** MS ANAESTHESIOLOGY**

LOG BOOK OF RESEARCH ELECTIVE

RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI



#### D:\rmc.edu.pk\images\attachments\Dr.Muhammad_Umar.jpgPREFACE

The horizons of *Medical Education* are widening & there has been a steady rise of global interest in *Post Graduate Medical Education*, an increased awareness of the necessity for experience in education skills for all healthcare professionals and the need for some formal recognition of postgraduate training in Internal Medicine.

We are seeing a rise in the uptake of places on postgraduate courses in medical education, more frequent issues of medical education journals and the further development of e-journals and other new online resources. There is therefore a need to provide active support in *Post Graduate Medical Education* for a larger, national group of colleagues in all specialties and at all stages of their personal professional development. If we were to formulate a statement of intent to explain the purpose of this log book, we might simply say that our aim is to help clinical colleagues to teach and to help students to learn in a better and advanced way. This book is a state of the art log book with representation of all activities of the **MD/MS Research Elective** program at RMU.A summary of the curriculum is incorporated in the logbook for convenience of supervisors and residents. It also allows the clinicians to gain an understanding of what goes into basic science discoveries and drug development. Translational **research** has an **important role** to play in **medical research**, and when used alongside basic science will lead to increased knowledge, discovery and treatment in **medicine**. A perfect monitoring system of a training program including monitoring of teaching and learning strategies, assessment and Research Activities cannot be denied so we at RMU have incorporated evaluation by ***Quality Assurance Cell*** and its comments in the logbook in addition to evaluation by ***University Training Monitoring Cell (URTMC)***. Reflection of the supervisor in each and every section of the logbook has been made sure to ensure transparency in the training program. The mission of Rawalpindi Medical University is to improve the health of the communities and we serve through education, biomedical research and health care. As an integral part of this mission, importance of research culture and establishment of a comprehensive research structure and research curriculum for the residents has been formulated and a separate journal for research publications of residents is available.

[***Prof. Muhammad Umar***](https://www.rmur.edu.pk/)

***(Sitara-e-Imtiaz)*** *(MBBS, MCPS, FCPS, FACG, FRCP (Lon), FRCP (Glasg), AGAF)*

***Vice Chancellor Rawalpindi Medical University***

***& Allied Hospitals***



**DR FAIZA ASLAM**

IMPACT Coordinator & Research Fellow Institute of Psychiatry

WHO Collaborating Centre for Mental Health & Research Rawalpindi Medical University , Rawalpindi, Pakistan.

(Ex Director Research Coo coordinator At RMU & Allied Hospitals)

**CONTRIBUTION**

Over all synthesis, structuring & over all write up of Research Curriculum and Research Log Book of University Residency Program- 2019 , under guidance of Prof. Muhammad Umar Vice Chancellor, Rawalpindi Medical University, Rawalpindi

ENROLMENT DETAILS

Program of Admission

Session

Registration / Training Number

Name of Candidate

Father’s Name

Date of Birth / / CNIC No.

Present Address

Permanent Address

E-mail Address

Cell Phone

Date of Start of Training \_

Date of Completion of Training

Name of Supervisor

Designation of Supervisor

Qualification of Supervisor

Title of department / Unit

#### MOTO OF RAWALPINDI MEDICAL UNIVERSITY

*Truth Wisdom & Service*

***MISSION STATEMENT***

* To impart evidence based research oriented *medical* education.
* To provide best possible patient care.
* To inculcate the **values** of mutual respect and ethical practice of **medicine**.
* Highly recognized and accredited centre of excellence in **Medical** Education, using evidence-based training techniques for development of highly competent health professionals.

**LOG OF RESEARCH ELECTIVE**

***(RESEARCH ELECTIVE WOULD BE TAUGHT 08:00 AM TO 02:00 PM & RESIDENT WOULD PERFORM THE DUTY OF EVENING CALLS AS PER ROTA.)If***

***required***

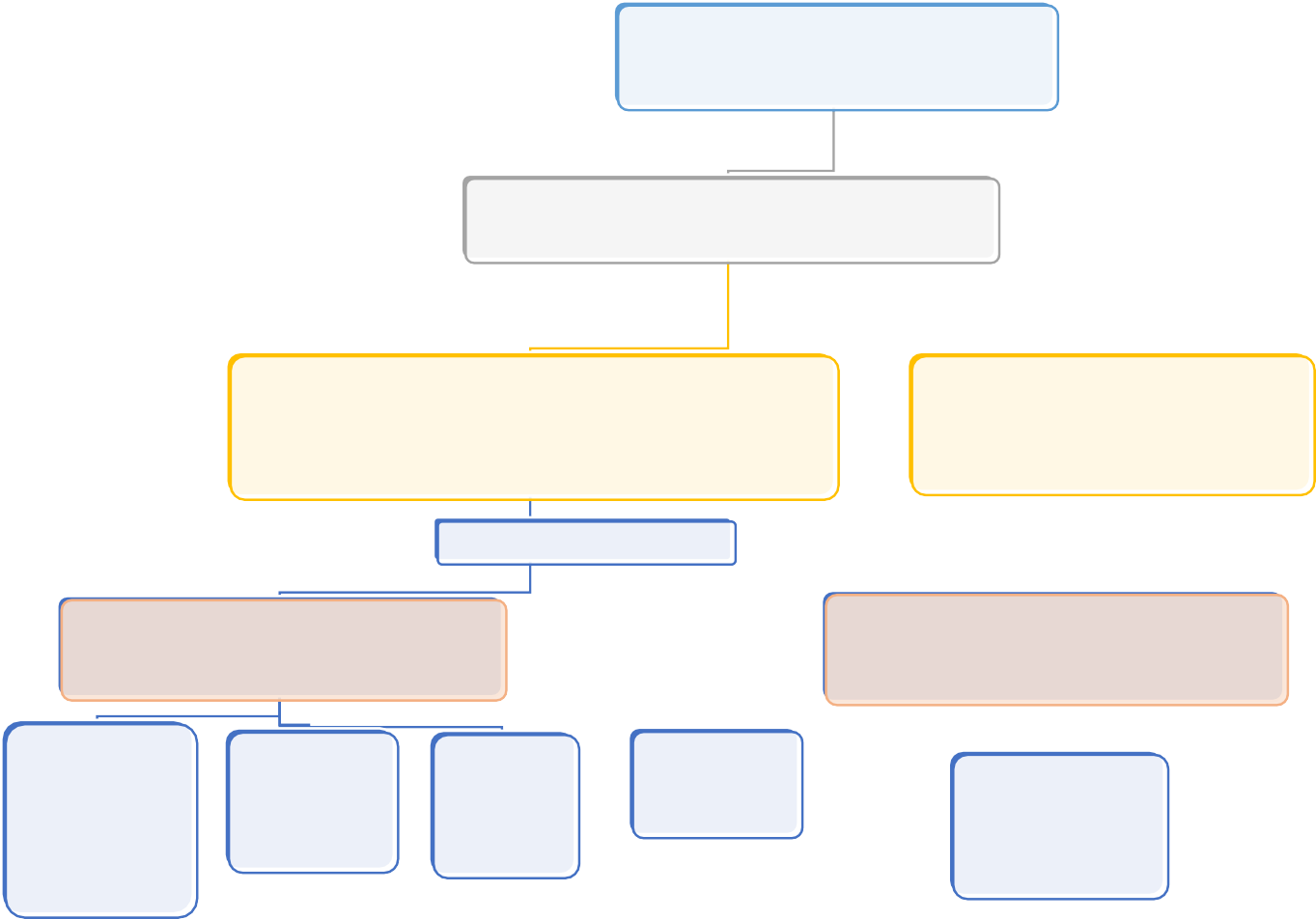
Internal medicine residents' outlook in research can be significantly improved using a research curriculum offered through a structured and dedicated research rotation. This is exemplified by the improvement noted in resident satisfaction, their participation in scholarly activities and resident research outcomes since the inception of the research rotation in our internal medicine training program. Residents' research lead to better clinical care, correlates with the pursuit of academic careers, increases numbers of clinician investigators, and is an asset to those applying for fellowships. We report our success in designing and implementing a “Structured Research Curriculum” incorporating basic principles within a research rotation to enhance participation and outcomes of our residents in scholarly activities within a busy residency training program setting.

**REFERENCE:**

<https://bmcmededuc.biomedcentral.com/articles/10.1186/1472-6920-6-52>

**ROTATION CURRICULUM OF MD MEDICINE FOR RESEARCH**

**ORGANIZATIONAL STRUCTURE OF RESEARCH AT RAWALPINDI MEDICAL UNIVERSITY**



VICE CHANCELLOR

BOARD OF ADVANCED STUDIES AND

RESEARCH

OFFICE OF RESEARCH, INNOVATION &

COMMERCIALIZATION

INSTITUTIONAL RESEARCH

ETHICS FORUM

**RESEARCH UNIT**

**Research Operations & Development Wing**

**Research Innovation Entrepreneurship Wing**

**RESEARCH**

**CENTRES OF VARIOUS SPECIALITIES OF ALLIED HOSPITALS**

***RAWALIAN***

***STUDENTS RESEARCH SOCIETY***

***DATA***

***ANALYSIS CENTRE***

***RESEARCH***

***PUBLICATION UNIT***

***VISITOR***

***RESEARCHER'S CENTRE***







1. Written conclusion and abstract of your THESIS
2. Submitted your THESIS to your supervisor
3. What are your expectations from this research course/module of MS/MD programme and any specific areas of training you want to be paid special

emphasis by the trainers:?

Thank you

Date of filling the Performa:

Signatures of the resident:

Signatures of the Director of ORIC, RMU: .

***RESEARCH COURSE OF FIRST TRAINING YEAR-Y1***

### ASSESSMENTS

**ACTIVITIES**

**2 RESEARCH WORKSHOPS:**

* 1. **BASIC METHODOLOGY**
  2. **CLINICAL AUDIT COURSE**

**QUANTITATIVE & QUALITATIVE ASSESSMENT OF INDIVIDUAL & GROUP ASSIGNMENTS**

### RESEARCH TRAINING YEAR ONE

**R-Y1**

**PARTICIPATION IN AT LEAST 5 JOURNAL CLUB SESSIONS**

**OBSERVATION OF 2 IREF MEETINGS**

**UNDERTAKING 1 CLINICAL AUDIT**

**NOMINATION AND SELECTION OF SUPERVISOR**

**NO PRESENTATION OR ASSESSMENT IN R1**

**NO PRESENTATION OR ASSESSMENT IN R1**

**QUALITATIVE ASSESSMENT**

**ONE WEEK ROTATION AT ORIC**

### 3 DAYS -BASIC RESEARCH METHODOLOGY WORKSHOP

**SECTION- 1**

##### DAY 1 OF WORKSHOP:

**Date &Venue:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Modules of Day 1 of Workshop** | **TITLE OF MODULES OF DAY 1** | **NAMES AND SIGNATURES OF FACILITATORS OF EACH**  **MODULE** | **FACILITATOR’S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE**  **COURSE MODULE** | **SIGNATURE OF DIRECTOR OF ORIC**  **(NAME/STAMP)** |
| **Module 1** | Introduction to health systems research  Identifying and Prioritizing Research Problems |  |  |  |
| **Module 2** | Analysis and statement of problem & Introduction to Literature review |  |  |  |
| **Module 3** | Literature review Referencing systems; Vancouver & Harvard  referencing systems |  |  |  |
| **Module 4** | Literature review  Referencing managing systems |  |  |  |
| **Module 5** | Plagiarism |  |  |  |
| **Module 6** | Formulation of research objectives |  |  |  |
| **Module 7** | Formulation of Hypothesis for a research |  |  |  |
| **Module 8** | Research methodology; Variables and Indicators |  |  |  |

**DAY 2 OF BASIC RESEARCH METHODOLOGY WORKSHOP:**

**Date &Venue:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Modules of Day 2 of Workshop** | **TITLE OF MODULES OF DAY 2** | **NAMES AND SIGNATURES OF FACILITATORS OF EACH MODULE** | **FACILITATOR’S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE MODULE** | **SIGNATURE OF DIRECTOR OF ORIC**  **(NAME/STAMP)** |
| **Module 1** | Research methodology; Study types |  |  |  |
| **Module 2** | Data collection techniques |  |  |  |
| **Module 3** | Data collection tools |  |  |  |
| **Module 4** | Sampling |  |  |  |
| **Module 5** | Plan for Data Entry , storage and Statistical Analysis |  |  |  |

**DAY 3 OF BASIC RESEARCH METHODOLOGY WORKSHOP:**

**Date &Venue:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Modules of Day 3 of Workshop** | **TITLE OF MODULES OF DAY 3** | **NAMES AND SIGNATURES OF FACILITATORS OF EACH MODULE** | **FACILITATOR’S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE MODULE** | **SIGNATURE OF DIRECTOR OF ORIC**  **(NAME/STAMP)** |
| **Module 1** | Pilot and project planning |  |  |  |
| **Module 2** | Budgeting for a study |  |  |  |
| **Module 3** | Project administration |  |  |  |
| **Module 4** | Plan for dissemination |  |  |  |
| **Module 5** | Research ethics & concepts of protection of human study subjects |  |  |  |
| **Module 6** | Differences between original articles, short communication, case reports, systematic reviews and meta-  analysis |  |  |  |
| **Module 7** | Writing a Case report |  |  |  |
| **Module 8** | Critical Appraisal of a research paper |  |  |  |
| **Module 9** | * Making effective power-point presentations of a Research Project |  |  |  |
| **Module 10** | * Making effective poster presentations |  |  |  |

**INDIVIDUAL AND GROUP (HOME TASK) ASSIGNMENTS OF THE RESIDENTS REGARDING BASIC RESEARCH METHODOLOGY WORKSHOP**

**SECTION- 2**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **ASSIGNM ENT’S NUMBER** | **TITLE** | **DATE OF SUBMISSION:** | **ORIGINALITY SCORE OF ASSIGNMENT IN TURN- IT–IN PLAGIARISM DETECTION SOFT WARE** | **FACILITATOR’S REFLECTION ON CORRECTNESS, COMPLETION AND QUALITY OF INDIVIDUAL OR GROUP ASSIGNMENTS OF THE WORKSHOP** | **SCORES ATTAINED OUT OF TOTAL ATTAINABLE**  **SCORE** | **SIGNATURE OF FACILITATORS** | **SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)** |
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**SECTION- 3**

**ONE DAY – WORKSHOP ON UNDERTAKING CLINICAL AUDIT**

**Date &Venue:**

|  |  |  |  |  |
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| **Modules of Day 1 of Workshop** | **TITLE OF MODULES OF DAY 1** | **NAMES AND SIGNATURES OF FACILITATORS OF EACH MODULE** | **FACILITATOR’S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE MODULE** | **SIGNATURE OF DIRECTOR OF ORIC**  **(NAME/STAMP)** |
| **Module 1** | Introduction to  a clinical audit and its importance |  |  |  |
| **Module 2** | Types of Clinical Audit |  |  |  |
| **Module 3** | Process and steps of Clinical Audit |  |  |  |
| **Module 4** | Methodology of Clinical Audit |  |  |  |
| **Module 5** | Data Analysis of a Clinical Audit |  |  |  |
| **Module 6** | Clinical Audit Report Writing |  |  |  |
| **Module 7** | Dissemination of the report |  |  |  |

**JOURNAL CLUB MEETINGS ATTENDED BY RESIDENT AS AN OBSERVER DURING YR 1**

**SECTION- 4**

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| **JOURNAL CLUB MEETING #** | **DATE** | **TITLES OF THE ARTICLES PRESENTED IN THE JOURNAL CLUB MEETING** | **TITLE OF JOURNAL/ YEAR OF PUBLICATION** | **ANY QUESTION OR COMMENT MADE ON THE PRESENTATION BY THE**  **OBSERVER** | **SUPERVISOR’S SIGNATURE** | **HEAD OF DEPARTMENT’S SIGNATURE (NAME/STAMP)** |
| 1. |  | A.  B.  C. | A.  B.  C. | A.  B.  C. |  |  |
| 2. |  | A.  B.  C. | A.  B.  C. | A.  B.  C. |  |  |
| 3. |  | A.  B.  C. | A.  B.  C. | A.  B.  C. |  |  |
| 4. |  | A.  B.  C. | A.  B.  C. | A.  B.  C. |  |  |
| 5. |  | A.  B.  C. | A.  B.  C. | A.  B.  C. |  |  |

**SECTION- 5**

**INSTITUTIONAL RESEARCH & ETHICS FORUM MEETINGS ATTENDED BY RESIDENT AS AN OBSERVER DURING YR 1**

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| **IREF MEETING #** | **DATE/VENUE** | **TITLES OF THE RESEARCH PROPOSALS PRESENTED IN THE IREF MEETING** | **ANY QUESTION OR COMMENT MADE ON THE PRESENTATIONS BY THE OBSERVER** | **SIGNATURE OF THE CONVENER OF THE MEETING (NAME/STAMP)** |
| 1. |  |  |  |  |
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**UNDERTAKING A CLINICAL AUDITS UNDERTAKEN AS A GROUP MEMBER DURING YEAR 1**

**SECTION- 6**

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| **TITLE OF THE CLINICAL AUDIT** | **UNIT/DEPARTMENT WHERE THE AUDIT WAS CONDUCTED/NAME OF SUPERVISOR** | **PERSON WHO CONDUCTED THE AUDIT AND CONTENT OF CONTRIBUTION IN THE CLINICAL AUDIT** | **DISSEMINATION OF REPORT OF AUDIT:**  **(A. WAS CLINICAL AUDIT REPORT PUBLISHED AS ANNUAL AUDIT REPORT/IN A RESEARCH JOURNAL?**  **IF YES, DATE AND YEAR OF PUBLICATION AND NAME OF JOURNAL**  **B. WAS CLINICAL AUDIT PRESENTED IN CPC OF**  **RMU? IF YES DATE AND VENUE)** | **SIGNATURE OF THE DEAN (NAME/STAMP)** |
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**RECORD OF FORTNIGHTLY MEETINGS OF THE RESIDENT WITH THE SUPERVISOR**

**SECTION- 7**

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| **Sr #** | **DATE/VENUE**  **/DURATION OF**  **MEETING** | **AGENDA AND OUTLINE OF THE MEETING (IN TERMS OF CONTENT, DISCUSSION**  **POINTS)** | **ACTION POINTS AND**  **SUPERVISOR’S REFLECTIONS** | **SUPERVISOR’S**  **SIGNATURE (NAME/STAMP)** | **HEAD OF DEPARTMENT’S**  **SIGNATURE (NAME/STAMP)** |
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**RECORD OF RESIDENT’S ONE WEEK’S ROTATION AT ORIC**

**SECTION- 8**

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| --- | --- | --- | --- | --- | --- |
| **DAY #** | **DATE** | **ACTIVITY CARRIED OUT AT ORIC AND THE RESEARCH ASSOCIATE/ DEPUTY DIRECTOR**  **WHO SUPERVISED THE ACTIVITY** | **ORIC STAFF MEMBER’S**  **REFLECTIONS ON THE PERFORMANCE OF THE ACTIVITY** | **THE RESEARCH ASSOCIATE/ DEPUTY DIRECTOR SIGNATURE**  **(NAME/STAMP)** | **DIRECTOR ORIC’S SIGNATURE (NAME/STAMP)** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
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**ANY RESEARCH COURSE COURSE/WORKSHOP ATTENDED (ON OWN) BY THE RESIDENT DURING YEAR 1**

**SECTION- 9**

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| **Sr#** | **DATE/MONTH AND YEAR OF TRAINING COURSE/WORKSHOP** | **TITLE OF TRAINING COURSE/WORKSHOP** | **ORGANIZING INSTITUTION/COMPANY** | **DURATION OF COURSE IN DAYS/MODE OF**  **COURSE (online or**  **physically attended)** | **THE OBJECTIVES OR LEARNING OUTCOMES OF THE RESEARCH COURSE.** |
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**SECTION- 10**

**RECORD OF LITERATURE REVIEW CONDUCTED BY THE RESIDENT IN YEAR 1**

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| **SR #** | **TITLE OF THE LITERATURE REVIEWED** | **DATE/MONTH AND YEAR OF PUBLICATION** | **TITLE OF THE JOURNAL/BOOK** | **WAS IT AN ORIGINAL ARTICLE/SHORT COMMUNICATION/CASE STUDY/SYSTEMATIC REVIEW/META ANALYSIS/EDITORIAL/ANY**  **OTHER ACADEMIC WRITING (**e.g. reports, books, conference papers, THESISs, Research and program reports- published/  unpublished)**?PLEASE SPECIFY** |
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**RECORD OF ANY MANUSCRIPT/RESEARCH PAPER FORMULATED BY THE RESIDENT IN YEAR 1**

**SECTION-11**

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| --- | --- | --- | --- | --- | --- |
| **SL #** | **TITLE OF THE MANUSCRIPT** | **IF SUBMITTED FOR PUBLICATION, DATE/MONTH AND YEAR OF PUBLICATION, IF PUBLISHED** | **TITLE OF THE JOURNAL** | **WAS IT REVIWED, MODIFIED, ACCEPTED OR REJECTED.**  **PLEASE SPECIFY** | **DIRECTOR ORIC’S SIGNATURE (NAME/STAMP)** |
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***RESEARCH COURSE OF SECOND RESEARCH TRAINING YEAR (R-Y2)***

**ACTIVITIES**

**ASSESSMENT**

**1 ADVANCED RESEARCH**

**METHODOLOGY WORKSHOP INDIVIDUAL & GROUP ASSIGNMENTS**

### RESEARCH TRAINING YEAR TWO

**R-Y2**

**TWO PRESENTATIONS IN JOURNAL**

**CLUB SESSIONS**

**FORMULATION OF RESEARCH**

**PROPOSAL/S**

**PRESENTATION OF RESEARCH PROPOSAL/S TO INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IREF) OF RMU**

**QUANTITATIVE ASSESSMENT**

**IN R1**

**ASSESSMENT BY SUPERVISOR**

**ASSESSMENT BY IREF FOR APPRAISAL**

**PROVIDING ASSURANCE OF FEASIBILITY & AVAILIBILITY OF RESOURCES FOR RESEARCH PROJECTS**

**QUALITATIVE ASSESSMENT**

**ASSESSMENT BYBASR/CPSP**

**SUBMISSION OF RESEARCH PROPOSAL/S TO CPSP/BASR OF RMU**

**2 WEEKS' ROTATION AT ORIC**

### 3 DAYS –ADVANCED RESEARCH METHODOLOGY WORKSHOP DAY 1 OF WORKSHOP:

**SECTION- 1**

**Date &Venue:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Modules of Day 1 of Workshop** | **TITLE OF MODULES OF DAY 1** | **NAMES AND SIGNATURES OF FACILITATORS OF EACH MODULE** | **FACILITATOR’S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE**  **MODULE** | **SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)** |
| **Module 1** | * Introduction to Biostatistics * Description of Variables Numerical methods of Data summarization (Manual as well as through Statistical Package of Social Sciences) |  |  |  |
| **Module 2** | Graphical presentation of data |  |  |  |
| **Module 3** | Cross-tabulation of quantitative data |  |  |  |
| **Module 4** | Measures of Association based on risk |  |  |  |
| **Module 5** | Confounding and methods to control confounding |  |  |  |
| **Module 6** | Basic statistical concepts; Measure of dispersion and confidence Intervals |  |  |  |

##### DAY 2 OF ADVANCED RESEARCH METHODOLOGY WORKSHOP:

**Date &Venue:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Modules of Day 2 of Workshop** | **TITLE OF MODULES OF DAY 2** | **NAMES AND SIGNATURES OF FACILITATORS OF EACH MODULE** | **FACILITATOR’S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE MODULE** | **SIGNATURE OF DIRECTOR OF ORIC**  **(NAME/STAMP)** |
| **Module 1** | Hypothesis testing for a research |  |  |  |
| **Module 2** | Tests of Significance |  |  |  |
| **Module 3** | Determining difference between two groups- categorical data Paired & unpaired  observations |  |  |  |
| **Module 4** | Determining difference between two groups- numerical data  Paired & unpaired  observations |  |  |  |
| **Module 5** | Determining difference between more than two groups- numerical data ANOVA (Analysis of Variance) |  |  |  |

**DAY 3 OF ADVANCED RESEARCH METHODOLOGY WORKSHOP:**

**Date &Venue:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Modules of Day 3 of Workshop** | **TITLE OF MODULES OF DAY 3** | **NAMES AND SIGNATURES OF FACILITATORS OF EACH MODULE** | **FACILITATOR’S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE MODULE** | **SIGNATURE OF DIRECTOR OF ORIC**  **(NAME/STAMP)** |
| **Module 1** | Determining Correlation between variables |  |  |  |
| **Module 2** | Regression Analysis |  |  |  |
| **Module 3** | Diagnostic Accuracy of a test |  |  |  |
| **Module 4** | Writing a research paper |  |  |  |
| **Module 5** | Writing a THESIS |  |  |  |

**INDIVIDUAL AND GROUP (HOME TASK) ASSIGNMENTS OF THE RESIDENTS 3 REGARDING ADVANCED RESEARCH METHODOLOGY WORKSHOP**

**SECTION- 2**

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| **ASSIGNM ENT’S NUMBER** | **TITLE** | **DATE OF SUBMISSION:** | **ORIGINALITY SCORE OF ASSIGNMENT IN TURN- IT–IN PLAGIARISM DETECTION SOFT WARE** | **FACILITATOR’S REFLECTION ON CORRECTNESS, COMPLETION AND QUALITY OF INDIVIDUAL OR GROUP ASSIGNMENTS OF THE**  **WORKSHOP** | **SCORES ATTAINED OUT OF TOTAL ATTAINABLE**  **SCORE** | **SIGNATURE OF FACILITATORS** | **SIGNATURE OF DIRECTOR OF ORIC**  **(NAME/STAMP)** |
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**4 JOURNAL CLUB MEETINGS ATTENDED BY RESIDENT AS AN OBSERVER DURING YR 2**

**SECTION- 3**

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| **JOURNAL CLUB MEETING #** | **DATE** | **TITLES OF THE ARTICLES PRESENTED IN THE JOURNAL CLUB MEETING** | **TITLE OF JOURNAL/ YEAR OF PUBLICATION** | **ANY QUESTION OR COMMENT MADE ON THE PRESENTATION BY THE**  **OBSERVER** | **SUPERVISOR’S SIGNATURE** | **HEAD OF DEPARTMENT’S SIGNATURE (NAME/STAMP)** |
| 1. |  | A.  B.  C. | A.  B.  C. | A.  B.  C. |  |  |
| 2. |  | A.  B.  C. | A.  B.  C. | A.  B.  C. |  |  |
| 3. |  | A.  B.  C. | A.  B.  C. | A.  B.  C. |  |  |
| 4. |  | A.  B.  C. | A.  B.  C. | A.  B.  C. |  |  |
| 5 |  | A.  B.  C. | A.  B.  C. | A.  B.  C. |  |  |

**2 JOURNAL CLUB MEETINGS ATTENDED BY RESIDENT AS A PRESENTER DURING YR 2**

**SECTION- 4**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Journal Club Meeting #** | **Date** | **Title Of The Article Presented By Resident In The Journal Club Meeting** | **Title Of Journal/ Year Of Publication** | **Reflection Of Two Senior Faculty Members On The Presentation** | **Senior Faculty Members Signature** | **Reflection Of The HOD On The Presentation And Scores Given Out Of**  **Attainable Total Score Of 25** | **Head Of Department’s Signature**  **(Name/Stamp)** |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |

**SIGNATURE OF THE DEAN OF SPECIALITY:**

**SIGNATURE (NAME/STAMP):**

**APPROVAL OF TOPIC OF RESEARCH PROPOSAL/SYNOPSIS FOR THESIS FORMULATED BY RESIDENT DURING YR 2:**

**\_-**

**SECTION- 5**

***TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS***

**APPROVAL OF THE TOPIC:**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF THE PERSON APPROVING THE**  **TOPIC OF SYNOPSIS** | **DESIGNATION OF THE PERSON**  **APPROVING THE TOPIC OF SYNOPSIS** | **SIGNATURES** | **STAMP/DATE** |
|  | *SUPERVISOR* |  |  |
|  | *HEAD OF DEPARTMENT* |  |  |
|  | *DEAN OF SPECILAITY* |  |  |
|  | *DIRECTOR ORIC* |  |  |
|  | *CO- CHAIRPERSON OF THE BOARD OF ADVANCED STUDIES & RESEARCH OF RMU* |  |  |

**SECTION- 6**

**COMPLETION OF RESEARCH PROPOSAL/SYNOPSIS FOR THESIS FORMULATED BY RESIDENT DURING YR 2 (TILL MONTH 8 OF YR 2):**

***TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS:***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SR #** | **DATE** | **ASPECTS OF THE SYNOPSIS/RESEARCH PROPOSAL REVIEWED** | **REFLECTION OF RESEARCH ASSOCIATES/DEPUTY DIRECTOR ORIC ON THE CONTENT & QUALITY OF**  **THE PROPOSAL** | **RESEARCH ASSOCIATES/DEPUTY DIRECTOR’S SIGNATURE** | **REFLECTION OF THE SUPERVISOR ON THE CONTENT & QUALITY OF THE PROPOSAL** | **SUPERVISOR’S SIGNATURE (NAME/STAMP)** |
| 1. |  | Introduction and rationale (with Vancouver/Harvard in text citations) |  |  |  |  |
| 2. |  | Research aim, purpose and objectives |  |  |  |  |
| 3 |  | Hypothesis, if required according to the study design. |  |  |  |  |
| 4 |  | Operational Definitions |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 5A |  | *Research Methodology:*  Setting |  |  |  |  |
| 5B |  | *Research Methodology:*  Study Population |  |  |  |  |
| 5C |  | *Research Methodology:*  Study Duration |  |  |  |  |
| 5D |  | *Research Methodology:*  Study Design |  |  |  |  |
| 5E |  | *Research Methodology:*  a) Sampling: (Sample size with statistical justifications, sampling technique, inclusion criteria & exclusion criteria) |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 5F |  | *Research Methodology:*  Data Collection technique/s |  |  |  |  |
| 5G |  | *Research Methodology:*  Data Collection tool/s |  |  |  |  |
| 5H |  | *Research Methodology:*  Data Collection procedure |  |  |  |  |
| 6 |  | Plan for Data entry & Analysis |  |  |  |  |
| 7 |  | Ethical Considerations |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| 8 |  | Work plan/Gantt chart |  |  |  |  |
| 9 |  | Budget with justifications |  |  |  |  |
| 10 |  | Reference list according to the Vancouver referencing style |  |  |  |  |
| 11 |  | Annexure *(including data collection tool or Performa, consent form, official letters, scales, scoring systems and/or any other relevant material)* |  |  |  |  |

**SECTION- 7**

**APPROVAL OF RESEARCH PROPOSAL/SYNOPSIS FOR THESIS FORMULATED BY RESIDENT DURING YR 2:**

***TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS:***

**APPROVAL OF THE SYNOPSIS/PROPOSAL:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE ON WHICH PROPOSAL WAS**  **PRESENTED** | **NAME OF THE PERSON APPROVING THE SYNOPSIS** | **DESIGNATION OF THE PERSON APPROVING THE SYNOPSIS** | **SIGNATURES** | **STAMP** |
|  |  | *SUPERVISOR* |  |  |
|  |  | *HEAD OF DEPARTMENT* |  |  |
|  |  | *DEAN OF SPECILAITY* |  |  |
|  |  | *DIRECTOR ORIC* |  |  |
|  |  | *CHAIRPERSON OF THE INSTITUTIONAL RESEARCH AND*  *ETHICS FORUM OF RMU* |  |  |
|  |  | *CO- CHAIRPERSON OF THE BOARD OF ADVANCED STUDIES*  *& RESEARCH OF RMU* |  |  |

**RECORD OF FORTNIGHTLY MEETINGS OF THE RESIDENT WITH THE SUPERVISOR IN YEAR 2**

**SECTION- 8**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SR #** | **DATE/VENUE**  **/DURATION OF MEETING** | **AGENDA AND OUTLINE OF THE MEETING (IN TERMS OF CONTENT, DISCUSSION POINTS)** | **ACTION POINTS AND SUPERVISOR’S REFLECTIONS** | **SUPERVISOR’S SIGNATURE (NAME/STAMP)** | **HEAD OF DEPARTMENT’S SIGNATURE**  **(NAME/STAMP)** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
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| **11** |  |  |  |  |  |
| **12** |  |  |  |  |  |
| **13** |  |  |  |  |  |

**RECORD OF RESIDENT’S TWO WEEK’S ROTATION AT ORIC DURING YR 2**

**SECTION- 9**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DAY #** | **DATE** | **ACTIVITY CARRIED OUT AT ORIC AND THE RESEARCH ASSOCIATE/ DEPUTY DIRECTOR**  **WHO SUPERVISED THE ACTIVITY** | **ORIC STAFF MEMBER’S**  **REFLECTIONS ON THE PERFORMANCE OF THE ACTIVITY** | **THE RESEARCH ASSOCIATE/ DEPUTY DIRECTOR SIGNATURE**  **(NAME/STAMP)** | **DIRECTOR ORIC’S SIGNATURE (NAME/STAMP)** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |

**ANY RESEARCH COURSE/WORKSHOP ATTENDED (ON OWN) BY THE RESIDENT DURING YEAR 2**

**SECTION- 10**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SR #** | **DATE/MONTH AND YEAR OF TRAINING COURSE/WORKSHOP** | **TITLE OF TRAINING COURSE/WORKSHOP** | **ORGANIZING INSTITUTION/COMPANY** | **DURATION OF COURSE IN DAYS/MODE OF**  **COURSE (online or**  **physically attended)** | **THE OBJECTIVES OR LEARNING OUTCOMES OF THE RESEARCH COURSE.** |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |
| **4.** |  |  |  |  |  |
| **5.** |  |  |  |  |  |

**SECTION- 11**

**RECORD OF LITERATURE REVIEW CONDUCTED BY THE RESIDENT IN YEAR 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SL #** | **TITLE OF THE LITERATURE REVIEWED** | **DATE/MONTH AND YEAR OF PUBLICATION** | **TITLE OF THE JOURNAL/BOOK** | **WAS IT AN ORIGINAL ARTICLE/SHORT COMMUNICATION/CASE STUDY/SYSTEMATIC REVIEW/META ANALYSIS/EDITORIAL/ANY OTHER**  **ACADEMIC (**e.g. reports, books, conference papers, THESISs, Research and program reports- published/  unpublished)**? PLEASE SPECIFY** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
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| **12.** |  |  |  |  |
| **13.** |  |  |  |  |
| **14.** |  |  |  |  |
| **15.** |  |  |  |  |
| **16.** |  |  |  |  |

**SECTION- 12**

**RECORD OF ANY MANUSCRIPT/RESEARCH PAPER FORMULATED BY THE RESIDENT IN YEAR 2**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SL #** | **TITLE OF THE MANUSCRIPT** | **IF SUBMITTED FOR PUBLICATION, DATE/MONTH AND YEAR OF PUBLICATION, IF PUBLISHED** | **TITLE OF THE JOURNAL** | **WAS IT REVIWED, MODIFIED, ACCEPTED OR REJECTED.**  **PLEASE SPECIFY** | **DIRECTOR ORIC’S SIGNATURE (NAME/STAMP)** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |

**OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY SUPERVISOR**

**SECTION- 13**

**OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY *BASR* (BOARD OF ADVANCED STUDIES AND RESEARCH)**

**SECTION- 13**

**SECTION- 13**

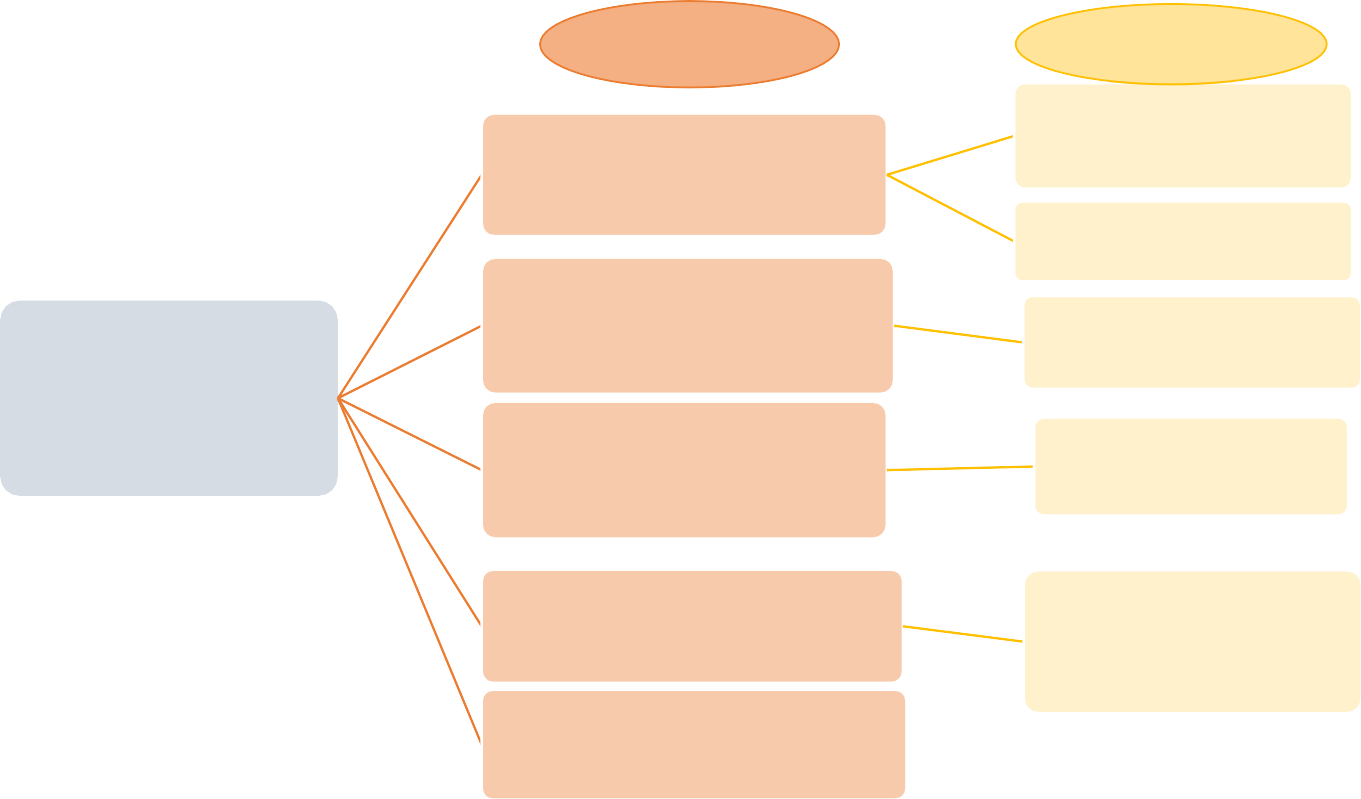
**OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY ORIC (OFFFICE OF RESEARCH INNOVATION AND COMMERCIALIZATION)**

**OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY DEPARTMENT OF MEDICAL EDUCATION (DME)**

**SECTION- 13**

## RESEARCH COURSE OF THIRD RESEARCH TRAINING YEAR

***R-Y3***



**ACTIVITIES**

**ASSESSMENTS**

**ATTENDING ATLEAST 5 OF TOTAL**

**OFFERED 10 ELECTIVE REFRESHER SHORT COURSES/WORKSHOPS**

**INDIVIDUAL & GROUP**

**EXERCISES**

**INDIVIDUAL ASSIGNMENTS**

**RESEARCH TRAINING YEAR**

**THREE**

**R-Y3**

**PARTICIPATION IN ATLEAST 5**

**JOURNAL CLUB SESSIONS INCLUDING 1 PRESENTATION**

**QUALITATIVE ASSESSMENT**

**ONLY**

**DATA COLLECTION, ENTRY AND**

**ANALYSIS OF RESEARCH PROJECT OF DISSERTATION**

**ASSESSMENT BY**

**SUPERVISOR &**

**STATISTICIAN OF ORIC**

**INITIATION OF WRITE UP OF**

**LITERATURE REVIEW FOR DISSERTATION**

**ASSESSMENT BY**

**SUPERVISOR AND PUBLICATION INCHARGE OF ORIC**

**1 WEEK ROTATION AT ORIC**

**SECTION- 1**

**10 ELECTIVE RESEARCH WORKSHOPS TO BE OFFERED DURING YEAR 3**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE & VENUE & DURATION OF WORKSHOP** | **TITLE OF ELECTIVE WORKSHOPS ATTENDED** | **NAMES AND SIGNATURES OF FACILITATORS OF EACH WORKSHOP** | **FACILITATOR’S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE MODULE** | **SIGNATURE OF DIRECTOR OF ORIC**  **(NAME/STAMP)** |
|  | End note referencing manager |  |  |  |
|  | Mendeley referencing manager |  |  |  |
|  | Effective write up of Literature review |  |  |  |
|  | Data entry in Statistical Package of Social Sciences |  |  |  |
|  | Graphical presentation of data in Microsoft Excel |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Univariate, Bivariate and Multivariate analysis in Statistical Package of Social Sciences |  |  |  |
|  | Effectively writing up of a THESIS. |  |  |  |
|  | Research article write up |  |  |  |
|  | Critical appraisal of research |  |  |  |
|  | How to Present Research through power-point or posters |  |  |  |

**INDIVIDUAL AND GROUP (HOME TASK) ASSIGNMENTS OF THE RESIDENTS 3 REGARDING ADVANCED RESEARCH METHODOLOGY WORKSHOP**

**SECTION- 2**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ASSIGN MENT’S NUMBER** | **TITLE OF WORKSHOP** | **DATE OF SUBMISSION:** | **ORIGINALITY SCORE OF ASSIGNMENT IN TURN-IT–IN PLAGIARISM DETECTION SOFT WARE** | **FACILITATOR’S REFLECTION ON CORRECTNESS, COMPLETION AND QUALITY OF INDIVIDUAL OR GROUP ASSIGNMENTS OF**  **THE WORKSHOP** | **SIGNATURE OF FACILITATORS** | **SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)** |
|  |  |  |  |  |  |  |
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**5 JOURNAL CLUB MEETINGS ATTENDED BY RESIDENT AS AN OBSERVER DURING YR 3**

**SECTION- 3**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **JOURNAL CLUB MEETING #** | **DATE** | **TITLES OF THE ARTICLES PRESENTED IN THE JOURNAL CLUB MEETING** | **TITLE OF JOURNAL/ YEAR OF PUBLICATION** | **ANY QUESTION OR COMMENT MADE ON THE PRESENTATION BY THE**  **OBSERVER** | **SUPERVISOR’S SIGNATURE** | **HEAD OF DEPARTMENT’S SIGNATURE (NAME/STAMP)** |
| 1. |  | A.  B.  C. | A.  B.  C. | A.  B.  C. |  |  |
| 2. |  | A.  B.  C. | A.  B.  C. | A.  B.  C. |  |  |
| 3. |  | A.  B.  C. | A.  B.  C. | A.  B.  C. |  |  |
| 4. |  | A.  B.  C. | A.  B.  C. | A.  B.  C. |  |  |
| 5. |  | A.  B.  C. | A.  B.  C. | A.  B.  C. |  |  |

**1 JOURNAL CLUB MEETING ATTENDED BY RESIDENT AS AN PRESENTER DURING YR 3**

**SECTION- 4**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **JOURNAL CLUB MEETING #** | **DATE** | **TITLE OF THE ARTICLE PRESENTED BY RESIDENT IN THE JOURNAL CLUB MEETING** | **TITLE OF JOURNAL/ YEAR OF PUBLICATION** | **REFLECTION OF TWO SENIOR FACULTY MEMBERS ON THE PRESENTATION** | **SENIOR FACULTY MEMBERS SIGNATURE** | **REFLECTION OF THE HOD ON THE PRESENTATION AND SCORES GIVEN OUT OF ATTAINABLE TOTAL**  **SCORE OF 25** | **HEAD OF DEPARTMENT’S SIGNATURE (NAME/STAMP)** |
| 1. |  |  |  |  |  |  |  |

**SIGNATURE OF THE DEAN OF SPECIALITY:**

**(NAME/STAMP):**

**SECTION- 5**

**CONFIRMATION OF COMPLETENESS OF DATA COLLECTION OF THE OF RESEARCH PROJECT FOR THESIS BY RESIDENT DURING YR 3:**

***TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS:***

**CONFIRMATION OF COMPLETENESS OF DATA COLLECTION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF THE PERSON CONFIRMING** | **DESIGNATION OF THE PERSON**  **CONFIRMING** | **SIGNATURES** | **STAMP/DATE** |
|  | *SUPERVISOR* |  |  |
|  | *HEAD OF DEPARTMENT* |  |  |
|  | *STATISTICIAN AT ORIC* |  |  |
|  | *DIRECTOR ORIC* |  |  |

**RECORD OF FORTNIGHTLY MEETINGS OF THE RESIDENT WITH THE SUPERVISOR IN YEAR 3**

**SECTION- 6**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SR #** | **DATE/VENUE**  **/DURATION OF**  **MEETING** | **AGENDA AND OUTLINE OF THE MEETING (IN TERMS OF CONTENT, DISCUSSION**  **POINTS)** | **ACTION POINTS AND**  **SUPERVISOR’S REFLECTIONS** | **SUPERVISOR’S**  **SIGNATURE (NAME/STAMP)** | **HEAD OF DEPARTMENT’S SIGNATURE**  **(NAME/STAMP)** |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
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| **14.** |  |  |  |  |  |
| **15.** |  |  |  |  |  |
| **16.** |  |  |  |  |  |
| **17.** |  |  |  |  |  |

**RECORD OF RESIDENT’S ONE WEEK’S ROTATION AT ORIC DURING YR 3**

**SECTION- 7**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DAY #** | **DATE** | **ACTIVITY CARRIED OUT AT ORIC AND THE RESEARCH ASSOCIATE/ STATISTICIAN/DEPUTY DIRECTOR WHO**  **SUPERVISED THE ACTIVITY** | **ORIC STAFF MEMBER’S REFLECTIONS ON THE PERFORMANCE OF THE ACTIVITY** | **THE RESEARCH ASSOCIATE/ DEPUTY DIRECTOR SIGNATURE (NAME/STAMP)** | **DIRECTOR ORIC’S SIGNATURE (NAME/STAMP)** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
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**SECTION- 8**

**ANY RESEARCH COURSE COURSE/WORKSHOP ATTENDED (ON OWN) BY THE RESIDENT DURING YEAR 3**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SL #** | **DATE/MONTH AND YEAR OF TRAINING COURSE/WORKSHOP** | **TITLE OF TRAINING COURSE/WORKSHOP** | **ORGANIZING INSTITUTION/COMPANY** | **DURATION OF COURSE IN DAYS/MODE OF**  **COURSE (online**  **or physically attended)** | **THE OBJECTIVES OR LEARNING OUTCOMES OF THE RESEARCH COURSE.** |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |
| **4.** |  |  |  |  |  |
| **5** |  |  |  |  |  |

**RECORD OF LITERATURE REVIEW CONDUCTED BY THE RESIDENT IN YEAR 3**

**SECTION- 9**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SR #** | **TITLE OF THE LITERATURE REVIEWED** | **DATE/MONTH AND YEAR OF PUBLICATION** | **TITLE OF THE JOURNAL/BOOK** | **WAS IT AN ORIGINAL ARTICLE/SHORT COMMUNICATION/CASE STUDY/SYSTEMATIC REVIEW/META ANALYSIS/EDITORIAL/ANY OTHER**  **ACADEMIC (**e.g. reports, books, conference papers, THESISs, Research and program reports- published/ unpublished)**?**  **PLEASE SPECIFY** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
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| **22.** |  |  |  |  |
| **23.** |  |  |  |  |
| **24.** |  |  |  |  |
| **25.** |  |  |  |  |

**SECTION- 10**

**RECORD OF ANY MANUSCRIPT/RESEARCH PAPER FORMULATED BY THE RESIDENT IN YEAR 3**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SR #** | **TITLE OF THE MANUSCRIPT** | **IF SUBMITTED FOR PUBLICATION, DATE/MONTH AND YEAR OF PUBLICATION, IF PUBLISHED** | **TITLE OF THE JOURNAL** | **WAS IT REVIWED, MODIFIED, ACCEPTED OR REJECTED.**  **PLEASE SPECIFY** | **DIRECTOR ORIC’S SIGNATURE (NAME/STAMP)** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |

**OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY SUPERVISOR**

**SECTION- 11**

**OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY *BASR* (BOARD OF ADVANCED STUDIES AND RESEARCH)**

**SECTION- 11**

**SECTION- 11**

**OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY ORIC (OFFFICE OF RESEARCH INNOVATION AND COMMERCIALIZATION)**

**OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY DEPARTMENT OF MEDICAL EDUCATION (DME)**

**SECTION- 11**

## RESEARCH COURSE OF FOURTH RESEARCH TRAINING YEAR

***R-Y4***

**NO QUANTITATIVE ASSESSMENT**

**1 WEEK ROTATION AT ORIC**

**PARTICIPATION IN ATLEAST 5 JOURNAL CLUB SESSIONS**

**ASSESSMENT BY SUPERVISOR & STATISTICIAN OF ORIC**

**COMPLETION OF DATA ANALYSIS AND ITS WRITE UP TILL END OF R-Y4**

**RESEARCH TRAINING YEAR FIVE**

**ASSESSMENT BY SUPERVISOR & PUBLICATION INCHARGE OF ORIC**

**COMPLETION OF INTRODUCTION AND LITERATURE REVIEW OF DISSERTATION WITHIN FIRST 6 MONTHS OF R-Y4**

**SECTION- 1**

### 5 JOURNAL CLUB MEETINGS ATTENDED BY RESIDENT AS AN OBSERVER DURING YR 4

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **JOURNAL CLUB MEETING #** | **DATE** | **TITLES OF THE ARTICLES PRESENTED IN THE JOURNAL CLUB MEETING** | **TITLE OF JOURNAL/ YEAR OF PUBLICATION** | **ANY QUESTION OR COMMENT MADE ON THE PRESENTATION BY THE**  **OBSERVER** | **SUPERVISOR’S SIGNATURE** | **HEAD OF DEPARTMENT’S SIGNATURE (NAME/STAMP)** |
| 1. |  | A.  B.  C. | A.  B.  C. | A.  B.  C. |  |  |
| 2. |  | A.  B.  C. | A.  B.  C. | A.  B.  C. |  |  |
| 3. |  | A.  B.  C. | A.  B.  C. | A.  B.  C. |  |  |
| 4. |  | A.  B.  C. | A.  B.  C. | A.  B.  C. |  |  |
| 5. |  | A.  B.  C. | A.  B.  C. | A.  B.  C. |  |  |

**SECTION- 2**

##### CONFIRMATION OF COMPLETENESS OF WRITE UP OF INTRODUCTION OF RESEARCH PROJECT FOR THESIS BY RESIDENT TILL 6th MONTH OF YR 4:

***TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS:***

**CONFIRMATION OF COMPLETENESS OF INTRODUCTION OF RESEARCH PROJECT FOR THESIS BY RESIDENT TILL 3RD MONTH OF YR 4:**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF THE PERSON CONFIRMING** | **DESIGNATION OF THE PERSON**  **CONFIRMING** | **SIGNATURES** | **STAMP/DATE** |
|  | *SUPERVISOR* |  |  |
|  | *HEAD OF DEPARTMENT* |  |  |
|  | *RESEARCH ASSOCIATE/DEPUTY*  *DIRECTOR AT ORIC* |  |  |
|  | *DIRECTOR ORIC* |  |  |

**SECTION- 3**

**CONFIRMATION OF COMPLETENESS OF DATA ANALYSIS & WRITE UP OF RESULTS OF RESEARCH PROJECT FOR THESIS BY RESIDENT TILL END OF YR 4:**

***TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS:***

**CONFIRMATION OF COMPLETENESS OF DATA ANALYSIS & WRITE UP OF RESULTS OF RESEARCH PROJECT FOR THESIS BY RESIDENT TILL 4TH MONTH OF YR 4**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF THE PERSON CONFIRMING** | **DESIGNATION OF THE PERSON**  **CONFIRMING** | **SIGNATURES** | **STAMP/DATE** |
|  | *SUPERVISOR* |  |  |
|  | *HEAD OF DEPARTMENT* |  |  |
|  | *RESEARCH ASSOCIATE/DEPUTY*  *DIRECTOR AT ORIC* |  |  |
|  | *STATISTICIAN AT ORIC* |  |  |
|  | *DIRECTOR ORIC* |  |  |

**RECORD OF FORTNIGHTLY MEETINGS OF THE RESIDENT WITH THE SUPERVISOR IN YEAR 4**

**SECTION- 4**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SR #** | **DATE/VENUE**  **/DURATION OF**  **MEETING** | **AGENDA AND OUTLINE OF THE MEETING (IN TERMS OF CONTENT, DISCUSSION**  **POINTS)** | **ACTION POINTS AND**  **SUPERVISOR’S REFLECTIONS** | **SUPERVISOR’S**  **SIGNATURE (NAME/STAMP)** | **HEAD OF DEPARTMENT’S**  **SIGNATURE (NAME/STAMP)** |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |
| **4.** |  |  |  |  |  |
| **5.** |  |  |  |  |  |
| **6.** |  |  |  |  |  |
| **7.** |  |  |  |  |  |
| **8.** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **9.** |  |  |  |  |  |
| **10.** |  |  |  |  |  |
| **11.** |  |  |  |  |  |
| **12.** |  |  |  |  |  |
| **13.** |  |  |  |  |  |
| **14.** |  |  |  |  |  |
| **15.** |  |  |  |  |  |
| **16.** |  |  |  |  |  |
| **17.** |  |  |  |  |  |

**SECTION- 5**

**RECORD OF RESIDENT’S ONE WEEK’S ROTATION AT ORIC DURING YR 4**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DAY #** | **DATE** | **ACTIVITY CARRIED OUT AT ORIC AND THE RESEARCH ASSOCIATE/ STATISTICIAN/DEPUTY DIRECTOR WHO**  **SUPERVISED THE ACTIVITY** | **ORIC STAFF MEMBER’S REFLECTIONS ON THE PERFORMANCE OF THE ACTIVITY** | **THE RESEARCH ASSOCIATE/ DEPUTY DIRECTOR SIGNATURE (NAME/STAMP)** | **DIRECTOR ORIC’S SIGNATURE (NAME/STAMP)** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |

**SECTION- 6**

**ANY RESEARCH COURSE COURSE/WORKSHOP ATTENDED (ON OWN) BY THE RESIDENT DURING YEAR 4**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SL #** | **DATE/MONTH AND YEAR OF TRAINING COURSE/WORKSHOP** | **TITLE OF TRAINING COURSE/WORKSHOP** | **ORGANIZING INSTITUTION/COMPANY** | **DURATION OF COURSE IN DAYS/MODE OF COURSE**  **(online or physically**  **attended)** | **THE OBJECTIVES OR LEARNING OUTCOMES OF THE RESEARCH COURSE.** |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |
| **4.** |  |  |  |  |  |
| **5.** |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION- 7** | | | **RECORD OF LITERATURE REVIEW CONDUCTED BY THE RESIDENT IN YEAR 4** | | | |
|  | **SR #** | **TITLE OF THE LITERATURE REVIEWED** | | **DATE/MONTH AND YEAR OF PUBLICATION** | **TITLE OF THE JOURNAL/BOOK** | **WAS IT AN ORIGINAL ARTICLE/SHORT COMMUNICATION/CASE STUDY/SYSTEMATIC REVIEW/META ANALYSIS/EDITORIAL/ANY**  **OTHER ACADEMIC (**e.g. reports, books, conference papers, THESISs, Research and program reports- published/ unpublished)**? PLEASE**  **SPECIFY** |
| **1.** |  | |  |  |  |
| **2.** |  | |  |  |  |
| **3.** |  | |  |  |  |
| **4.** |  | |  |  |  |
| **5.** |  | |  |  |  |
| **6.** |  | |  |  |  |

**RECORD OF ANY MANUSCRIPT/RESEARCH PAPER FORMULATED BY THE RESIDENT IN YEAR 4**

**SECTION- 8**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SR #** | **TITLE OF THE MANUSCRIPT** | **IF SUBMITTED FOR PUBLICATION, DATE/MONTH AND YEAR OF PUBLICATION, IF PUBLISHED** | **TITLE OF THE JOURNAL** | **WAS IT REVIWED, MODIFIED, ACCEPTED OR REJECTED.**  **PLEASE SPECIFY** | **DIRECTOR ORIC’S SIGNATURE (NAME/STAMP)** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |

## RESEARCH COURSE OF FIFTH RESEARCH TRAINING YEAR

***R-Y5***

**1 WEEK ROTATION AT ORIC**

**PARTICIPATION IN ATLEAST 5 JOURNAL CLUB SESSIONS**

**FINAL EVALUATION BY EXAMINATION BODY**

**FINAL SUBMISSION OF DISSERTATION TO DEGREE AWARDING INSTITUTION TILL SIXTH MONTH OF R-Y5**

**ASSESSMENT BY SUPERVISOR, PUBLICATION INCHARGE OF ORIC AND HOD**

**COMPLETION OF DISSERTATION AND SUBMISSION TO SUPERVISOR & HOD FOR FINAL REVIEW TILL THIRD MONTH OF R-Y5**

**RESEARCH TRAINING YEAR FIVE**

**SECTION- 1**

### 5 JOURNAL CLUB MEETINGS ATTENDED BY RESIDENT AS AN OBSERVER DURING YR 4

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **JOURNAL CLUB MEETING #** | **DATE** | **TITLES OF THE ARTICLES PRESENTED IN THE JOURNAL CLUB MEETING** | **TITLE OF JOURNAL/ YEAR OF PUBLICATION** | **ANY QUESTION OR COMMENT MADE ON THE PRESENTATION BY THE**  **OBSERVER** | **SUPERVISOR’S SIGNATURE** | **HEAD OF DEPARTMENT’S SIGNATURE (NAME/STAMP)** |
| 1. |  | A.  B.  C. | A.  B.  C. | A.  B.  C. |  |  |
| 2. |  | A.  B.  C. | A.  B.  C. | A.  B.  C. |  |  |
| 3. |  | A.  B.  C. | A.  B.  C. | A.  B.  C. |  |  |
| 4. |  | A.  B.  C. | A.  B.  C. | A.  B.  C. |  |  |
| 5. |  | A.  B.  C. | A.  B.  C. | A.  B.  C. |  |  |

**SECTION- 2**

**CONFIRMATIONS OF COMPLETENESS OF THESIS WRITE UP BY RESIDENT TILL 3rd MONTH OF YR 5:**

***TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS:***

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF THE PERSON CONFIRMING** | **DESIGNATION OF THE PERSON**  **CONFIRMING** | **SIGNATURES** | **STAMP/DATE** |
|  | *SUPERVISOR* |  |  |
|  | *HEAD OF DEPARTMENT* |  |  |
|  | *RESEARCH ASSOCIATE/DEPUTY*  *DIRECTOR AT ORIC* |  |  |
|  | *STATISTICIAN AT ORIC* |  |  |
|  | *DIRECTOR ORIC* |  |  |

**SECTION- 3**

**CONFIRMATION OF SUBMISSION OF COMPLETED THESIS BY RESIDENT TILL 6TH MONTH OF YR :**

***TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS:***

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF THE PERSON CONFIRMING** | **DESIGNATION OF THE PERSON**  **CONFIRMING** | **SIGNATURES** | **STAMP/DATE** |
|  | *SUPERVISOR* |  |  |
|  | *HEAD OF DEPARTMENT* |  |  |
|  | *RESEARCH ASSOCIATE/DEPUTY*  *DIRECTOR AT ORIC* |  |  |
|  | *DIRECTOR ORIC* |  |  |
|  | *CHAIRPERSON OF BOARD OF ADVANCED STUDIES & RESEARCH*  *(BASR)OF RMU* |  |  |

**SECTION- 4**

**RECORD OF RESIDENT’S ONE WEEK’S ROTATION AT ORIC DURING YR 5**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DAY #** | **DATE** | **ACTIVITY CARRIED OUT AT ORIC AND THE RESEARCH ASSOCIATE/ STATISTICIAN/DEPUTY DIRECTOR WHO**  **SUPERVISED THE ACTIVITY** | **ORIC STAFF MEMBER’S REFLECTIONS ON THE PERFORMANCE OF THE ACTIVITY** | **THE RESEARCH ASSOCIATE/ DEPUTY DIRECTOR SIGNATURE (NAME/STAMP)** | **DIRECTOR ORIC’S SIGNATURE (NAME/STAMP)** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION- 5** | | **RECORD OF LITERATURE REVIEW CONDUCTED BY THE RESIDENT IN YEAR 5** | | | | |
| **SR #** | **TITLE OF THE LITERATURE REVIEWED** | | **DATE/MONTH AND YEAR OF PUBLICATION** | **TITLE OF THE JOURNAL/BOOK** | **WAS IT AN ORIGINAL ARTICLE/SHORT COMMUNICATION/CASE STUDY/SYSTEMATIC REVIEW/META ANALYSIS/EDITORIAL/ANY**  **OTHER ACADEMIC (**e.g. reports, books, conference papers, THESISs, Research and program reports- published/ unpublished)**? PLEASE**  **SPECIFY** |
| **1.** |  | |  |  |  |
| **2.** |  | |  |  |  |
| **3.** |  | |  |  |  |
| **4.** |  | |  |  |  |
| **5.** |  | |  |  |  |
| **6.** |  | |  |  |  |

**OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY SUPERVISOR**

**SECTION- 6**

**OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY *BASR* (BOARD OF ADVANCED STUDIES AND RESEARCH)**

**SECTION- 7**

**SECTION- 8**

**OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY ORIC (OFFFICE OF RESEARCH INNOVATION AND COMMERCIALIZATION)**

**OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY DEPARTMENT OF MEDICAL EDUCATION (DME)**

**SECTION- 9**