



# Undergraduate Academic Record

Obstetrics & Gynaecology



The TN Dr.M.G.R Medical University  
Chennai

The Tamil Nadu  
Dr.M.G.R.Medical University  
Chennai



Under Graduate Academic Record

Department of

Obstetrics & Gynaecology



***“I thank all the illustrious faculty of Obstetrics & Gynaecology in the Affiliated Medical Institutions of this University for their conscientious effort”***

**Dr. K. Narayanasamy, M.D., D.M.(Gastro.)**

The new Graduate Medical Education Regulations attempts to stand on the shoulder of the contributions and the efforts of resource persons, teachers and students ( past and present). It intends to carry forward the process of learning to enable the Indian Medical Graduate, a consummate provider of healthcare aligned to the evolving needs of the patients in every socio-economic setting. The thrust in the new regulations is the continuation and evolution of thought in medical education making it more learner- centric, patient-centric, gender sensitive, outcome-oriented and environment appropriate. The result is an outcome driven curriculum which conforms to global trends. Emphasis is made on alignment and integration of subjects both horizontally and vertically while respecting the strengths and necessity of subject-based instruction and assessment.

The importance of ethical values, responsiveness to the needs of the patient and acquisition of communication skills is underscored by providing dedicated curriculum time in the form of a longitudinal program based on Attitude, Ethics and Communication (AETCOM) competencies. Great emphasis has been placed on collaborative and inter-disciplinary teamwork, professionalism, altruism and respect in professional relationships with due sensitivity to differences in thought, social and economic position and gender.

In addition to the above, an attempt has been made to allow students from diverse educational streams and backgrounds to transition appropriately through a Foundation Course. Dedicated time has been allotted for self-directed learning and co- curricular activities. With this view in mind the logbook has been designed as per the guidelines of competency based curriculum.

This Academic Record/log book for Undergraduate Medical Students is to be maintained by the student and is part of the learner's personal progress assessment tool kit. The learner shall present the Academic Record to the staff facilitator/ mentor at the end of all classroom learning/ practical sessions/integrated learning sessions /SDL/ AETCOM sessions and feedback sessions as called for by the faculty facilitators/mentors. The progress shall be recorded in the various segments of the record and signed by the facilitator/mentor.

## Certificate

This is to certify that

Mr/Ms. \_\_\_\_\_

University Registration No \_\_\_\_\_

has satisfactorily attended and completed all academic activities as assigned in this logbook as per the guidelines prescribed under the Tamil Nadu Dr.M.G.R. Medical University in subject of Obstetrics & Gynaecology.

Head of Department

Date:

Place:

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# 1. Background of the Course

Competencies in Obstetrics: The student must demonstrate ability to:

1. Provide peri-conceptual counseling and antenatal care,
2. Identify high-risk pregnancies and refer appropriately,
3. Conduct normal deliveries, using safe delivery practices in the primary and secondary care settings,
4. Prescribe drugs safely and appropriately in pregnancy and lactation,
5. Diagnose complications of labor, institute primary care and refer in a timely manner,
6. Perform early neonatal resuscitation,
7. Provide postnatal care, including education in breast-feeding,
8. Counsel and support couples in the correct choice of contraception,
9. Interpret test results of laboratory and radiological investigations as they apply to the care of the obstetric patient,
10. Apply medico-legal principles as they apply to tubectomy, Medical Termination of Pregnancy (MTP), Pre-conception and Prenatal Diagnostic Techniques (PC PNDT Act) and other related Acts.

Competencies in Gynecology: The student must demonstrate ability to:

1. Elicit a gynecologic history, perform appropriate physical and pelvic examinations and PAP smear in the primary care setting,
2. Recognize, diagnose and manage common reproductive tract infections in the primary care setting,
3. Recognize and diagnose common genital cancers and refer them appropriately.

(b) Integration: The teaching should be aligned and integrated horizontally and vertically in order to provide comprehensive care for women in their reproductive years and beyond, based on a sound knowledge of structure, functions and disease and their clinical, social, emotional, psychological correlates in the context of national health priorities.

## 2. Curriculum Vitae

1. Name of the Student	
2. Date of Birth	
3. Permanent Address	
4. Contact Details	
i. Residential Address	
ii. Mobile No	
iii. Land Line No	
iv. Email ID	
5. Name of Parent/Guardian	
6. Residential Address	
7. Land Line No (Home)	
8. Mobile No Parents/Guardian	

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Signature

# **SECOND PROFESSIONAL MBBS**

## Second Professional MBBS

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## 1. Clinical Postings

Postings	Duration in weeks	Date of posting		Unit :
		From	To	
Obstetrics & Gynaecology	7 weeks			

## 2. Clinical Training/Learner Doctor Method

Goal: To provide learners with experience in:

- (a) Longitudinal patient care,
  - (b) Being part of the health care team,
  - (c) Hands-on care of patients in outpatient and inpatient setting.
- Be assigned patients admitted during each admission day for whom he/she will undertake responsibility, under the supervision of a senior resident or faculty member.
  - Participate in the unit rounds on its admission day and will present the assigned patients to the supervising physician.
  - Follow the patient's progress throughout the hospital stay until discharge.
  - Discuss ethical and other humanitarian issues during unit rounds.
  - Focus on History taking, physical examination, assessment of change in clinical status , communication and patient education.

No	Assessment / Task	Date of Completion	Initials of Facilitator
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

# CASE RECORD:1

<b>Date</b>		<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>			
<b>Synopsis of Learning</b>			
<b>Clinical History:</b>			
<b>Diagnosis</b>			
<b>Summary of Discussion:</b>			

# CASE RECORD:2

<b>Date</b>		<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>			
<b>Synopsis of Learning</b>			
<b>Clinical History:</b>			
<b>Diagnosis</b>			
<b>Summary of Discussion:</b>			

# CASE RECORD:3

<b>Date</b>		<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>			
<b>Synopsis of Learning</b>			
<b>Clinical History:</b>			
<b>Diagnosis</b>			
<b>Summary of Discussion:</b>			

# CASERECORD:4

<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
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<b>Objective of Session</b>	
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## Synopsis of Learning

**Clinical History:**

**Diagnosis**

**Summary of Discussion:**

# CASERECORD:5

<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>		
<b>Synopsis of Learning</b>		
<b>Clinical History:</b>		
<b>Diagnosis</b>		
<b>Summary of Discussion:</b>		

# CASERECORD:6

<b>Date</b>		<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>			
<b>Synopsis of Learning</b>			
<b>Clinical History:</b>			
<b>Diagnosis</b>			
<b>Summary of Discussion:</b>			

# CASERECORD:7

<b>Date</b>		<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>			
<b>Synopsis of Learning</b>			
<b>Clinical History:</b>			
<b>Diagnosis</b>			
<b>Summary of Discussion:</b>			

# CASERECORD:8

<b>Date</b>		<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>			
<b>Synopsis of Learning</b>			
<b>Clinical History:</b>			
<b>Diagnosis</b>			
<b>Summary of Discussion:</b>			

# CASERECORD:9

<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>		
<b>Synopsis of Learning</b>		
<b>Clinical History:</b>		
<b>Diagnosis</b>		
<b>Summary of Discussion:</b>		

# CASERECORD:10

<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>		
<b>Synopsis of Learning</b>		
<b>Clinical History:</b>		
<b>Diagnosis</b>		
<b>Summary of Discussion:</b>		

### 3. Assignment Response Record

Note

1. This section includes academic milestones attained through assignments /out of class academic work.
2. The learner shall be given an assignment based on the“Nice to know”areas of the curriculum and any other such topics as deemed necessary.
3. The learner shall submit the assignment in the offline/online module as deemed by the individual institutions,which shall be assessed and graded by the faculty facilitator.
4. The completion of such activity shall be recorded in this section by the learner and signed by the facilitator.

No	Title of Assignment	Date of Submission	Initials of Facilitator
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

## 4. Record of Integrated Session

### Note

1. This section includes academic mile stones attained through horizontal and vertical integrated sessions.
2. The learner shall be attend all such integrated sessions and observe, interact and understand the topic.
3. The learner shall submit the end of session assessment (eq:MCQ session of 15-20MCQ questions)
4. The completion of such activity shall be recorded in this section by the learner and signed by the facilitator.

No	Topic of the Integrated Session	Date of Session	Initials of Facilitator
1			
2			
3			
4			
5			

## 5. Attitudes, Ethics & Communications

The “Indian Medical Graduate”(IMG) shall possess requisite knowledge, skills, attitudes, values and responsiveness, so that he or she may function appropriately and effectively as a *Physician of first contact of the community* while being globally relevant. In order to fulfill this goal, the IMG must be able to function in the following ROLES appropriately and effectively:

1. Clinician who understands and provides preventive, promotive, curative, palliative and holistic care with compassion.
2. Leader and member of the healthcare team and system with capabilities to collect, analyse, synthesize and communicate health data appropriately.
3. Communicator with patients, families, colleagues and community.
4. Lifelong learner committed to continuous improvement of skills and knowledge.
5. Professional, who is committed to excellence, is ethical, responsive and accountable to patients, community and profession.

### Note:

1. This section includes academic mile stones attained through AETCOM learning. The learner shall be assigned a specific learning objective for each session.
2. The learner shall be given an assignment based on the AETCOM topics of the curriculum.
3. They shall record a detailed synopsis of the skill learnt in this section. The student shall also record a reflection of the learning and learning process.
4. The completion of such activity shall be recorded in this section by the learner and signed by the facilitator

# AETCOM Session 01:

Date	Time	Initial of Facilitator
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Topic of AETCOM

Synopsis of the Skill Learnt

Reflections

# AETCOM Session 02:

Date	Time	Initial of Facilitator
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Topic of AETCOM

Synopsis of the Skill Learnt

Reflections

## 6. Formative Feedback Record

Note:

1. This section captures the process of formative support of the faculty mentors of the department during the learning and at the end of each section of study/module of learning.
2. The mentor shall peruse the academic performance, progression and specific academic needs of the learner.
3. The learner shall record in this section the type of formative assessment, topic for which it was done, the performance and the feedback given by the learner to the mentor on the performance, problems in learning, remedial required if any and the feedback of the mentor.

# Formative Feedback Session No:1

Date	Time	Initial of Facilitator
Type of Formative Assessment	1. Classroom Learning 2. Assignment 3. Integrated Learning 4. Self-Directed Learning 5. AETCOM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

# Formative Feedback Session No:2

Date	Time	Initial of Facilitator
Type of Formative Assessment	1. Classroom Learning 2. Assignment 3. Integrated Learning 4. Self-Directed Learning 5. AETCOM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

# Formative Feedback Session No:3

Date	Time	Initial of Facilitator
Type of Formative Assessment	1. Classroom Learning 2. Assignment 3. Integrated Learning 4. Self-Directed Learning 5. AETCOM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

# Formative Feedback Session No:4

Date	Time	Initial of Facilitator
Type of Formative Assessment	1. Classroom Learning 2. Assignment 3. Integrated Learning 4. Self-Directed Learning 5. AETCOM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

# Formative Feedback Session No:5

Date	Time	Initial of Facilitator
Type of Formative Assessment	1. Classroom Learning 2. Assignment 3. Integrated Learning 4. Self-Directed Learning 5. AETCOM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

# Formative Feedback Session No:6

Date	Time	Initial of Facilitator
Type of Formative Assessment	1. Classroom Learning 2. Assignment 3. Integrated Learning 4. Self-Directed Learning 5. AETCOM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

# Formative Feedback Session No:7

Date	Time	Initial of Facilitator
Type of Formative Assessment	1. Classroom Learning 2. Assignment 3. Integrated Learning 4. Self-Directed Learning 5. AETCOM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

# Formative Feedback Session No:8

Date	Time	Initial of Facilitator
Type of Formative Assessment	1. Classroom Learning 2. Assignment 3. Integrated Learning 4. Self-Directed Learning 5. AETCOM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

# Formative Feedback Session No:9

Date	Time	Initial of Facilitator
Type of Formative Assessment	4. Classroom Learning 5. Assignment 6. Integrated Learning 4 Self-Directed Learning 5. AETCOM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

# Formative Feedback Session No:10

Date	Time	Initial of Facilitator
Type of Formative Assessment	7. Classroom Learning 8. Assignment 9. Integrated Learning 4 Self-Directed Learning 5. AETCOM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

## 6A. Formative Assessment Record-Theory

Note:

1. This section captures the process of Assessment data of the learner at the end of each section of study/ module of learning.
2. The learner shall record their performance and get it verified by the facilitator.

No	Assessment Topic	Total Marks/ Grade	Marks/ Grade Scored	Initials of Facilitator
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

## 6B. Formative Assessment Record-Practical

Note:

1. This section captures the process of Assessment data of the learner at the end of each section of study/ module of learning.
2. The learner shall record their performance and get it verified by the facilitator.

No	Assessment Topic	Total Marks/ Grade	Marks / Grade Scored	Initials of Facilitator
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

# **THIRD PROFESSIONAL MBBS PART I**

## Third Professional MBBS Part I

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## 1. Clinical Postings

<b>Postings</b>	<b>Duration in weeks</b>	<b>Date of posting From</b>	<b>To</b>	<b>Unit :</b>
Obstetrics & Gynaecology	4 weeks			

## 2. Clinical Training/Learner Doctor Method

Goal: To provide learners with experience in:

- (a) Longitudinal patient care,
  - (b) Being part of the health care team,
  - (c) Hands-on care of patients in outpatient and inpatient setting.
- Be assigned patients admitted during each admission day for whom he/she will undertake responsibility, under the supervision of a senior resident or faculty member.
  - Participate in the unit rounds on its admission day and will present the assigned patients to the supervising physician.
  - Follow the patient's progress throughout the hospital stay until discharge.
  - Discuss ethical and other humanitarian issues during unit rounds.
  - Focus on History taking, physical examination, assessment of change in clinical status , communication, patient education, choice of investigations, basic procedures and continuity of care

No	Clinical Training	Date of Completion	Initials of Facilitator
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

# CASERECORD:1

**Date**

**Time**

**Initial of Facilitator**

**Objective of Session**

**Synopsis of Learning**

**Clinical History:**

**Diagnosis**

**Summary of Discussion:**

# CASERECORD:2

<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
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<b>Objective of Session</b>	
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## Synopsis of Learning

**Clinical History:**

**Diagnosis**

**Summary of Discussion:**

# CASERECORD:3

<b>Date</b>		<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>			
<b>Synopsis of Learning</b>			
<b>Clinical History:</b>			
<b>Diagnosis</b>			
<b>Summary of Discussion:</b>			

# CASERECORD:4

<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
-------------	-------------	-------------------------------

<b>Objective of Session</b>	
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## Synopsis of Learning

**Clinical History:**

**Diagnosis**

**Summary of Discussion:**

# CASERECORD:5

<b>Date</b>		<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>			
<b>Synopsis of Learning</b>			
<b>Clinical History:</b>			
<b>Diagnosis</b>			
<b>Summary of Discussion:</b>			

# CASERECORD:6

<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
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<b>Objective of Session</b>	
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## Synopsis of Learning

**Clinical History:**

**Diagnosis**

**Summary of Discussion:**

# CASERECORD:7

<b>Date</b>		<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>			
<b>Synopsis of Learning</b>			
<b>Clinical History:</b>			
<b>Diagnosis</b>			
<b>Summary of Discussion:</b>			

# CASERECORD:8

<b>Date</b>		<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>			
<b>Synopsis of Learning</b>			
<b>Clinical History:</b>			
<b>Diagnosis</b>			
<b>Summary of Discussion:</b>			

# CASERECORD:9

<b>Date</b>		<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>			
<b>Synopsis of Learning</b>			
<b>Clinical History:</b>			
<b>Diagnosis</b>			
<b>Summary of Discussion:</b>			

# CASERECORD:10

<b>Date</b>		<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>			
<b>Synopsis of Learning</b>			
<b>Clinical History:</b>			
<b>Diagnosis</b>			
<b>Summary of Discussion:</b>			

### 3. Assignment Response Record

Note

1. This section includes academic milestones attained through assignments /out of class academic work.
2. The learner shall be given an assignment based on the“Nice to know”areas of the curriculum and any other such topics as deemed necessary.
3. The learner shall submit the assignment in the offline/online module as deemed by the individual institutions,which shall be assessed and graded by the faculty facilitator.
4. The completion of such activity shall be recorded in this section by the learner and signed by the facilitator.

No	Title of Assignment	Date of Submission	Initials of Facilitator
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

## 4. Record of Integrated Session

### Note

1. This section includes academic mile stones attained through horizontal and vertical integrated sessions.
2. The learner shall attend all such integrated sessions and observe, interact and understand the topic.
3. The learner shall submit the end of session assessment (eg:MCQ session of 15-20MCQ questions)
4. The completion of such activity shall be recorded in this section by the learner and signed by the facilitator.
- 5.

No	Topic of the Integrated Session	Date of Session	Initials of Facilitator
1			
2			
3			
4			
5			

## 5. Self-Directed Learning

SDL helps in empowering the student to perform an objective self-assessment of knowledge and skills, continue learning, refine existing skills and acquire new skills, to apply newly gained knowledge or skills to the care of the patient, to introspect and utilize experiences, to enhance personal and professional growth and learning, to search (including through electronic means), and critically evaluate the medical literature and apply the information in the care of the patient and to identify and select an appropriate career pathway that is professionally rewarding and personally fulfilling.

### Note:

1. This section includes academic milestones attained through self-directed learning. The learner shall be assigned a specific learning objective for each session.
2. The learner shall be given an assignment based on the “Desirable to know” are as of the curriculum and any other such topics as deemed necessary.
3. They shall record a detailed synopsis of the learning in this section. The student shall also record a list of the books/ journals referred in Vancouver format.
4. The completion of such activity shall be recorded in this section by the learner and signed by the facilitator.

SDL Session 1:		
Date	Time	Initial of Facilitator
Topic of SDL		
Synopsis of the Study		
Bibliography		

<b>SDL Session 2:</b>		
Date	Time	Initial of Facilitator
Topic of SDL		
Synopsis of the Study		
Bibliography		

# SDL Session 3:

Date	Time	Initial of Facilitator
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Topic of SDL

Synopsis of the Study

Bibliography

# SDL Session 4:

Date	Time	Initial of Facilitator
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Topic of SDL

Synopsis of the Study

Bibliography

## SDL Session 5:

Date

Time

Initial of Facilitator

Topic of SDL

Synopsis of the Study

Bibliography

## 6. Attitudes, Ethics & Communications

The “Indian Medical Graduate”(IMG) shall possess requisite knowledge, skills, attitudes, values and responsiveness, so that he or she may function appropriately and effectively as *a Physician of first contact of the community* while being globally relevant. In order to fulfill this goal, the IMG must be able to function in the following ROLES appropriately and effectively:

1. Clinician who understands and provides preventive, promotive, curative, palliative and holistic care with compassion.
2. Leader and member of the healthcare team and system with capabilities to collect, analyse, synthesize and communicate health data appropriately.
3. Communicator with patients, families, colleagues and community.
4. Lifelong learner committed to continuous improvement of skills and knowledge.
5. Professional, who is committed to excellence, is ethical, responsive and accountable to patients, community and profession.

### Note:

1. This section includes academic mile stones attained through AETCOM learning. The learner shall be assigned a specific learning objective for each session.
2. The learner shall be given an assignment based on the AETCOM topics of the curriculum.
3. They shall record a detailed synopsis of the skill learnt in this section. The student shall also record a reflection of the learning and learning process.
4. The completion of such activity shall be recorded in this section by the learner and signed by the facilitator

# AETCOM Session 01:

Date	Time	Initial of Facilitator
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Topic of AETCOM

Synopsis of the Skill Learnt

Reflections

# AETCOM Session02:

Date	Time	Initial of Facilitator
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Topic of AETCOM

Synopsis of the Skill Learnt

Reflections

## 7. Formative Feedback Record

Note:

1. This section captures the process of formative support of the faculty mentors of the department during the learning and at the end of each section of study/module of learning.
2. The mentor shall peruse the academic performance, progression and specific academic needs of the learner.
3. The learner shall record in this section the type of formative assessment, topic for which it was done, the performance and the feedback given by the learner to the mentor on the performance, problems in learning, remedial required if any and the feedback of the mentor.

# Formative Feedback Session No:1

Date	Time	Initial of Facilitator
Type of Formative Assessment	1. Classroom Learning 2. Assignment 3. Integrated Learning 4. Self-Directed Learning 5. AETCOM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

# Formative Feedback Session No:2

Date	Time	Initial of Facilitator
Type of Formative Assessment	1. Classroom Learning 2. Assignment 3. Integrated Learning 4. Self-Directed Learning 5. AETCOM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

# Formative Feedback Session No:3

Date	Time	Initial of Facilitator
Type of Formative Assessment	1. Classroom Learning 2. Assignment 3. Integrated Learning 4. Self-Directed Learning 5. AETCOM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

# Formative Feedback Session No:4

Date	Time	Initial of Facilitator
Type of Formative Assessment	1. Classroom Learning 2. Assignment 3. Integrated Learning 4. Self-Directed Learning 5. AETCOM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

# Formative Feedback Session No:5

Date	Time	Initial of Facilitator
Type of Formative Assessment	1. Classroom Learning 2. Assignment 3. Integrated Learning 4. Self-Directed Learning 5. AETCOM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

# Formative Feedback Session No:6

Date	Time	Initial of Facilitator
Type of Formative Assessment	1. Classroom Learning 2. Assignment 3. Integrated Learning 4. Self-Directed Learning 5. AETCOM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

# Formative Feedback Session No:7

Date	Time	Initial of Facilitator
Type of Formative Assessment	1. Classroom Learning 2. Assignment 3. Integrated Learning 4. Self-Directed Learning 5. AETCOM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

# Formative Feedback Session No:8

Date	Time	Initial of Facilitator
Type of Formative Assessment	1. Classroom Learning 2. Assignment 3. Integrated Learning 4. Self-Directed Learning 5. AETCOM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

# Formative Feedback Session No:9

Date	Time	Initial of Facilitator
Type of Formative Assessment	1. Classroom Learning 2. Assignment 3. Integrated Learning 4. Self-Directed Learning 5. AETCOM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

# Formative Feedback Session No:10

Date	Time	Initial of Facilitator
Type of Formative Assessment	1. Classroom Learning 2. Assignment 3. Integrated Learning 4. Self-Directed Learning 5. AETCOM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

## 7A. Formative Assessment Record-Theory

Note:

1. This section captures the process of Assessment data of the learner at the end of each section of study/ module of learning.
2. The learner shall record their performance and get it verified by the facilitator.

No	Assessment Topic	Total Marks/Grade	Marks / Grade Scored	Initials of the Facilitator
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

## 7B. Formative Assessment Record-Practical

Note:

1. This section captures the process of Assessment data of the learner at the end of each section of study/ module of learning.
2. The learner shall record their performance and get it verified by the facilitator.

No	Assessment Topic	Total Marks/Grade	Marks / Grade Scored	Initials of the Facilitator
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

# **THIRD PROFESSIONAL MBBS PART II**

## Third Professional MBBS Part II

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## 1.Clinical Postings

Postings	Duration in weeks	Date of posting		Unit :
		From	To	
Obstetrics & Gynaecology	10 weeks			

## 2. Clinical Training/ Learner doctor method

Goal: To provide learners with experience in:

- (a) Longitudinal patient care,
  - (b) Being part of the health care team,
  - (c) Hands-on care of patients in outpatient and inpatient setting.
- Be assigned patients admitted during each admission day for whom he/she will undertake responsibility, under the supervision of a senior resident or faculty member.
  - Participate in the unit rounds on its admission day and will present the assigned patients to the supervising physician.
  - Follow the patient's progress throughout the hospital stay until discharge.
  - Discuss ethical and other humanitarian issues during unit rounds.
  - Focus on History taking, physical examination, assessment of change in clinical status , communication, patient education, choice of investigations, basic procedures , continuity of care, decision making, management and outcomes.

No	Clinical Training	Date of Completion	Initials of Facilitator
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

<b>CASERECORD:1</b>		
<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>		
<b>Synopsis of Learning</b>		
<b>Clinical History:</b>		
<b>Diagnosis</b>		
<b>Summary of Discussion:</b>		

## CASERECORD:2

<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>		
<b>Synopsis of Learning</b>		
<b>Clinical History:</b>		
<b>Diagnosis</b>		
<b>Summary of Discussion:</b>		

## CASERECORD:3

<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>		
<b>Synopsis of Learning</b>		
<b>Clinical History:</b>		
<b>Diagnosis</b>		
<b>Summary of Discussion:</b>		

## CASERECORD:4

<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>		
<b>Synopsis of Learning</b>		
<b>Clinical History:</b>		
<b>Diagnosis</b>		
<b>Summary of Discussion:</b>		

**CASERECORD:5**

<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>		
<b>Synopsis of Learning</b>		
<b>Clinical History:</b>		
<b>Diagnosis</b>		
<b>Summary of Discussion:</b>		

**CASERECORD:6**

<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>		
<b>Synopsis of Learning</b>		
<b>Clinical History:</b>		
<b>Diagnosis</b>		
<b>Summary of Discussion:</b>		

**CASERECORD:7**

<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>		
<b>Synopsis of Learning</b>		
<b>Clinical History:</b>		
<b>Diagnosis</b>		
<b>Summary of Discussion:</b>		

**CASERECORD:8**

<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>		
<b>Synopsis of Learning</b>		
<b>Clinical History:</b>		
<b>Diagnosis</b>		
<b>Summary of Discussion:</b>		

**CASERECORD:9**

<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>		
<b>Synopsis of Learning</b>		
<b>Clinical History:</b>		
<b>Diagnosis</b>		
<b>Summary of Discussion:</b>		

**CASERECORD:10**

<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>		
<b>Synopsis of Learning</b>		
<b>Clinical History:</b>		
<b>Diagnosis</b>		
<b>Summary of Discussion:</b>		

**CASERECORD:11**

<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>		
<b>Synopsis of Learning</b>		
<b>Clinical History:</b>		
<b>Diagnosis</b>		
<b>Summary of Discussion:</b>		

**CASERECORD:12**



<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>		
<b>Synopsis of Learning</b>		
<b>Clinical History:</b>		
<b>Diagnosis</b>		
<b>Summary of Discussion:</b>		

**CASERECORD:13**



<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>		
<b>Synopsis of Learning</b>		
<b>Clinical History:</b>		
<b>Diagnosis</b>		
<b>Summary of Discussion:</b>		

**CASERECORD:14**



<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>		
<b>Synopsis of Learning</b>		
<b>Clinical History:</b>		
<b>Diagnosis</b>		
<b>Summary of Discussion:</b>		

**CASERECORD:15**

<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>		
<b>Synopsis of Learning</b>		
<b>Clinical History:</b>		
<b>Diagnosis</b>		
<b>Summary of Discussion:</b>		

<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>		
<b>Synopsis of Learning</b>		
<b>Clinical History:</b>		
<b>Diagnosis</b>		
<b>Summary of Discussion:</b>		

**CASERECORD:17**



<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>		
<b>Synopsis of Learning</b>		
<b>Clinical History:</b>		
<b>Diagnosis</b>		
<b>Summary of Discussion:</b>		

**CASERECORD:18**



<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>		
<b>Synopsis of Learning</b>		
<b>Clinical History:</b>		
<b>Diagnosis</b>		
<b>Summary of Discussion:</b>		

**CASERECORD:19**



<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>		
<b>Synopsis of Learning</b>		
<b>Clinical History:</b>		
<b>Diagnosis</b>		
<b>Summary of Discussion:</b>		

**CASERECORD:20**

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<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>		
<b>Synopsis of Learning</b>		
<b>Clinical History:</b>		
<b>Diagnosis</b>		
<b>Summary of Discussion:</b>		

**CASERECORD:21**



<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>		
<b>Synopsis of Learning</b>		
<b>Clinical History:</b>		
<b>Diagnosis</b>		
<b>Summary of Discussion:</b>		

**CASERECORD:22**



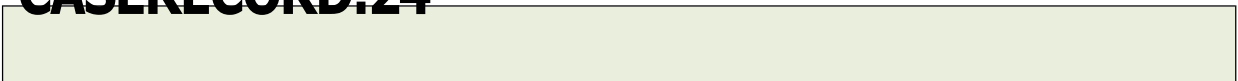
<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>		
<b>Synopsis of Learning</b>		
<b>Clinical History:</b>		
<b>Diagnosis</b>		
<b>Summary of Discussion:</b>		

**CASERECORD:23**



<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>		
<b>Synopsis of Learning</b>		
<b>Clinical History:</b>		
<b>Diagnosis</b>		
<b>Summary of Discussion:</b>		

**CASERECORD:24**



<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>		
<b>Synopsis of Learning</b>		
<b>Clinical History:</b>		
<b>Diagnosis</b>		
<b>Summary of Discussion:</b>		

**CASERECORD:25**



<b>Date</b>	<b>Time</b>	<b>Initial of Facilitator</b>
<b>Objective of Session</b>		
<b>Synopsis of Learning</b>		
<b>Clinical History:</b>		
<b>Diagnosis</b>		
<b>Summary of Discussion:</b>		

### 3. Assignment Response Record

Note

1. This section includes academic milestones attained through assignments /out of class academic work.
2. The learner shall be given an assignment based on the“Nice to know”areas of the curriculum and any other such topics as deemed necessary.
3. The learner shall submit the assignment in the offline/online module as deemed by the individual institutions,which shall be assessed and graded by the faculty facilitator.
4. The completion of such activity shall be recorded in this section by the learner and signed by the facilitator.

No	Title of Assignment	Date of Submission	Initials of Facilitator
1			
2			
3			
4			
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## 4. Record of Integrated Session

### Note

1. This section includes academic mile stones attained through horizontal and vertical integrated sessions.
2. The learner shall be attend all such integrated sessions and observe, interact and understand the topic.
3. The learner shall submit the end of session assessment (eq:MCQ session of 15-20MCQ questions)
4. The completion of such activity shall be recorded in this section by the learner and signed by the facilitator.

No	Topic of the Integrated Session	Date of Session	Initials of Facilitator
1			
2			
3			
4			
5			
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## 5. Self-Directed Learning

SDL helps in empowering the student to perform an objective self-assessment of knowledge and skills, continue learning, refine existing skills and acquire new skills, to apply newly gained knowledge or skills to the care of the patient, to introspect and utilize experiences, to enhance personal and professional growth and learning, to search (including through electronic means), and critically evaluate the medical literature and apply the information in the care of the patient and to identify and select an appropriate career pathway that is professionally rewarding and personally fulfilling.

Note:

1. This section includes academic milestones attained through self-directed learning. The learner shall be assigned a specific learning objective for each session.
2. The learner shall be given an assignment based on the “Desirable to know” are as of the curriculum and any other such topics as deemed necessary.
3. They shall record a detailed synopsis of the learning in this section. The student shall also record a list of the books/ journals referred in Vancouver format.

The completion of such activity shall be recorded in this section by the learner and signed by the facilitator.

SDL Session 1:		
Date	Time	Initial of Facilitator
Topic of SDL		
Synopsis of the Study		
Bibliography		

SDL Session 2:		
Date	Time	Initial of Facilitator
Topic of SDL		
Synopsis of the Study		
Bibliography		

SDL Session 3:		
Date	Time	Initial of Facilitator
Topic of SDL		
Synopsis of the Study		
Bibliography		

<b>SDL Session 4:</b>		
Date	Time	Initial of Facilitator
Topic of SDL		
Synopsis of the Study		
Bibliography		

# SDL Session 5:

Date	Time	Initial of Facilitator
------	------	------------------------

Topic of SDL

Synopsis of the Study

Bibliography

# SDL Session 6:

Date

Time

Initial of Facilitator

Topic of SDL

Synopsis of the Study

Bibliography

# SDL Session 7:

Date	Time	Initial of Facilitator
------	------	------------------------

Topic of SDL

Synopsis of the Study

Bibliography

# SDL Session 8:

Date	Time	Initial of Facilitator
------	------	------------------------

Topic of SDL

Synopsis of the Study

Bibliography

## SDL Session 9:

Date	Time	Initial of Facilitator
Topic of SDL		
Synopsis of the Study		
Bibliography		

## SDL Session 10:

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Date	Time	Initial of Facilitator
Topic of SDL		
Synopsis of the Study		
Bibliography		

**SDL Session 11:**

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Date	Time	Initial of Facilitator
Topic of SDL		
Synopsis of the Study		
Bibliography		

**SDL Session 12:**

--

Date	Time	Initial of Facilitator
Topic of SDL		
Synopsis of the Study		
Bibliography		

# SDL Session 13:

Date	Time	Initial of Facilitator
------	------	------------------------

Topic of SDL

Synopsis of the Study

Bibliography

# SDL Session 14:

Date	Time	Initial of Facilitator
------	------	------------------------

Topic of SDL

Synopsis of the Study

Bibliography

SDL Session 15:		
Date	Time	Initial of Facilitator
Topic of SDL		
Synopsis of the Study		
Bibliography		

## 6. Attitudes, Ethics & Communications

The “Indian Medical Graduate”(IMG) shall possess requisite knowledge, skills, attitudes, values and responsiveness, so that he or she may function appropriately and effectively as *a Physician of first contact of the community* while being globally relevant. In order to fulfill this goal, the IMG must be able to function in the following ROLES appropriately and effectively:

6. Clinician who understands and provides preventive, promotive, curative, palliative and holistic care with compassion.
7. Leader and member of the healthcare team and system with capabilities to collect, analyse, synthesize and communicate health data appropriately.
8. Communicator with patients, families, colleagues and community.
9. Lifelong learner committed to continuous improvement of skills and knowledge.
10. Professional, who is committed to excellence, is ethical, responsive and accountable to patients, community and profession.

Note:

5. This section includes academic mile stones attained through AETCOM learning. The learner shall be assigned a specific learning objective for each session.
6. The learner shall be given an assignment based on the AETCOM topics of the curriculum.
7. They shall record a detailed synopsis of the skill learnt in this section. The student shall also record a reflection of the learning and learning process.
8. The completion of such activity shall be recorded in this section by the learner and signed by the facilitator.

# AETCOM Session 01:

Date	Time	Initial of Facilitator
------	------	------------------------

Topic of AETCOM

Synopsis of the Skill Learnt

Reflections

# AETCOM Session02:

Date	Time	Initial of Facilitator
------	------	------------------------

Topic of AETCOM

Synopsis of the Skill Learnt

Reflections

# AETCOM Session03:

Date	Time	Initial of Facilitator
------	------	------------------------

Topic of AETCOM

Synopsis of the Skill Learnt

Reflections

# AETCOM Session04:

Date	Time	Initial of Facilitator
Topic of AETCOM		
Synopsis of the Skill Learnt		
Reflections		

**AETCOM Session05:**

Date	Time	Initial of Facilitator
Topic of AETCOM		
Synopsis of the Skill Learnt		
Reflections		

## 7. Formative Feedback Record

Note:

1. This section captures the process of formative support of the faculty mentors of the department during the learning and at the end of each section of study/module of learning.
2. The mentor shall peruse the academic performance, progression and specific academic needs of the learner.
3. The learner shall record in this section the type of formative assessment, topic for which it was done, the performance and the feedback given by the learner to the mentor on the performance, problems in learning, remedial required if any and the feedback of the mentor.

# Formative Feedback Session No:1

Date	Time	Initial of Facilitator
Type of Formative Assessment	1. Classroom Learning [ ] 2. Assignment [ ] 3. Integrated Learning [ ] 4. Self-Directed Learning [ ] 5. AETCOM [ ]	
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

## Formative Feedback Session No:2

Date	Time	Initial of Facilitator
Type of Formative Assessment	1. ClassroomLearning 2. Assignment 3. IntegratedLearning 4. Self-DirectedLearning 5. AETCOM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

# Formative Feedback Session No:3

Date	Time	Initial of Facilitator
Type of Formative Assessment	1. Classroom Learning 2. Assignment 3. Integrated Learning 4. Self-Directed Learning 5. AETCOM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

# Formative Feedback Session No:4

Date	Time	Initial of Facilitator
Type of Formative Assessment	1. Classroom Learning 2. Assignment 3. Integrated Learning 4. Self-Directed Learning 5. AETCOM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

# Formative Feedback Session No:5

Date	Time	Initial of Facilitator
Type of Formative Assessment	1. Classroom Learning 2. Assignment 3. Integrated Learning 4. Self-Directed Learning 5. AETCOM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

# Formative Feedback Session No:6

Date	Time	Initial of Facilitator
Type of Formative Assessment	1. Classroom Learning 2. Assignment 3. Integrated Learning 4. Self-Directed Learning 5. AETCOM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

# Formative Feedback Session No:7

Date	Time	Initial of Facilitator
Type of Formative Assessment	1. Classroom Learning 2. Assignment 3. Integrated Learning 4. Self-Directed Learning 5. AETCOM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

# Formative Feedback Session No:8

Date	Time	Initial of Facilitator
Type of Formative Assessment	1. Classroom Learning 2. Assignment 3. Integrated Learning 4. Self-Directed Learning 5. AETCOM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

# Formative Feedback Session No:9

Date	Time	Initial of Facilitator
Type of Formative Assessment	1. Classroom Learning 2. Assignment 3. Integrated Learning 4. Self-Directed Learning 5. AETCOM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

# Formative Feedback Session No:10

Date	Time	Initial of Facilitator
Type of Formative Assessment	1. Classroom Learning 2. Assignment 3. Integrated Learning 4. Self-Directed Learning 5. AETCOM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

## 7A. Formative Assessment Record-Theory

Note:

1. This section captures the process of Assessment data of the learner at the end of each section of study/module of learning.
2. The learner shall record their performance and get it verified by the facilitator.

No	Assessment Topic	Total Marks/ Grade	Marks / Grade Scored	Initials of Facilitator
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

## 7B. Formative Assessment Record-Practical

Note:

1. This section captures the process of Assessment data of the learner at the end of each section of study/ module of learning.
2. The learner shall record their performance and get it verified by the facilitator.

No	Assessment Topic	Total Marks/Grade	Marks / Grade Scored	Initials of the Facilitator
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

## 8. Record of Project(s)

Note:

1. The learner may undertake a scholastic project of 1-2months in the form of a clinical project or community project or research project.
2. These are based on the preferences of individual institutes.
3. The projects are voluntary activity and not included for internal assessment.

Type of Project	ClinicalProject <input type="checkbox"/>
	CommunityProject <input type="checkbox"/>
	ResearchProject <input type="checkbox"/>
Title ofProject	
Synopsis of the Work	

--	--

Signature of Facilitator	
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## 9. Photo Story

Note:

1. This section shall include the important moments of the process of development which shall be documented for the student and the department.
2. These may be eg:prizes won, competitions attended, department activities ,etc.
3. These are based on the preferences of individual institutes.
4. The projects are voluntary activity and not included for internal assessment.

## 10.Co-CurricularAchievements

Note:

1. This section shall include the important co-curricular activities in which the student is involved during the academic year which shall be documented for the student and the department.
2. These may be eg:prizes won,competitions attended,etc.
3. These are based on the preferences of individual institutes.
4. The projects are voluntary activity and not included for internal assessment.