a postgraduate student in the Department of, Father Muller Medical College, Mangalore for the academic year

Signature, Name
And seal of Guide

Signature, Name
And seal of
Professor & HOD

Signature, Name
And seal of
Dean

Date:

Date:

Date:

Place:

Place:

Place:

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Bedside Clinics / Ward Rounds

Sl. No.	Date	Bedside clinics / ward rounds Conducted - Particulars	Remarks

Bedside Clinics / Ward Rounds

Sl. No.	Date	Bedside clinics / ward rounds Conducted - Particulars	Remarks

Clinical Meeting / Practical Demonstration

Sl. No.	Date	Clinical Meeting / Practical Demonstration - Particulars	Remarks

Clinical Meeting / Practical Demonstration

Sl. No.	Date	Clinical Meeting / Practical Demonstration - Particulars	Remarks

Subject Seminars

Sl. No.	Date	Topic Presented / Attended	Signature of Chairperson

Subject Seminars

Sl. No.	Date	Topic Presented / Attended	Signature of Chairperson

Journal Clubs

Sl. No.	Date	Journal Article Presented/ Attended	Signature of Chairperson

Journal Clubs

Sl. No.	Date	Journal Article Presented/ Attended	Signature of Chairperson

Subject Symposia

Sl. No.	Date	Topic	Remarks

Subject Symposia

Sl. No.	Date	Topic	Remarks

Clinico – Pathological Conferences

Sl. No.	Date	Particulars	Attended/ Participated	Remarks

Clinico – Pathological Conferences

Sl. No.	Date	Particulars	Attended/ Participated	Remarks

UG - Teaching by the Postgraduate Students

Sl. No.	Date	Topic Taught	Class to which Taught	Signature of HOD

UG - Teaching by the Postgraduate Students

Sl. No.	Date	Topic Taught	Class to which Taught	Signature of HOD

Continuing Medical Education Programmes

Sl. No.	Date	Topic	Remarks

Sl. No.	Date	Topic	Remarks

Sl. No.	Date	Name of the Patient	Indoor No.	Procedure	Category O.A.,PA,PI*

55

Diagnostic and Operative Procedures Performed

Sl. No.	Date	Name of the Patient	Indoor No.	Procedure	Category O.A., PA, PI*

*Key: O - Washed up and observed.
A - Assisted a more senior surgeon.
PA - Performed procedure under the direct supervision of a senior surgeon.
PI - Performed Independently.

MISCELLANEOUS

[Such as Field visits / Surveys conducted, Clinical meetings of Association, Interdepartmental meetings attended and Research papers submitted etc.]

Sl. No.	Date	Particulars	Remarks