



MODEL CHECKLIST FOR EVALUATION OF JOURNAL REVIEW PRESENTATIONS.

Name of the Trainee:

Date:

Name of the Faculty/Observer:

Sl. No.	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Article chosen was					
2.	Extent of understanding of scope and objectives of the paper by the candidate.					
3.	Whether cross-references have been consulted.					
4.	Whether other relevant publications consulted.					
5.	Ability to respond to questions on the paper/subject.					
6.	Audio-Visual aids used.					
7.	Ability to defend the paper.					
8.	Clarity of presentation.					
9.	Any other observation.					
	<b>Total Score</b>					

## SCHEDULE-II

### MODEL CHECKLIST FOR EVALUATION OF SEMINAR PRESENTATIONS

Name of the Trainee:

Date:

Name of the Faculty/Observer:

Sl. No.	Items for observation during presentation	Poor	Below Average	Average	Good	Very Good
		0	1	2	3	4
1.	Completeness & Preparation.					
2.	Clarity of presentation.					
3.	Understanding of subject.					
4.	Whether other relevant publications consulted.					
5.	Whether cross-references have been consulted.					
6.	Ability to answer the questions.					
7.	Time scheduling.					
8.	Appropriate use of audio-visual aids.					
9.	Overall performance.					
10.	Any other observation.					
	<b>Total Score</b>					

## SCHEDULE-III

### MODEL CHECKLIST FOR EVALUATION OF CLINICAL WORK IN Outpatient Department (To be completed once a month by respective unit heads including posting in other department)

Name of the Trainee:

Date:

Name of the Unit Head:

Sl. No.	Items for observation during presentation	Poor	Below Average	Average	Good	Very Good
		0	1	2	3	4
1.	Regularity of attendance.					
2.	Punctuality.					
3.	Interaction with colleagues and support staff.					
4.	Maintenance of case records.					
5.	Presentation of cases.					
6.	Investigations workup.					
7.	Chair-side manners.					
8.	Rapport with patients.					
9.	Overall quality of clinical work.					
	<b>Total Score</b>					

## EVALUATION OF CLINICAL CASE PRESENTATION

Name of the Trainee :

Date:

Name of the Faculty/Observer:

Sl. No.	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Completeness of history.					
2.	Whether all relevant points elicited.					
3.	Clarity of presentation.					
4.	Logical order.					
5.	Mentioned all positive and negative points					
6.	Accuracy of general physical examination.					
7.	Diagnosis: Whether it follows logically from history and findings.					
8.	Investigations required.					
	Complete list.					
	Relevant order.					
	Interpretation of investigations.					
9.	Ability to react to questioning Whether it follows logically from history and findings.					
10.	Ability to defend diagnosis.					
11.	Ability to justify differential diagnosis.					
12.	Others.					
	<b>Grand Total</b>					

**Note: Please use a separate sheet for each faculty member.**

## SCHEDULE-IV

### MODEL CHECKLIST FOR EVALUATION OF TEACHING SKILL

Name of the Trainee :

Date:

Name of the Faculty/Observer:

Sl. No	Items for observation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Communication of the purpose of the talk					
2.	Evokes audience interest in the subject.					
3.	The introduction.					
4.	The sequence of ideas.					
5.	The use of practical examples and/or illustrations.					
6.	Speaking style (enjoyable, monotonous, etc. specify)					
7.	Attempts audience participation.					
8.	Summary of the main points at the end.					
9.	Asks questions.					
10.	Answers questions asked by the audience.					
11.	Rapport of speaker with his audience.					
12.	Effectiveness of the talk.					
13.	Uses audio-visual aids appropriately.					

## SCHEDULE-V

### MODEL CHECKLIST FOR DISSERTATION PRESENTATION

Name of the Trainee :

Date:

Name of the Faculty/Observer:

<b>Sl. No.</b>	<b>Prints to be considered.</b>	<b>Poor 0</b>	<b>Below Average 1</b>	<b>Average 2</b>	<b>Good 3</b>	<b>Very Good 4</b>
1	Interest shown in selecting topic.					
2	Appropriate review.					
3	Discussion with guide and other faculty.					
4	Quality of protocol.					
5	Preparation of proforma					
	<b>Total Score</b>					

### CONTINUOUS EVALUATION OF DISSERTATION WORK BY GUIDE/CO-GUIDE

Name of the Trainee :

Date:

Name of the Faculty/Observer:

<b>Sl. No.</b>	<b>Items for observation during presentation</b>	<b>Poor 0</b>	<b>Below Average 1</b>	<b>Average 2</b>	<b>Good 3</b>	<b>Very Good 4</b>
1	Periodic consultation with guide / co-guide.					
2	Regular collection of case material					
3	Depth of analysis/ discussion.					
4	Quality of final output.					
5	Others					
	<b>Total Score</b>					

**SCHEDULE-VI**

**OVERALL ASSESSMENT SHEET**

Date :

Sl. No.	Faculty Member	Name of Trainee and Mean Score									
		A	B	C	D	E	F	G	H	I	J
1											
2											
3											

Signature of Head of the Department

Signature of Principal

Note: The overall assessment sheet used along with the logbook shall form the basis for certifying satisfactory completion of course of study, in addition to the attendance required.

KEY:

**Faculty member:** Name of the faculty doing the assessment.

**Meanscore:** Sum total of all the scores of checklists.

**A.B.....:** Name of the trainee.

