

The West Bengal University of Health Sciences



Record (Logbook) for electives For students of 3rd Professional MBBS

Name of the student _____

College Roll No. _____

University Regn. No. _____

Time period of Block 1 elective _____

Name of Block 1 elective _____

Time period of Block 2 elective _____

Name of Block 2 elective _____

INSTRUCTIONS

1. The log book is a record of the academic/Co-Curricular activities of the designated student who would be responsible for maintaining his/her log book

2. The student is responsible for getting the entries in the log book verified by the head of department regularly.

3. The log book is a record of various activities by the student like:
 - Overall participation and performance

 - Participation in sessions

 - Record of completion of Pre-determine activities

 - Acquisition of selected competencies

CERTIFICATE OF COMPLETION

This is to certify that the candidate Mr/
Ms....., Regn. No,
Admitted in the year..... in

.....
has satisfactorily completed all assignments /requirements mentioned in this
logbook for elective course in the subject(s) of

.....
She/ He is eligible to appear for 3rd Prof Part II examination conducted by
the WBUHS.

Signature of Head of the Institute
With seal and date

BLOCK -1

Department:.....

Name of the Elective:

LEARNING OBJECTIVES

SL. NO	LEARNING OBJECTIVES

LEARNING RESOURCES

SL. NO	LEARNING RESOURCES

ACTIVITY LOG

Date	Activity	Signature

SUMMARY

OVERALL ASSESSMENT OF THE STUDENT- Block 1

Assessment elements	Grade
Attendance	
Submission of assignments	
Reflection on learnings	
Remarks if any	

Signature of Faculty

Signature of Head of the Department
With seal and date

Performance grading	<input type="checkbox"/> Outstanding ($\geq 90\%$ score)	<input type="checkbox"/> Very good ($\geq 80\%$ score)
	<input type="checkbox"/> Good ($\geq 70\%$ score)	<input type="checkbox"/> Satisfactory ($\geq 60\%$ score)
	<input type="checkbox"/> Meets expectations ($\geq 50\%$ score)	<input type="checkbox"/> Unsatisfactory ($<50\%$ score)

BLOCK 2

Department:

Name of the Elective:

LEARNING OBJECTIVES

SL. NO	LEARNING OBJECTIVES

LEARNING RESOURCES

SL. NO	LEARNING RESOURCES

SUMMARY

OVERALL ASSESSMENT OF THE STUDENT- Block 2

Assessment elements	Grade
Attendance	
Submission of assignments	
Reflection on learnings	
Remarks if any	

Signature of Faculty

Signature of Head of the Department
With seal and date

Performance grading	<input type="checkbox"/> Outstanding ($\geq 90\%$ score)	<input type="checkbox"/> Very good ($\geq 80\%$ score)
	<input type="checkbox"/> Good ($\geq 70\%$ score)	<input type="checkbox"/> Satisfactory ($\geq 60\%$ score)
	<input type="checkbox"/> Meets expectations ($\geq 50\%$ score)	<input type="checkbox"/> Unsatisfactory ($<50\%$ score)

Guidelines of GMER 2019:

- It is mandatory for learners to do an elective.
- This time should not be used to make up for missed clinical postings, or other purposes.
- The learner shall rotate through two elective blocks
- During the electives, regular clinical postings shall continue.

Block 1:

- In a pre-selected preclinical or para-clinical or other basic sciences laboratory
- OR
- Under a researcher in an ongoing research project.

Nature of learning > Supervised > Experiential > Immersive > Self-directed

- Block 1 may be used by students under the guidance of a preceptor to complete funded (e.g. ICMR student grant, institutional grant, etc.) or unfunded research projects.
- Predefined work, monitoring, presentation, and writing plans may be finalized by the learner and the preceptor, prior to starting the elective.
- Students may also participate in a pre-existing research project ongoing under the preceptor.
- Defining the objectives, the role of the student in the project, and his or her part in the writing and publication or presentation of a part of the project should be achieved.
- An assessment by the preceptor of the student's role, contribution, involvement, and performance must be made.
- Documentation of experiences, observations, reflections, and presentations by the student can be added to the portfolio or as an annexure to the log book.

Appropriate log book entries that document student participation and which are verified by the preceptor are critical for the successful completion of the work undertaken.

Block 2:

- In a clinical department available in the institution
- OR
- As a supervised learning experience at a rural or urban community clinic.
 - Nature of learning ➤ Supervised ➤ Experiential ➤ Immersive ➤ Self-directed

Assessment –

- Assessment will be formative.
- Attendance of not less than 75% and successful completion of items that require log book entry and their submission is a requirement for the student to become eligible to take the final examination.
- Assessment elements could include participation in grand rounds, seminars, case records, submission of assignments, reflection on learnings, preparation of abstracts for research posters, design, and participation in patient education programs, etc.

Block 1 (2 Weeks)

**Anatomy/Physiology/Biochemistry/Pathology/Microbiology/Pharmacology/FMT/
Community Medicine**

Name..... Roll No Batch No.....

Academic year..... Date.....

Skills	Observed/Assisted/Done independently		Signature of Faculty
	Date	Number	

CERTIFICATE OF COMPLETION AND ASSESSMENT

Name of student:.....Student Supervisor.....
Deaprtment/Speciality.....Unit.....Dates:.....to.....
Leaves:.....Days

Rating:

- A: OUTSTANDING**
- B: GOOD**
- C: AVERAGE**
- D: Needs further training**

Rating may be based on

- a. Knowledge
- b. Patient care
- c. Procedural skills
- d. Independent care
- e. Communication skills
- f. System based practice
- g. Professionalism
- h. Life-long learning

FEED-BACK

Strength	
Area of improvement	
Comments	

Signature of student

Signature of HOD

Block 2 (2 Weeks)

**Medicine & Allied/Surgery & allied/ G &O/ Paediatric medicine/ Ophthalmology/ENT/Chest
Medicine/Physical Medicine & Rehabilitation**

Name..... Roll No Batch No.....

Academic year..... Date.....

Skills	Observed/Assisted/Done independently		Signature of Faculty
	Date	Number	

CERTIFICATE OF COMPLETION AND ASSESSMENT

Name of student:.....Student Supervisor.....
Deaprtment/Speciality.....Unit.....Dates:.....to.....
Leaves:.....Days

Rating:

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FEED-BACK

Strength	
Area of improvement	
Comments	

Signature of student

Signature of HOD