



Undergraduate Academic Record

Ophthalmology



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

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



Under Graduate Academic Record Department of Ophthalmology

Thanking....



“I thank all the illustrious faculty of Ophthalmology in the Medical Schools of this University for their conscientious effort”

Dr. Sudha Seshayyan

Preface

The new GMER 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 health care 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 interdisciplinary 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 log book has been designed as per the guidelines of competency-based curriculum. This Academic Record for Undergraduate Medical Students is to be maintained by the student and is part of the learner's personal progress assessment toolkit. The learner shall present the Academic Record to the staff facilitator / mentor at the end of all class room learning / practical sessions / integrated learning sessions / ECE / 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 Roll No: _____

Has satisfactorily attended and completed all academic activities assigned in this record under the guidelines prescribed under the Tamil Nadu Dr. M.G.R. Medical University for the subject of Ophthalmology.

Head of Department

Date:

Place

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1. Background of the Course

GOAL AND OBJECTIVES

GOAL

The broad goal of the teaching of students in ophthalmology is to provide such knowledge and skills to the students that shall enable him to practice as a clinical and as a primary eye care physician and also to function effectively as a community health leader to assist in the implementation of National Programme for the prevention of blindness and rehabilitation of the visually impaired.

OBJECTIVES

a. KNOWLEDGE

At the end of the course, the student should have knowledge of:

1. common problems affecting the eye:
2. principles of management of major ophthalmic emergencies
3. main systemic diseases affecting the eye
4. effects of local and systemic diseases on patient's vision and the necessary action required to minimise the sequelae of such diseases;
5. adverse drug reactions with special reference to ophthalmic manifestations;
6. magnitude of blindness in India and its main causes;
7. national programme of control of blindness and its implementation at various levels
8. eye care education for prevention of eye problems
9. role of primary health centre in organization of eye camps
10. organization of primary health care and the functioning of the ophthalmic assistant.
11. integration of the national programme for control of blindness with the other national health programmes;
12. eye bank organization

b. SKILLS:

At the end of the course, the student should be able to:

1. elicit a history pertinent to general health and ocular status;
2. assist in diagnostic procedures such as visual acuity testing, examination of

eye, Schiötz tonometry, Staining for Corneal pathology, confrontation perimetry, Subjective refraction including correction of presbyopia and aphakia, direct ophthalmoscopy and conjunctival smear examination and Cover test.

3. diagnose and treat common problems affecting the eye;
4. interpret ophthalmic signs in relation to common systemic disorders;
5. assist/observe therapeutic procedures such as subconjunctival injection, Corneal/Conjunctival foreign body removal, Carbolic cautery for corneal ulcers, Nasolacrimal duct syringing and tarsorrhaphy;
6. provide first aid in major ophthalmic emergencies;
7. assist to organize community surveys for visual check-up;
8. assist to organize primary eye care service through primary health centres;
9. use effective means of communication with the public and individual to motivate for surgery in cataract and for eye donation;
10. establish rapport with his seniors, colleagues and paramedical workers, so as to effectively function as a member of the eye care team.

c INTEGRATION

The undergraduate training in Ophthalmology will provide an integrated approach towards other disciplines especially neurosciences, Otorhinolaryngology, General Surgery and Medicine.

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	

Signature

3. Clinical Postings & Time Table

Date		Area of Posting
From	To	

Time	Mon	Tue	Wed	Thur	Fri	Sat	Sun

Vacation Days:

_____ to _____

4. Out Patient Record

Note:

1. This section captures the attainment of the various competency mile-stones attained through Ophthalmology OPD Clinical work.
2. The learner shall make observation in the lab and makes entries as mandated in the concerned record book
3. The record books shall be verified by the faculty facilitator periodically / at the end of each session or module and the completion of each such activity shall be recorded in this section by the learner and signed by the facilitator.
4. The end of each session shall be appended by an end of training formative assessment in the topic / session / module. eg: DOPS, Mini Cex, OSCE etc. Such sessional outcomes and feed for such outcomes may be suitably entered in the concerned documents.

No	Clinical Diagnosis	Date of Presentation / Observation	Initials of Facilitator
1			
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15			
16			
17			
18			
19			
20			

CASE RECORD: 1

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD: 2

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD: 3

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD: 4

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

5. In-Patient Record

Note

1. This section includes academic mile stones attained through observation of patients, their clinical presentations, differential diagnosis, interpretation of tests, final diagnosis, management, prognosis and outcomes.
2. The learner shall make observation entries as mandated in the record book
3. The record note books shall be verified by the faculty facilitator at the end of each session or module.
4. The completion of each such activity shall be recorded in this section by the learner and signed by the facilitator
5. The end of each session shall be appended by an end of training formative assessment in the topic / session / module. eg: MiniCex, OSCE, DOPS etc. Such sessional outcomes and feed for such outcomes may be suitably entered in the concerned documents.

No	Diagnosis	Date of Presentation / Observation	Initials of Facilitator
1			
2			
3			
4			
5			
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7			
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19			
20			

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

CASE RECORD:

Date

Time

Initial of Facilitator

**Objective of
Session**

Synopsis of Learning

Clinical History:

Diagnosis

Summary of Discussion:

6. Clinical Procedures Record

Note

1. This section includes academic mile stones attained through observation of operative procedures, preoperative and post-operative clinical care and therapeutic and diagnostic procedures.
2. The learner shall make observation entries as mandated in the record book
3. The record note books shall be verified by the faculty facilitator at the end of each session or module.
4. The completion of each such activity shall be recorded in this section by the learner and signed by the facilitator
5. The end of each session shall be appended by an end of training formative assessment in the topic / session / module. eg: OSCE, DOPS , Viva etc. Such sessional outcomes and feed for such outcomes may be suitably entered in the concerned documents.

Observation of Procedures

No	Name of Surgery	Date of Observation	Initials of Facilitator
1			
2			
3			
4			
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9			
10			

Performance under Supervision

No	Name of Procedure	Date of Presentation / Observation	Initials of Facilitator
1			
2			
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10			

7. Clinical-Pathology Correlation

Note

1. This section includes academic mile stones attained through clinical observation and diagnosing pathological conditions by observation of gross and microscopic features
2. The learner shall make observation entries as mandated in the record book
3. The record note books shall be verified by the faculty facilitator at the end of each session or module.
4. The completion of each such activity shall be recorded in this section by the learner and signed by the facilitator
5. The end of each session shall be appended by an end of training formative assessment in the topic / session / module. eg: OSCE. Such sessional outcomes and feed for such outcomes may be suitably entered in the concerned documents.

No	Gross Specimens / Microscopic Slide	Date of Demonstration	Initials of Facilitator
1			
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8. Clinical-Radiology Correlation

Note

1. This section includes academic mile stones attained through clinical observation and correlation with radiological features
2. The learner shall make observation entries as mandated in the record book
3. The record note books shall be verified by the faculty facilitator at the end of each session or module.
4. The completion of each such activity shall be recorded in this section by the learner and signed by the facilitator
5. The end of each session shall be appended by an end of training formative assessment in the topic / session / module. eg: OSCE. Such sessional outcomes and feed for such outcomes may be suitably entered in the concerned documents.

No	Radiology Image – Xray / USG / CT scan / MRI Scan	Date of Demonstration	Initials of Facilitator
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9. Assignment 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			

10. Integrated Learning Record

Note

1. This section includes academic milestones 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 (eq: MCQ session of 15- 20 MCQ 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			
6			
7			
8			
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10			

11. 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.**
2. **The learner shall be assigned a specific learning objective for each session.**
3. **The learner shall be given an assignment based on the "Desirable to know" areas of the curriculum and any other such topics as deemed necessary.**
4. **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.**
5. **The completion of such activity shall be recorded in this section by the learner and signed by the facilitator**

SDL Session 01:

Date

Time

Initial of Facilitator

Topic of SDL

Synopsis of the Study

Bibliography

SDL Session 02:

Date

Time

Initial of Facilitator

Topic of SDL

Synopsis of the Study

Bibliography

SDL Session 03:

Date

Time

Initial of Facilitator

Topic of SDL

Synopsis of the Study

Bibliography

SDL Session 04:

Date

Time

Initial of Facilitator

Topic of SDL

Synopsis of the Study

Bibliography

SDL Session 05:

Date

Time

Initial of Facilitator

Topic of SDL

Synopsis of the Study

Bibliography

SDL Session 06:

Date

Time

Initial of Facilitator

Topic of SDL

Synopsis of the Study

Bibliography

SDL Session 07:

Date

Time

Initial of Facilitator

Topic of SDL

Synopsis of the Study

Bibliography

SDL Session 08:

Date

Time

Initial of Facilitator

Topic of SDL

Synopsis of the Study

Bibliography

SDL Session 09:

Date

Time

Initial of Facilitator

Topic of SDL

Synopsis of the Study

Bibliography

SDL Session 10:

Date

Time

Initial of Facilitator

Topic of SDL

Synopsis of the Study

Bibliography

12. Attitudes Ethics & Communication

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 doctor 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 health care 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 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

Topic of AETCOM

Synopsis of the Skill Learnt

Reflections

AETCOM Session 02:

Date

Time

Initial of Facilitator

Topic of AETCOM

Synopsis of the Skill Learnt

Reflections

AETCOM Session 03:

Date

Time

Initial of Facilitator

Topic of AETCOM

Synopsis of the Skill Learnt

Reflections

AETCOM Session 04:

Date

Time

Initial of Facilitator

Topic of AETCOM

Synopsis of the Skill Learnt

Reflections

AETCOM Session 05:

Date

Time

Initial of Facilitator

Topic of AETCOM

Synopsis of the Skill Learnt

Reflections

13. 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:

Date	Time	Initial of Facilitator
Type of Formative Assessment	1. Classroom Learning [] 2. Clinical Learning [] 3. Integrated Learning [] 4. Assignment [] 5. Self-Directed Learning [] 6. AETCOM []	
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	7. Classroom Learning 8. Clinical Learning 9. Integrated Learning 10. Assignment 11. Self-Directed Learning 12. AETCOM	[] [] [] [] [] []
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	13. Classroom Learning [] 14. Clinical Learning [] 15. Integrated Learning [] 16. Assignment [] 17. Self-Directed Learning [] 18. AETCOM []	
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	19. Classroom Learning [] 20. Clinical Learning [] 21. Integrated Learning [] 22. Assignment [] 23. Self-Directed Learning [] 24. AETCOM []	
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	25. Classroom Learning [] 26. Clinical Learning [] 27. Integrated Learning [] 28. Assignment [] 29. Self-Directed Learning [] 30. AETCOM []	
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	31. Classroom Learning [] 32. Clinical Learning [] 33. Integrated Learning [] 34. Assignment [] 35. Self-Directed Learning [] 36. AETCOM	
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	37. Classroom Learning [] 38. Clinical Learning [] 39. Integrated Learning [] 40. Assignment [] 41. Self-Directed [] Learning [] 42. AETCOM	
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	43. Classroom Learning [] 44. Clinical Learning [] 45. Integrated Learning [] 46. Assignment [] 47. Self-Directed [] Learning [] 48. AETCOM	
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	49. Classroom Learning [] 50. Clinical Learning [] 51. Integrated Learning [] 52. Assignment [] 53. Self-Directed Learning [] 54. AETCOM []	
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	55. Classroom Learning [] 56. Clinical Learning [] 57. Integrated Learning [] 58. Assignment [] 59. Self-Directed Learning [] 60. AETCOM	
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	61. Classroom Learning [] 62. Clinical Learning [] 63. Integrated Learning [] 64. Assignment [] 65. Self-Directed Learning [] 66. AETCOM []	
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	67. Classroom Learning [] 68. Clinical Learning [] 69. Integrated Learning [] 70. Assignment [] 71. Self-Directed [] Learning [] 72. AETCOM	
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	73. Classroom Learning [] 74. Clinical Learning [] 75. Integrated Learning [] 76. Assignment [] 77. Self-Directed [] Learning [] 78. AETCOM	
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	79. Classroom Learning [] 80. Clinical Learning [] 81. Integrated Learning [] 82. Assignment [] 83. Self-Directed Learning [] 84. AETCOM	
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	85. Classroom Learning [] 86. Clinical Learning [] 87. Integrated Learning [] 88. Assignment [] 89. Self-Directed Learning [] 90. AETCOM []	
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	91. Classroom Learning [] 92. Clinical Learning [] 93. Integrated Learning [] 94. Assignment [] 95. Self-Directed Learning [] 96. AETCOM []	
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	97. Classroom Learning [] 98. Clinical Learning [] 99. Integrated Learning [] 100. Assignment [] 101. Self-Directed Learning [] 102. AETCOM []	
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	103. Classroom Learning [] 104. Clinical Learning [] 105. Integrated Learning [] 106. Assignment [] 107. Self-Directed Learning [] 108. AETCOM	
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	109. Classroom Learning [] 110. Clinical Learning [] 111. Integrated Learning [] 112. Assignment [] 113. Self-Directed Learning [] 114. AETCOM []	
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	115. Classroom Learning 116. Clinical Learning 117. Integrated Learning 118. Assignment 119. Self-Directed Learning 120. AETCOM	[] [] [] [] [] []
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	121. Classroom Learning [] 122. Clinical Learning [] 123. Integrated Learning [] 124. Assignment [] 125. Self-Directed Learning [] 126. AETCOM []	
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	127. Classroom Learning [] 128. Clinical Learning [] 129. Integrated Learning [] 130. Assignment [] 131. Self-Directed Learning [] 132. AETCOM	
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	133. Classroom Learning 134. Clinical Learning 135. Integrated Learning 136. Assignment 137. Self-Directed Learning 138. AETCOM	[] [] [] [] [] []
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	139. Classroom Learning [] 140. Clinical Learning [] 141. Integrated Learning [] 142. Assignment [] 143. Self-Directed Learning [] 144. AETCOM []	
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	145. Classroom Learning 146. Clinical Learning 147. Integrated Learning 148. Assignment 149. Self-Directed Learning 150. AETCOM	[] [] [] [] [] []
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	151. Classroom Learning [] 152. Clinical Learning [] 153. Integrated Learning [] 154. Assignment [] 155. Self-Directed Learning [] 156. AETCOM	
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	157. Classroom Learning [] 158. Clinical Learning [] 159. Integrated Learning [] 160. Assignment [] 161. Self-Directed Learning [] 162. AETCOM []	
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	163. Classroom Learning [] 164. Clinical Learning [] 165. Integrated Learning [] 166. Assignment [] 167. Self-Directed Learning [] 168. AETCOM []	
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	169. Classroom Learning [] 170. Clinical Learning [] 171. Integrated Learning [] 172. Assignment [] 173. Self-Directed Learning [] 174. AETCOM []	
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	175. Classroom Learning [] 176. Clinical Learning [] 177. Integrated Learning [] 178. Assignment [] 179. Self-Directed Learning [] 180. AETCOM	
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	181. Classroom Learning [] 182. Clinical Learning [] 183. Integrated Learning [] 184. Assignment [] 185. Self-Directed Learning [] 186. AETCOM []	
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

Formative Feedback Session No:

Date	Time	Initial of Facilitator
Type of Formative Assessment	187. Classroom Learning [] 188. Clinical Learning [] 189. Integrated Learning [] 190. Assignment [] 191. Self-Directed Learning [] 192. AETCOM []	
Formative Assessment Done For: (Topic / Section / Module of Learning)		
Feedback Given by the Learner		
Feedback given by the Facilitator		

14.A. 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				
11				
12				
13				
14				
15				
16				

14. B. Formative Assessment Record – Clinical

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				
11				
12				
13				
14				
15				
16				

15. Certification of Skills

Note:

1. This section captures the skills and competencies obtained by the learner during the course work in the department.
2. The facilitator shall assess the learner for the specific certifiable competency and those certifiable competencies which the learner has acquired shall be entered in this section. A record of these is also maintained in the assessment record. (certifiable competencies for which the learner has not successfully passed the assessment shall not be recorded here)

No	List of Skills to be certified	Initials of the Facilitator
1		
2		
3		
4		
5		
6		
7		
8		

Certification of Skills - Competency OP: ____

Type of Skill			
Type of Assessment			
Performance of Student			
Feed Back of Learner			
Feed Back of Facilitator			
Remedial Action Suggested			
Remedial Assessment	1	Date	
Performance of Student			
Remedial Assessment	2	Date	
Performance of Student			
Remedial Assessment	3	Date	
Performance of Student			
Remedial Assessment	4	Date	
Performance of Student			
Certification of Skill (COS)		Certified	Not Certified
Date of COS			
Signatures	Learner	Facilitator	Professor

Certification of Skills - Competency OP: ____

Type of Skill			
Type of Assessment			
Performance of Student			
Feed Back of Learner			
Feed Back of Facilitator			
Remedial Action Suggested			
Remedial Assessment	1	Date	
Performance of Student			
Remedial Assessment	2	Date	
Performance of Student			
Remedial Assessment	3	Date	
Performance of Student			
Remedial Assessment	4	Date	
Performance of Student			
Certification of Skill (COS)		Certified	Not Certified
Date of COS			
Signatures	Learner	Facilitator	Professor

Certification of Skills - Competency OP: ____

Type of Skill			
Type of Assessment			
Performance of Student			
Feed Back of Learner			
Feed Back of Facilitator			
Remedial Action Suggested			
Remedial Assessment	1	Date	
Performance of Student			
Remedial Assessment	2	Date	
Performance of Student			
Remedial Assessment	3	Date	
Performance of Student			
Remedial Assessment	4	Date	
Performance of Student			
Certification of Skill (COS)		Certified	Not Certified
Date of COS			
Signatures	Learner	Facilitator	Professor

Certification of Skills - Competency OP: ____

Type of Skill			
Type of Assessment			
Performance of Student			
Feed Back of Learner			
Feed Back of Facilitator			
Remedial Action Suggested			
Remedial Assessment	1	Date	
Performance of Student			
Remedial Assessment	2	Date	
Performance of Student			
Remedial Assessment	3	Date	
Performance of Student			
Remedial Assessment	4	Date	
Performance of Student			
Certification of Skill (COS)		Certified	Not Certified
Date of COS			
Signatures	Learner	Facilitator	Professor

Certification of Skills - Competency OP: ____

Type of Skill			
Type of Assessment			
Performance of Student			
Feed Back of Learner			
Feed Back of Facilitator			
Remedial Action Suggested			
Remedial Assessment	1	Date	
Performance of Student			
Remedial Assessment	2	Date	
Performance of Student			
Remedial Assessment	3	Date	
Performance of Student			
Remedial Assessment	4	Date	
Performance of Student			
Certification of Skill (COS)		Certified	Not Certified
Date of COS			
Signatures	Learner	Facilitator	Professor

Certification of Skills - Competency OP: ____

Type of Skill			
Type of Assessment			
Performance of Student			
Feed Back of Learner			
Feed Back of Facilitator			
Remedial Action Suggested			
Remedial Assessment	1	Date	
Performance of Student			
Remedial Assessment	2	Date	
Performance of Student			
Remedial Assessment	3	Date	
Performance of Student			
Remedial Assessment	4	Date	
Performance of Student			
Certification of Skill (COS)		Certified	Not Certified
Date of COS			
Signatures	Learner	Facilitator	Professor

Certification of Skills - Competency OP: ____

Type of Skill			
Type of Assessment			
Performance of Student			
Feed Back of Learner			
Feed Back of Facilitator			
Remedial Action Suggested			
Remedial Assessment	1	Date	
Performance of Student			
Remedial Assessment	2	Date	
Performance of Student			
Remedial Assessment	3	Date	
Performance of Student			
Remedial Assessment	4	Date	
Performance of Student			
Certification of Skill (COS)		Certified	Not Certified
Date of COS			
Signatures	Learner	Facilitator	Professor

Certification of Skills - Competency OP: ____

Type of Skill			
Type of Assessment			
Performance of Student			
Feed Back of Learner			
Feed Back of Facilitator			
Remedial Action Suggested			
Remedial Assessment	1	Date	
Performance of Student			
Remedial Assessment	2	Date	
Performance of Student			
Remedial Assessment	3	Date	
Performance of Student			
Remedial Assessment	4	Date	
Performance of Student			
Certification of Skill (COS)		Certified	Not Certified
Date of COS			
Signatures	Learner	Facilitator	Professor

16. Record of Projects

Note:

1. The learner may undertake a scholastic project of 1-2 months 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	Clinical Project	[]
	Community Project	[]
	Research Project	[]
Title of Project		
Synopsis of the Work		

Signature of Facilitator	

17. 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.

18. Record of Co-Curricular Activities

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.