



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

Post-doctoral certificate course in
Urogynecology, Pelvic Floor Disorders and Pelvic Reconstructive
Surgeries

Plot No – 2, Sector – 20, MIHAN, Nagpur– 441108

Website: - www.aiimsnagpur.edu.in

Proposal for Post doctoral certificate course in Urogynecology, Pelvic Floor Disorders and Pelvic Reconstructive Surgeries:

Proposed Course

Course	Post doctoral certificate course
Subject	Urogynecology
Duration	One Year
Eligibility	MD/M.S. (Obstetrics and Gynecology)
Institute	All India Institute of Medical Sciences, Plot 2, Sector 20, Mihan Nagpur, 441108
Nature of Institute	Teaching Hospital, Autonomous Institute, Affiliated to Central Government of India
Existing Teaching Programs	MS Obstetrics and Gynecology
Department	Department of Obstetrics and Gynecology

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I. OBJECTIVES OF THE PROGRAMME

Overview:

Urinary problems are quite common in the Indian population, particularly among females, and can affect individuals from pediatric to postmenopausal and geriatric age groups.

Given the typically busy nature of gynecology outpatient departments (Gyne OPDs) and the additional time and care required by urogynecology patients, it is essential to establish specialized Urogynecology Units in every teaching hospital. These units will cater to the needs of patients and provide valuable training to undergraduate and postgraduate medical students and paramedical staff.

In response to this need, AIIMS Nagpur is pleased to announce the initiation of a 1-year Post doctoral certificate course in Urogynecology, Pelvic Floor Disorders, And Pelvic Reconstructive Surgeries. This course is designed to benefit faculty and residents of the Departments of Obstetrics & Gynecology by enhancing their skills in the clinical and surgical management of Urogynecology patients. The comprehensive program will cover various aspects of urogynecology, ensuring participants gain in-depth knowledge and hands-on experience. We believe this course will significantly contribute to the improved management of urogynecological conditions and the overall enhancement of healthcare services at our institution.

Goal:

The primary aim of the Post doctoral certificate course in Urogynecology, Pelvic Floor Disorders, And Pelvic Reconstructive Surgeries at AIIMS Nagpur is to enhance the clinical skills and knowledge of healthcare professionals in the field of urogynecology. This course is designed to provide comprehensive training, enabling participants to deliver specialized care to patients with urogynecological conditions and improve overall patient outcomes.

Objectives:

1. **Knowledge Enhancement:**
 - To provide in-depth theoretical knowledge of common and complex urogynecological conditions.
 - To familiarize participants with the latest advancements and research in urogynecology.
2. **Clinical Skills Development:**
 - To develop practical skills in the diagnosis, management, and treatment of urogynecological disorders.
 - To train participants in performing urogynecological procedures and surgeries.
3. **Patient Care Improvement:**
 - To enhance the ability of healthcare professionals to provide specialized and empathetic care to urogynecology patients.

- To improve patient counseling and management strategies for various urogynecological issues.

4. Multidisciplinary Approach:

- To promote a multidisciplinary approach in managing urogynecological conditions by involving faculty and residents from Obstetrics & Gynecology and Urology departments.
- To encourage collaboration among healthcare professionals for better patient care.

5. Training and Education:

- To provide hands-on training and practical sessions to reinforce theoretical knowledge.
- To equip undergraduate and postgraduate medical students and paramedical staff, with essential skills in urogynecology.

6. Research and Development:

- To foster a research-oriented mindset among participants and encourage involvement in urogynecology research projects.
- To discuss and analyze case studies and clinical scenarios to enhance problem-solving skills.

7. Certification:

- To award a **Post doctoral certificate course** in Urogynecology, Pelvic Floor Disorders, And Pelvic Reconstructive Surgeries to participants who successfully fulfill the course requirements, signifying their enhanced competence in urogynecology.

2. Eligibility Criteria :

1. M.S. or DNB Obstetrics and Gynaecology recognised by Medical Council of India /NMC.
2. Application form as per format to be submitted before due date as advertised on website

3. Selection Criteria for candidates:

Entrance Exams for Selection:

- 25 Marks MCQ Test based on subject concerned.
- 25 MCQs of 1 mark each
- No Negative Marking
- Merit list will be displayed for eligibility

4. TEACHING AND TRAINING ACTIVITIES

Structure of program: The training program would focus on knowledge, skills and attitudes (behavior), all essential components of education. It will be divided into theoretical, clinical, and practical in all aspects of the delivery of rehabilitative care, including methodology of research and teaching.

Theoretical: The theoretical knowledge would be imparted to the candidates through discussions, journal clubs, symposia, and seminars. The students would be exposed to recent advances through discussions in journal clubs.

Clinical: The trainee would be attached to a unit to be able to pick up methods of history taking, examination, prescription writing, and management in rehabilitation practice.

The fellow shall be posted to the Department of Obstetrics and Gynecology. He/she shall attend all operations of urogynecology. The fellow shall begin with observing followed by assisting and performing the surgeries.

The fellow shall be posted to the Department of Urology where they shall acquire proficiency in evaluating and managing urinary incontinence, fistula, and urogynecological injuries.

Bedside: The trainee would work up cases, and learn the management of cases by discussing with the faculty of the department.

The fundamental components of the teaching programme should include:

1. Case presentations & discussion – 12
2. Seminar – 12
3. Journal Club – 6
4. The fellow is also to be involved in undergraduate and postgraduate teaching in the Department of Obstetrics and Gynecology.
5. A poster and one oral presentation at least once during their training period in a recognized conference.
6. The rounds should include bedside sessions, file rounds & documentation of case history and examination, progress notes, round discussions, investigations and management plan, and interesting and difficult case discussions.
7. Fellow is expected to attend all urogynecological surgeries in the obstetrics and gynecology department.
8. The fellow shall be posted to the Department of urology for 1 months. During this period, the fellow shall observe and develop proficiency in interpreting urodynamic tests, evaluation and management of urinary tract infections, urinary incontinence, and urogynecological injuries.
9. The fellow shall be posted for 1 month to the department of pediatric surgery, 1 month at plastic surgery, and 1 week to the department of Anatomy (Cadaveric dissection) and

PMR each to acquire proficiency in the evaluation and management of disorders of the urogenital system.

- Gynaecology: 8 months
- Obstetrics: 15 days
- Cadaveric dissection: 7 days
- PMR: 7 days
- Urology: 1 month
- Pediatric surgery: 1 month
- Plastic surgery: 1 month

Research: The student would carry out the research project and write an original research paper/article. He/she would also be given exposure to partake in the research projects going on in the departments to learn their planning, methodology, and execution to learn various aspects of research.

Teaching and Learning activities:

SCHEDULE OF ACADEMIC ACTIVITIES:-

Sr No	Academic activity	Schedule
1	Case presentation	Once a month
2	Seminar	Once a month
3	Journal club	Once every 2 months
4	Research review	Every 3 monthly

1. The fellow is also to be involved in undergraduate and postgraduate teaching in the Department of obstetrics and gynecology.
2. A poster and one oral presentation at least once during their training period in a recognized conference.
3. The rounds should include bedside sessions, file rounds & documentation of case history and examination, progress notes, round discussions, investigations, and management plan) interesting and difficult case unit discussions.

SYLLABUS

Basic sciences:

Anatomy: Anatomy of the female reproductive system, urinary and renal system. Embryology of female urogenital system and clinical application.

Physiology: Comprehensive knowledge of human physiology with particular reference to the female and reproductive and renal system. Physiology of micturition and urodynamics.

Pharmacology: Comprehensive knowledge of the properties, pharmacodynamics, actions, interactions, and hazards of pharmacological agents which are used in urogynecology.

Microbiology: Comprehensive knowledge of the microorganisms affecting the urogenital tract

Clinical sciences:

- 1) Clinical examination
- 2) History taking and examination
- 3) Bladder diary and symptom score
- 4) Basic renal function test interpretation
- 5) Urodynamic test
- 6) Basic neurological evaluation
- 7) Interpretation of imaging of the lower urinary tract
- 8) Basic cystoscopy
- 9) Evaluation and management of urinary incontinence
- 10) Overactive bladder
- 11) Urinary tract infections
- 12) Surgical management of urinary incontinence (TVT, Burch colposuspension, fistula repair)
- 13) Surgical management of urogynecological injuries.
- 14) Evaluation of pelvic organ prolapse, POPQ classification
- 15) Conservative treatment of pelvic organ prolapse
- 16) Operative procedures for pelvic organ prolapse
- 17) Repair of cystocele, enterocele, rectocele, prevention of enterocele Surgeries for vault prolapse (vaginal and abdominal route)
- 18) Fothergill's operation
- 19) Sling surgeries
- 20) Urogenital fistula
- 21) Female sexual dysfunction
- 22) Repair of old perineal tears.
- 23) Preventive urogynecology
- 24) Physiotherapy in pelvic organ prolapse.
- 25) Vaginoplasty: Progressive dilatation, McIndoe- Reed, Davydov, Intestinal.
- 26) Gender affirmation and reaffirmation surgeries
- 27) Clitoral hood reduction
- 28) Clitoroplasty
- 29) Hymenoplasty
- 30) Introital tightening

Competencies The fellow shall be required to assist/ perform the following:

1. Cystocele repair
2. Recocele repair
3. Enterocele repair
4. Tran abdominal sacrocolpopexy
5. Trans vaginal sacrospinous fixation
6. McCall's culdoplasty
7. Fothergills operation
8. Sling surgeries
9. Bladder injury repair
10. Cystoscopy.
11. Chronic perineal tear repair
12. Stenting/ureteric catheterisation
13. Uro Dynamic study
14. VVF and UVF repair
15. Surgeries for SUI- Burch colposuspension, TOT/TVT

i. Assessment Areas:

Cognitive Domain	Psychomotor domain	Affective domain
<ol style="list-style-type: none"> 1. Take a urogynecological history 2. Understand medical conditions that impact pelvic floor disorders 3. Understand the application of the QoL questionnaire 4. Perform an appropriate urogynecological examination 5. Perform speculum examination for prolapse and understand and perform prolapse grading systems (POP-Q) 6. Understand innervation of pelvic floor and perform relevant neurological examination 7. Understand, order and interpret basic urological investigations 8. Understand and perform relevant urodynamic investigations (have attended relevant course) 9. Understand role of complex urological investigations 10. Understand, order and interpret basic imaging investigations (US/MRI) 11. Perform pelvic floor US according the AIUM/IUGA recommendations 12. Understand indications for referral to a pain clinic 13. Understand indications for referral to urologist for further assessment 14. Understand indications for referral to colorectal surgeon for specialist investigation and treatment for fecal incontinence 15. Pharmacological action and adverse effects of antimuscarinics 	<ol style="list-style-type: none"> 1. Cystoscopy 2. Anterior cystocele repair 3. Paravaginal repair 4. Posterior repair 5. Mc Call's Culdoplasty 6. Vaginal hysterectomy 7. Manchester repair 8. Sacrospinous fixation 9. Utrosacral ligament suspension 10. Colpocleisis 11. Sacropolpexy, 12. Cervicopexy 13. Sacrohysteropexy 14. Colposuspension 15. Vaginal mesh procedures 16. Mesh complications procedures 17. Pubovaginal sling procedures 18. Midurethral slings (TVT/TVT-O/ TOT) 19. Para- and transurethral injection procedures (bulking agents) 20. Intracystic Botox Injection 21. Fistula surgery 22. Urethral diverticulectomy 23. Cosmetic surgery (labioplasty) 24. Primary anal sphincter repair 25. Other lap/robotic procedures 	<ol style="list-style-type: none"> 1. Counsel patients for continence and prolapse procedures 2. Communication with patients and family 3. Work effectively in the health care system 4. Consider cost-effectiveness 5. Consider and identify patient safety issues, including identifying system errors 6. Communication with other care providers and health related agencies 7. Work effectively as a member or leader of a team 8. Act in a consultative role 9. Consider quality of care 10. Adequate gathering of information 11. Adequate use of scientific evidence 12. Identify and perform appropriate learning activities 13. Incorporate formative evaluation feedback into daily practice 14. Participation in education 15. Maintain comprehensive, timely and legible medical record 16. Monitoring and comparing results of clinical care, up to being responsible for clinical audit 17. Identify personal limits

- | | | |
|---|--|--|
| <ol style="list-style-type: none">16. Pharmacological action and adverse effects of B3 agonists17. Pharmacological action and adverse effects of other medication used for LUTS18. Understand the role of drug therapy for women with overactive bladder symptoms19. Understand the role of pelvic floor re-education in female urinary incontinence20. Ability to instruct a patient in bladder training21. Understand the indications for vaginal pessaries22. Pharmacological treatment of recurrent urinary tract infections23. Ability to select the appropriate type and size of pessary24. Understand the indications of physiotherapy25. Action and adverse effects of energy-based devices (laser, ultrasound, radiofrequency)26. Ability to counsel on simple treatments for fecal incontinence | | |
|---|--|--|

EXAMINATION

- a) FORMATIVE ASSESSMENT
- b) SUMMATIVE ASSESSMENT

FORMATIVE ASSESSMENT:

(i) Formative Examination: -

- One month before the summative exam and pattern is as the summative exam.

(ii) Summative Examination: -

- Paper of 50 Marks
- MCQs: 20 x 1=20 Marks
- Short Notes: 4 x 5 Marks =20 Marks
- LAQ: 1 x 10 Marks=10 Marks
- Practical of 50 Marks

The performance of the resident during the training period would be monitored throughout the course and duly recorded in the log books as evidence of their ability and daily work of the student.

Personal attributes:

- **Behavior and Emotional Stability:** Dependable, disciplined, dedicated, stable in emergencies, shows a positive approach.
- **Motivation and Initiative:** Takes on responsibility, is innovative, enterprising, and does not shirk duties or leave any work pending.
- **Honesty and Integrity:** Truthful, admits mistakes, does not cook up information, has ethical conduct, exhibits good moral values, loyal to the institution.
- **Interpersonal Skills and Leadership Quality:** Has a compassionate attitude toward patients and attendants, gets on well with colleagues and paramedical staff, is respectful to seniors, and has good communication skills.

Clinical Work:

- **Availability:** Punctual, available continuously on duty, responds promptly on calls and takes proper permission for leave.
- **Diligence:** Dedicated, hardworking, does not shirk duties, leaves no work pending, does not sit idle, competent in clinical case work up and management.
- **Academic ability:** Intelligent, shows sound knowledge and skills, participates adequately in academic activities, and performs well in oral presentation and departmental tests.
- **Clinical Performance:** Proficient in clinical presentations and case discussion during rounds and OPD work up. Preparing Documents of the case history/examination and progress notes in the file (daily notes, round discussion, investigations and management) Skill of performing bed side procedures and handling emergencies.

Academic Activity:

Performance during presentation at Journal club/ Seminar/ Case discussion/Stat meeting and

other academic sessions. Proficiency in skills as mentioned in job responsibilities.

Academic summary:

- ▶ Logbook
- ▶ Paper/Poster Presentation
- ▶ Short project
- ▶ Original research Publication(Submitted)

Sample Paper:

Post-doctoral certificate course in Urogynecology, Pelvic Floor Disorders, And Pelvic Reconstructive Surgeries
Examination

Section A (MCQ 20 marks)

Section B (40 marks)

Time: 120 minutes (2 hours)

Draw diagrams wherever necessary.

I. Short answer questions (4 questions, 5 marks each): (20 marks)

- 1) Describe the supports of the uterus.
- 2) Explain the evaluation and management of Stress urinary incontinence (SUI) in a 34-year-old patient.
- 3) Compare the management of a 21-year patient with MRKH syndrome.
- 4) Discuss the evaluation of a urogynaecology case.

II. Structured Long Questions (Compulsory, 10 marks): (10 marks)

- 1) What is the differential diagnosis of mass descending per vagina. (2) Elaborate on POP-Q and its benefits over Shaw's classification. (3) Discuss treatment options for 45 years, P2L2, 3rd-degree uterocervical descent with central cystocele, enterocele, and rectocele. (5)

SUMMATIVE EXAMINATION:

The summative assessment of competence will be done in the form of Exit Examination leading to the award of the certificate of **Post doctoral certificate course** in Urogynecology, Pelvic Floor Disorders, And Pelvic Reconstructive Surgeries

Theory Examination:

1. The Theory examination comprises one paper with maximum marks of 50.

- MCQs: 20 x 1=20 Marks
- Short Notes: 4 x 5 Marks =20 Marks
- Structured LAQ: 1 x 10 Marks=10 Marks

Practical Examination:

1. Maximum marks: 50

2. Comprises of Clinical Examination and viva.

- For certification the Qualifying marks will be 50% Marks, separately in Theory & Practicals in the Summative exam.
- The Theory and Practical of Exit Examination shall be conducted at the same examination centre of the concerned specialty.
- Repeat Summative Exam, 45 Days after the results.

Summative Assessment Summary:

- Theory paper (50 marks)
MCQ + Short Note + Structured long answer question.
- Practical(50 marks)
1 Long case (25 marks)
1 Short case (15 each)
Table viva (10 marks)

Eligibility to appear for Summative exam: -

- 40% Marks in formative exam separately in Theory & Practical
- 75% Attendance

Declaration of Results:

The results of the Summative Examination (theory and practical) would be declared PASS/FAIL.

RECOMMENDED TEXTBOOKS AND JOURNALS

Reference books:

- Principles and Practice of Urogynecology by A Tamilselvi (Editor), Ajay Rane (Editor)
- Urogynecology P (Oxford Specialist Handbooks in Obstetrics and Gynecology) by Helen Jefferis, Natalia Price.
- Operative techniques in gynecologic surgery by Christopher Tarnay and Jonathan Berek (Editors).
- International Urogynecology Journal (Official journal of IUGA)
- Urogynecology (Official journal of American Urogynecology)

ANNEXURE I

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR

Department of Obstetrics and Gynaecology



LOGBOOK

Post Doctoral Fellowship Course in Urogynaecology, Pelvic Floor Disorders, And Pelvic Reconstructive Surgeries

CANDIDATE DETAILS	
1.	Name (in full):
2.	Date of Birth:
3.	Permanent Address:
4.	Address for communication:
5.	Centre: Guide :
6.	Date of the joining for this course:
7.	Qualifications: Degree Year of Passing University
8.	Experience:
9.	Title of research conducted (if any) :

CERTIFICATE

This is to certify that the candidate Mr/Ms _____ was admitted to the Post Doctoral Fellowship Certificate Course in Urogynaecology, Pelvic Floor Disorders, And Pelvic Reconstructive Surgeries *at All India Institute of Medical Sciences, Nagpur in the year* _____.

He /She has satisfactorily completed / not completed all assignments and requirements mentioned in this logbook for the above course during the period _____

She / He is eligible/ not eligible to appear for the Summative assessment.

Signature
Teacher-in-charge

Signature
Head of the Department

Part A

General Instructions

This log book is intended to be a record of all activities of fellowship candidate, as they perform and participate in the course.

1. This log book has 4 parts –

- A: General Information
- B. Consolidated Academic Appraisal Sheets
- C. Consolidated Research Appraisal Sheets
- D. Technical Competence

2. The Part A contains general information about the candidate-profile, the course and externship details and Internal Assessment record.

a. This part of log book will be maintained by the department in the folder of the candidate .

b. Each department will maintain a folder for each candidate enrolled under fellowship course .This folder will have:

i. The Log book e -copy.

ii. The scanned copy of the documents as required by the college including: Admission letter, Joining letter, MBBS degree, MCI/MMC registration and other letters of permission like IEC approval of research work, certificates of conferences participations, publications etc.,.

c. It shall solely be the responsibility of candidate to ensure that the scanned copy of relevant document is kept in his/her folder in the department.

d. Monthly back up of the same folder is to be maintained in the form of softcopy and kept with the candidate.

3. Part B contains consolidated sheet for academic appraisal.

They are to be filled and printed quarterly (interval of 3 months). This has to be duly signed by the Fellowship Supervisor/Head of the Department/ Dean Academics

4. Part C contains consolidated sheet for research appraisal.

They will be filled up during the fellowship term printed and signed by Supervisor /HOD /Dean Academics. These printed sheets are to be preserved and kept safely for final binding of log book.

5. Part D: It will include skill/ Competency of the candidate.

Month	Academic Progression Satisfactory/Not Satisfactory	Research Progress Satisfactory/Not Satisfactory	Technical competence Satisfactory/Not Satisfactory	Signature of Supervisor
1 st Quarter				
2 nd Quarter				
3 rd Quarter				
4 th Quarter				

First Quarter : Academic Progress

	Date
Seminar	
Case Discussion	
Demonstrations	
Any other	

Skill Component

Sr. No	Topics to be covered	Observed	Assisted	Performed Individually

Status of research

Research Project	Publication Paper/Poster	Presentation in Conference

Status of Thesis Writing

Signature of Supervisor

2nd Quarter Academic Progress

	Date
Seminar	
Case Discussion	
Demonstrations	
Any other	

Skill Component

Sr. No	Topics to be covered	Observed	Assisted	Performed Individually

Status of research

Research Project	Publication Paper/Poster	Presentation in Conference

Status of Thesis Writing

Signature of Supervisor

3rd Quarter Academic Progress

	Date
Seminar	
Case Discussion	
Demonstrations	
Any other	

Skill Component

Sr. No	Topics to be covered	Observed	Assisted	Performed Individually

Status of research

Research Project	Publication Paper/Poster	Presentation in Conference

Status of Thesis Writing

Signature of Supervisor

4th Quarter Academic Progress

	Date
Seminar	
Case Discussion	
Demonstrations	
Any other	

Skill Component

Sr. No	Topics to be covered	Observed	Assisted	Performed Individually

Status of research

Research Project	Publication Paper/Poster	Presentation in Conference

Status of Thesis Writing

Signature of Supervisor

Posting in Urology Department

Date:

Cases Observed:

Comments of Supervisor:

Signature of Supervisor

Posting in Paediatric-surgery Department

Date:

Cases Observed:

Comments of Supervisor:

Signature of Supervisor

Posting in Plastic-surgery Department

Date:

Cases Observed:

Comments of Supervisor:

Signature of Supervisor

Posting in PMR

Date-

Cases Observed:

Comments of Supervisor:-

Signature of Supervisor

Posting in Anatomy/ Cadaveric dissection

Date-

Cases Observed:

Comments of Supervisor:-

Signature of Supervisor

Part B

Consolidated Academic Appraisal Sheet

Activity	Number of activity Participated	Number of activity Presented	Average score (5 point scale)
Clinical Cases			
Seminar			
Journal Club			
Workshops			
Any Other			

Signature of Supervisor

Case Presentation:

Case summary

Sr. no	Point to be considered	Score (TICK the options)				
		1	2	3	4	5
1	Completeness of history	1	2	3	4	5
2	Whether all relevant points elicited	1	2	3	4	5
3	Clarity of presentation	1	2	3	4	5
4.	Logical order	1	2	3	4	5
5.	Mentioned all positive and negative points of important	1	2	3	4	5
6.	Accuracy of general and physical examination	1	2	3	4	5
7.	Whether all physical signs elicited correctly	1	2	3	4	5
8.	Whether any major sign missed or misinterpreted	1	2	3	4	5
9	Diagnosis : Whether it follows logically from history and finding	1	2	3	4	5
10	Investigations required ✦ Complete list ✦ Relevant order ✦ Interpretation of investigation	1	2	3	4	5
1	Ability to react to question whether it follows logically from history and finding	1	2	3	4	5
2.	Ability to defend diagnosis	1	2	3	4	5
3.	Ability to justify differential diagnosis	1	2	3	4	5
4.	Confidence	1	2	3	4	5
5.	Other	1	2	3	4	5

Signature of Supervisor

SEMINAR

Title:

Sr. no	Point To considered	Score				
		(Tick the option)				
1	Appearance	1	2	3	4	5
2	Completeness of preparation	1	2	3	4	5
3	Clarity of Presentation	1	2	3	4	5
4.	Appropriate use of audiovisual aids	1	2	3	4	5
5.	Understanding of subject	1	2	3	4	5
6.	Ability to answer question	1	2	3	4	5
7.	Time scheduling	1	2	3	4	5
8.	Consulted all relevant references	1	2	3	4	5
9	Overall performance	1	2	3	4	5
	Total Score					

Signature of Supervisor

JOURNAL CLUB

Title:

SN		Score (Tick the Option)				
		1	2	3	4	5
1	Choice of Article	1	2	3	4	5
2	Extent of understanding of scope & objectives of the paper by the candidate	1	2	3	4	5
3	Whether cross references have been consulted	1	2	3	4	5
4.	Whether other relevant publications consulted	1	2	3	4	5
5.	Ability to respond to question on the paper /subject	1	2	3	4	5
6.	Audio – Visual aids used	1	2	3	4	5
7.	Ability to defend the paper	1	2	3	4	5
8.	Clarity of presentation	1	2	3	4	5
	Total Score					

Signature of Supervisor

Consolidated Research Activity

Thesis/Project	Title	IEC clearance number	Submitted on:	Result
Poster /paper Presentations	Title	Conference	Date	Award/prize
Publications	Title	Authors	Journal (Citation if already published)	Index / Non Index

Conferences/ CME/ workshop attended	Details- Date, Name and Place	Level – Regional/ State/ National/ International	Level of Participation. (Volunteer/ Delegete/ Faculty/ Chairperson)
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Signature of Supervisor

Kindly attach relevant Photocopies of certificates/ articles.

Research Appraisal sheet

Title:

Research Project Progress Review

First Report

Sr.No.	Point to be considered	Score (tick the Option)				
		1	2	3	4	5
1.	Interest shown in selecting a topic	1	2	3	4	5
2.	Appropriate review	1	2	3	4	5
3.	Discussion with Supervisor and other faculty	1	2	3	4	5
4.	Quality of protocol	1	2	3	4	5
5.	Preparation of Proforma	1	2	3	4	5

Second Report

1	Periodic consultation with supervisor	1	2	3	4	5
2	Regular collection of case material	1	2	3	4	5
3	Depth of analysis/discussion	1	2	3	4	5
4	Over all Progress of research project	1	2	3	4	5

Third Report

1	Over all Progress of research project	1	2	3	4	5
2	Quality of final out put	1	2	3	4	5
3	Defence in Viva	1	2	3	4	5
4	Others (to be Specified)	1	2	3	4	5
5	Overall Performance	1	2	3	4	5

Technical skills

Sr.No	Technical Skill	Level of Competency*			Patient ID	Diagnosis	Observation/ difficulty/ complication	Outcome
		O	PS	PI				
1		O	PS	PI				
2		O	PS	PI				
3		O	PS	PI				
4		O	PS	PI				
5		O	PS	PI				
6		O	PS	PI				
7		O	PS	PI				
8		O	PS	PI				
9		O	PS	PI				
10		O	PS	PI				
11		O	PS	PI				

12		O	PS	PI				
13		O	PS	PI				
14		O	PS	PI				

O-Observed, PS- Performed under supervision, PI- Performed independently

Signature of Supervisor