



# **SRI MUTHUKUMARAN**

## **MEDICAL COLLEGE HOSPITAL & RESEARCH INSTITUTE**

Chikkarayapuram, Near Mangadu, Chennai - 600069

Affiliated to the TamilNadu Dr. M.G.R. Medical University



# **MBBS COURSE**

## **LOG BOOK FOR C.R.M.I**



**SRI MUTHUKUMARAN**

**MEDICAL COLLEGE HOSPITAL & RESEARCH INSTITUTE**

**Chikkarapuram, Near Mangadu, Chennai - 600069**

**Affiliated to the TamilNaduDr.M.G.R. Medical University**

**COMPULSORY ROTATING MEDICAL INTERNSHIP**

**LOGBOOK**



**SRI MUTHUKUMARAN  
MEDICAL COLLEGE HOSPITAL & RESEARCH INSTITUTE**

Chikkarapuram, Near Mangadu, Chennai - 600069  
Affiliated to the TamilNaduDr.M.G.R. Medical University

**COMPULSORY ROTATING MEDICAL INTERNSHIP  
LOGBOOK**



*[Signature]*  
**DEAN**  
SRI MUTHUKUMARAN MEDICAL COLLEGE  
HOSPITAL & RESEARCH INSTITUTE  
Chikkarayapuram, Near Mangadu,  
Chennai-600 069.

Name : RESHMA .T.S  
Phone Number : 9080521006  
Email Address : tsreshma333@gmail.com  
Batch : 2017 - 2023  
Provisional Reg.No : 21955  
Year : 2023  
Period from : 06/06/2022 To 05/06/2023

Name: PESHMA-T.S ..... Compulsory Rotating Medical Internship Dept: GENERAL MEDICINE

Table : Certifiable Procedural Skills:

Procedural Skill	Date of completion	Rating- Below (B) expectations. Meets (M) expectations Exceeds (E) expectations	Decision of Mentor Completed (C) Repeat (R) Remedial (Re)	Initial of Mentor and date	Feedback Received Initial of learner
Perform, analyze, and interpret pulmonary function (e.g. FVC, FEV1, PFT)(O)	29/02/23	M	C	PESHMA	P
Perform analyze & interpret measurements of cardiac and vascular function (eg. HR, BP, ECG) (D)	26/02/23	M	C		P
Interpret blood parameters (eg. Hematocrit red blood cell count, lactate, glucose) (1)	05/03/23	M	C		P
Perform, analyze, and interpret CNS function (e.g. nerve conduction velocity, EMG, cranial nerve examination) (D)	26/02/23	M	C		P
Writing a prescription (D)	17/02/23	M	C		P
Audit of a given prescription (D)	17/02/23	M	C		P
Recognize an adverse drug reaction (1)	18/02/23	M	C		P
Be able to prepare a list of essential drugs for a healthcare facility	07/02/23	M	C		P

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Chennai-600 069.

Name: RESHMA.T.S ..... Compulsory Rotating Medical Internship Dept: GENERAL MEDICINE

Table : Certifiable Procedural Skills:

Procedural Skill	Date of completion	Rating- Below (B) expectations. Meets (M) expectations Exceeds (E) expectations	Decision of Mentor Completed (C) Repeat (R) Remedial (Re)	Initial of Mentor and date	Feedback Received Initial of learner
Venipuncture (I)	27/12/22	M	C		
Bedside urine analysis (D)	03/03/23	M	C		
Intramuscular injection (T)	10/02/23	M	C		
Intradermal injection (D)	04/02/23	M	C		
Subcutaneous injection (I)	02/03/23	M	C		
Intra Venous (IV) injection (I)	02/08/23	M	C		
Setting up IV infusion and calculating drip rate (I)	20/02/23	M	C		
Blood transfusion (O)	19/02/23	M	C		
Peripheral blood smear interpretation (I)	22/02/23	M	C		

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 Chennai-600 069.

Name: RESHMA.T.S ..... Compulsory Rotating Medical Internship Dept: COMMUNITY MEDICINE

**Table: Certifiable Procedural Skills:**

Procedural Skill	Date of completion	Rating- Below (B) expectations. Meets (M) expectations Exceeds (E) expectations	Decision of Mentor Completed (C) Repeat (R) Remedial (Re)	Initial of Mentor and date	Feedback Received Initial of learner
Segregation and disposal of sharps, plastics, OT material, HIV/ HBsAg IICV corona virus infected material (0)	14/03/23	M	C	aw	good P

Strengths	Any remedial training needed (if yes state the reason)
Comments-	

- 1- Independently performed on patients.
- O- Observed in patients or on simulations,
- D- Demonstration on patients or simulations and performance under supervision in patients

**Certification of Skills:**

Certified that Ms. RESHMA.T.S ..... worked under me from 6/3/2023 to 26/03/2023 and Observed Demonstrated Assisted Performed under Supervision/ Performed Independently the above-mentioned Procedural Skills satisfactorily.

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 Chennai-600 069.

aw  
 Signature of Mentor  
 Name \_\_\_\_\_  
**With Date and Seal**  
**MEDICAL OFFICER**  
 Rural Health Training Centre  
 Amarambada  
 Attached to SMCH&RI

**Table: Certifiable Procedural Skills:**

Procedural Skill	Date of completion	Rating- Below (B) expectations. Meets (M) expectations Exceeds (E) expectations	Decision of Mentor Completed (C) Repeat (R) Remedial (Re)	Initial of Mentor and date	Feedback Received Initial of learner
Basic suturing (I)	04/09/22	M	C	[Signature]	[Signature]
Basic wound care (I)	01/10/22	M	C		[Signature]
Basic bandaging (I)	05/10/22	M	C		[Signature]
Incision and drainage of superficial abscess (I)	26/09/22	M	C		[Signature]
Early management of trauma (I) and trauma life support (D)	21/10/22	M	C		31/10/23
Segregation and disposal of sharps, plastics, OT material, H1V HBsAg H1CV/corona virus infected material (O)	21/09/22	M	C		[Signature]
Strengths	Any remedial training needed (if yes state the reason)				
Comments-					

- 1- Independently performed on patients,
- O- Observed in patients or on simulations,
- D-Demonstration on patients or simulations and performance under supervision in patients

**Certification of Skills:**

Certified that Ms. RESHMA.T.S ..... worked under me from 5/9/22 to 16/10/22 and Observed Demonstrated Assisted Performed under Supervision/ Performed Independently the above-mentioned Procedural Skills satisfactorily.

  
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 Chennai-600 069.

  
**Signature of Mentor**  
 Name \_\_\_\_\_  
 With Date and Seal  
**DR. S. RAJASEKAR M.S**  
 Reg. No. 75289

Name: RESHMA.T.S ..... Compulsory Rotating Medical Internship Dept: OB-GYN

**Table: Certifiable Procedural Skills:**

Procedural Skill	Date of completion	Rating Below (B) Meets (M) Exceeds (E) expectations	Decision of Mentor Completed (C) Repeat (R) Remedial (Re)	Initial of Mentor and date	Feedba ck Receive d Initial of learner
Obstetric examination (I)	19/10/22	M	C		P
Episiotomy (I)	28/11/22	M	C		P
Normal labour and delivery (including partogram) (I)	19/11/22	M	C		P
Per Speculum (PS) and Per Vaginal (PV) examination (I)	14/11/22	M	C		P
Visual Inspection of Cervix with Acetic Acid (VIA) (O)	28/10/22	M	C	5/16/22	P
Pap Smear sample collection & interpretation (I)	25/10/22	M	C		P
Intra-Uterine Contraceptive Device (IUCD) insertion & removal (I)	04/12/22	M	C		P
Strengths	Any remedial training needed (if yes state the reason)				
Comments					

- I - Independently performed on patients,
- O - Observed in patients or on simulations,
- D - Demonstration on patients or simulations and performance under supervision in patients

**Certification of skills.**

Certified that Ms./Mr. RESHMA.T.S worked under me from 17/10/22 to 4/12/22 and Observed / Demonstrated / Assisted / Performed under Supervision / Performed Independently the above- mentioned Procedural Skills satisfactorily.

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Signature of Mentor  
Name: DR. C. SURESH KARNAL  
With date & Seal  
5/16/2023  
Assistant Professor, OBG Dept.  
SMICPRI, CHENNAI (Regd No. 30024)



Name: RESHMA .T.S Compulsory Rotating Medical Internship Dept: PAEDIATRICS

**Table: Certifiable Procedural Skills:**

Procedural Skill	Date of completion	Rating Below (B) Meets (M) exceeds (E) expectations	Decision of Mentor Completed (C) Repeat (R) Remedial (Re)	Initial of Mentor and date	Feedback Received Initial of learner
Neonatal resuscitation (D)	22/12/22	M	C	<del>Signature</del>	<del>P</del>
Setting up Pediatric IV infusion and calculating drip rate (I)	07/12/22	M	C	<del>Signature</del>	<del>P</del>
Setting up Pediatric Intraosseous line (O)	10/12/22	M	C	<del>Signature</del>	<del>P</del>
Strengths	Any remedial training needed (if yes state the reason)				
Comments					

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**Certification of skills.**

Certified that Ms./Mr. RESHMA .T.S worked under me from 05/12/2022 to 25/12/2022 and Observed / Demonstrated / Assisted / Performed under Supervision / Performed Independently the above- mentioned Procedural Skills satisfactorily.

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Signature of Mentor  
 Name [Signature]  
 With date & Seal

**DR.S.VEEARAGHAVAN, MD**  
 Reg No.: 118699

Name: RESHMA T.S Compulsory Rotating Medical Internship Dept: ORTHOPAEDICS, PM & R

**Table: Certifiable Procedural Skills:**

Procedural Skill	Date of completion	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations	Decision of Mentor Completed (C) Repeat (R) Remedial (Re)	Initial of Mentor and date	Feedback Received Initial of learner
Application of basic splints and slings (I)	28/8/22	M	C	} <i>mil</i>	<i>P</i>
Basic fracture and dislocation management (O)	29/8/22	M	C		<i>P</i>
Compression bandage (I)	1/9/22	M	C		<i>P</i>
Strengths	Any remedial training needed (if yes state the reason)				
Comments					

- I – Independently performed on patients,
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- D – Demonstration on patients or simulations and performance under supervision in patients

**Certification of skills.**

Certified that Ms./Mr. RESHMA T.S worked under me from 28/8/22 to 4/9/22 and Observed / Demonstrated / Assisted / Performed under Supervision / Performed Independently the above- mentioned Procedural Skills satisfactorily.

*[Signature]*  
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 Chikkarayapuram, Near Mangadu,  
 Chennai-600 069.

*[Signature]*  
 Signature of Mentor  
 Name Dr. Gurinath M  
 With date & Seal

Name: RESHMA T.S Compulsory Rotating Medical Internship Dept: OPHTHALMOLOGY

**Table: Certifiable Procedural Skills:**

Procedural Skill	Date of completion	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations	Decision of Mentor Completed (C) Repeat (R) Remedial (Re)	Initial of Mentor and date	Feedback Received Initial of learner
Visual acuity testing (I)	08/8/22	E	C	H 8/8/22	D
Digital tonometry (D)	09/8/22	E	C	H 9/8/22	D
Indirect ophthalmoscopy (O)	11/8/22	M	C	H 11/8/22	D
Epilation (O)	18/8/22	M	C	H 18/8/22	D
Eye irrigation (I)	16/8/22	M	C	H 16/8/22	D
Instillation of eye medication (I)	12/8/22	E	C	H 12/8/22	D
Ocular bandaging (I)	10/8/22	M	C	H 10/8/22	D
Strengths	Any remedial training needed (if yes state the reason)				
Comments					

- I - Independently performed on patients,
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- D - Demonstration on patients or simulations and performance under supervision in patients

**Certification of skills.**

Certified that Ms./Mr. RESHMA T.S worked under me from 08/08/22 to 21/08/22 and Observed / Demonstrated / Assisted / Performed under Supervision / Performed Independently the above- mentioned Procedural Skills satisfactorily.



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 Chikkarayapuram, Near Mangadu,  
 Chennai-600 069.

  
 Signature of Mentor  
 Name \_\_\_\_\_

With date & Seal  
**DEPARTMENT OF OPHTHALMOLOGY**  
 Sri Muthukumaran Medical College Hospital &  
 Research Institute  
 Chikkarayapuram, Near Mangadu, Chennai - 600 069

Name: RESHMA .T.S .....Compulsory Rotating Medical Internship Dept: E.N.T.....

**Table: Certifiable Procedural Skills:**

Procedural Skill	Date of completion	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations	Decision of Mentor Completed (C) Repeat (R) Remedial (Re)	Initial of Mentor and date	Feedback Received Initial of learner
Anterior nasal packing(D)	30/6/22	M	C		Good
Otoscopy (I)	2/7/22	M	C		Good
Strengths		Any remedial training needed (if yes state the reason)			
Comments					

- I – Independently performed on patients,
- O – Observed in patients or on simulations,
- D – Demonstration on patients or simulations and performance under supervision in patients

**Certification of skills.**

Certified that Ms./Mr. RESHMA .T.S worked under me from 27/06/22 to 10/07/22 and

Observed / Demonstrated / Assisted / Performed under Supervision / Performed Independently the above- mentioned Procedural Skills satisfactorily.

  
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 Chennai-600 069.

  
**Signature of Mentor**  
 Name \_\_\_\_\_  
 With date & Seal

**Dr. L. HARIBALAN, DNB (ENT)**  
 Reg. No: 98307

Name: RESHMA.T.S Compulsory Rotating Medical Internship Dept: DERMATOLOGY


Table: Certifiable Procedural Skills:

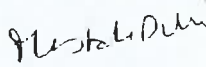
Procedural Skill	Date of completion	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations	Decision of Mentor Completed (C) Repeat (R) Remedial (Re)	Initial of Mentor and date	Feedback Received Initial of learner
Slit skin smear for leprosy(O)	22/06/22	M	C	MD	D
Gram's-stained smear interpretation (I)	20/06/22	M	C	MD	D
Skin hiopsy (O)	23/06/22	M	C	MD	D
KOH examination of scrapings for fungus (D)	25/06/22	M	C	MD	D
Dark ground illumination(O)	21/06/22	M	C	MD	D
Tissue smear (O)	24/06/22	M	C	MD	D
Cautery - Chemical and electrical (O)	26/06/22	M	C	MD	D
Strengths	Any remedial training needed (if yes state the reason)				
Comments-					

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 O - Observed in patients or on simulations,  
 D - Demonstration on patients or simulations and performance under supervision in patients

**Certification of skills.**

Certified that Ms. Mr. RESHMA.T.S worked under me from 20/6/22 to 26/6/22 and Observed / Demonstrated / Assisted / Performed under Supervision / Performed Independently the above- mentioned Procedural Skills satisfactorily.

  
 DEAN  
 SRI MUTHUKUMARAN MEDICAL COLLEGE  
 HOSPITAL & RESEARCH INSTITUTE  
 CHINNArayapuram, Near Mangadu,  
 Chennai-600 069.

  
 Signature of Mentor  
 Name Dr. Misbah Dulvi  
 With date & Seal

Dr. Misbah Dulvi M.D  
 REG NO 132532  
 DERMATOLOGY

Name: PESHMA T.S Compulsory Rotating Medical Internship Dept: FORENSIC MEDICINE & TOXICOLOGY

**Table: Certifiable Procedural Skills:**

Procedural Skill	Date of completion	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations	Decision of Mentor Completed (C) Repeat (R) Remedial (Re)	Initial of Mentor and date	Feedback Received Initial of learner
Documentation and certification of trauma (I)	26/04/23	M	C	2	✓
Diagnosis and certification of death (D)	27/04/23	M	C		✓
Legal documentation related to emergency cases (D)	24/04/23	M	C		✓
Certification of medical legal cases e.g. Age estimation, sexual assault etc. (D)	25/04/23	M	C		✓
Establishing communication in medico-legal cases with police, public health authorities, other concerned departments, ect(1)	28/04/23	M	C		✓
Strengths	Any remedial training needed (if yes state the reason)				
Comments-					

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- O – Observed in patients or on simulations,
- D – Demonstration on patients or simulations and performance under supervision in patients

**Certification of skills.**

Certified that Ms. M. PESHMA T.S worked under me from 24/04/23 to 30/04/23 and

Observed / Demonstrated / Assisted / Performed under Supervision / Performed Independently the above- mentioned Procedural Skills satisfactorily.

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**SRI MUTHUKUMARAN MEDICAL COLLEGE**  
**HOSPITAL & RESEARCH INSTITUTE**  
 Chikkarayapuram, Near Mangadu,  
 Chennai-600 069.

*[Signature]*  
 Signature of Mentor  
 Name  
 PROFESSOR & HEAD  
 DEPARTMENT OF FORENSIC MEDICINE  
**S.M.C & R I**  
 Chikkarayapuram  
 Chennai - 600106 9



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Chikkarapuram, Near Mangadu, Chennai - 600069

Affiliated to the TamilNaduDr.M.G.R. Medical University

**COMPULSORY ROTATING MEDICAL INTERNSHIP  
LOGBOOK**



Name : ..... K. N. ANUDHARSHINI .....

Phone Number : ..... 9442895923 .....

Email Address : ..... anushini.1997@gmail.com .....

Batch ; ..... 2017-2023 .....

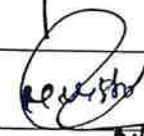
Provisional Reg.No : ..... 21855 .....

Year : ..... 2023 .....

Period from : ..... 6/6/2022 ..... To ..... 5/6/2023 .....

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Chikkarayapuram, Near Mangadu,  
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LOG OF ACTIVITIES


S.NO	DATE	ACTIVITY	SIGNATURE OF MENTOR
1.	27/6/22	Performed Im Injection	 27/6/22
2.	28/6/22	Interpretation of peripheral smear	
3.	29/6/22	AFB examination assisted	
4.	30/6/22	Performed IV Injections	
5.	01/7/22	Performed IV Cannulations	
6.	02/7/22	Performed resuscitation as per BLS protocol.	
7.	03/7/22	Learnt about essential drugs.	
8.	04/7/22	Performed IV infusion.	
9.	05/7/22	AFB examination assisted.	
10.	06/7/22	Assisted blood examination.	
11.	07/7/22	Assisted stool examination.	
12.	08/7/22	Performed CPR to a patient	
13.	09/7/22	Assisted intubation of critically-ill patient.	
14.	10/7/22	Diagnosed & managed a case of anaphylaxis in OPD.	
15.	11/7/22	Performed IV Injection.	
16.	12/7/22	Performed IV & SC injections.	
17.	13/7/22	Performed Im & SC injections.	
18.	14/7/22	Performed CPR to a patient.	
19.	15/7/22	Performed IV infusion.	
20.	16/7/22	Interpretation of peripheral smear.	
21.	17/7/22	AFB examination performed.	

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 Chennai-600 069.




Name: K.N. ANUDHAKSHINI Compulsory Rotating Medical Internship Dept: COMMUNITY MEDICINE  
GENERAL SURGERY

B. General Surgery (PHC/CHC/Taluka Hospital)


Posting w.e.f. 18.07.2022 to 31.07.2022 Date of Reporting: 18.07.2022  
08.08.2022 14.08.2022 Signature of Mentor: 

WORK DONE STATEMENT

Skills/Activity	Numbers Recommended/ No. of Cases	Observed/Demonstrated/Assisted/Performed under Supervision/Done Independently	Date and Signature of Mentor
Patients Examined OPD IP	46	Performed under supervision	
Emergencies Attended	17	Assisted	
Dressing	35	Assisted ; Performed under supervision	
Wound Stitched	13	Performed under supervision	
Abscesses Drained	3	Assisted ; Performed under supervision.	
Medical legal cases observed	4	Observed.	
Post Mortem Observed	1	Observed	
Others <sup>Basic</sup> <sub>wound care</sub>	9	Performed under supervision.	

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LOG OF ACTIVITIES

S.NO	DATE	ACTIVITY	SIGNATURE OF MENTOR
1.	18/7/22	Examined patients in OPD	
2.	19/7/22	Performed per rectal exam	
3.	20/7/22	Seen cases in OPD, Dressings done.	
4.	21/7/22	Assisted in RTA Management.	
5.	22/7/22	Observed Post-Mortem Exam.	
6.	23/7/22	Assisted in medico-Legal Case.	
7.	24/7/22	Performed Urinary Catheterisation	
8.	25/7/22	Assisted in Orchidectomy Case	
9.	26/7/22	Assisted in Cellulitis Management	
10.	27/7/22	Performed wound dressing.	
11.	28/7/22	Assisted in managing superficial burns.	
12.	29/7/22	Performed wound suturing.	
13.	30/7/22	Assisted in suture removal.	
14.	31/7/22	Assisted in incision & drainage	
15.	8/8/22	Sutured an RTA case in casualty	
16.	9/8/22	Seen cases in OPD, dressings done.	
17.	10/8/22	Performed per rectal exam.	
18.	11/8/22	Performed suture removal.	
19.	12/8/22	Performed Foleys Catheterisation	
20.	13/8/22	Performed incision & drainage.	
21.	14/8/22	Performed suture removal.	

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Chennai-600 069.

Name: K.N. AUDIARSHINI Compulsory Rotating Medical Internship Dept: COMMUNITY MEDICINE  
OBSTETRICS & GYNAECOLOGY


C. Obstetrics and Gynaecology including Family Planning and MCH Services (PHC/CHC)  
 Posting w.e.f. 15.08.2022 to 04.09.2022 Date of Reporting: 15.08.2022

Signature of Mentor..... [Signature]

**WORK DONE STATEMENT**

Skills/Activity	Numbers Recommended/ No. of Cases	Observed/Demonstrated/Assisted/Performed under Supervision/Done Independently	Date and Signature of Mentor
Patients Examined	190	Performed under supervision	[Signature]
Emergencies Attended	23	Assisted	
Antenatal Check-ups	65	Performed	
Deliveries Conducted	19	Assisted ; Performed under supervision	
Episiotomies	11	Performed under supervision	
Post-natal services	17	Performed under supervision	
Family clinic attended	9	Performed under supervision	
IUD insertion	27	Performed under supervision	
Tubectomy attended	11	Assisted	
Vasectomy attended	03	Observed	
BCG/Polio/DPT/ Measles	27	Done independently.	
Tetanus/Toxoid	45	Done independently.	
Others <u>OP cases seen</u>	210	Performed under supervision	

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19.	18/4/23	Interpretation of ECG	
20.	18/4/23	Interpretation of Gram stain Smear stains	
21.	19/4/23	Prepared a essential drug for healthcare facility	
22.	19/4/23	Observed Liver Biopsy.	
23.	20/4/23	Performed Kyle's tube insertion	
24.	21/4/23	Interpretation of Peripheral Blood Smear	
25.	22/4/23	Interpretation of Diabetic Profile	
26.	23/4/23	Performed Foley's Catheter insertion	
27.	24/4/23	Performed Lumbar Puncture & CSF Examination	
28.	24/4/23	Performed iv infusion and calculated drip rate.	
29.	25/4/23	Performed iv & sc injection and Prescription writing.	
30.	26/4/23	Transfusion of Blood components such as PRBC, platelets & close monitoring	
31.	27/4/23	Interpretation of pulmonary function test.	
32.	28/4/23	Attended and participated in health education programme.	
33.	29/4/23	Assisted pleural tapping under supervision	
34.	30/4/23	Interpretation of radiographs such as chest, abdomen, skull	
35.	01/05/23	Performed aerosol therapy Nebulisation with vitals monitoring.	
36.	2/5/23	Assisted in intubation in critically ill patients	
37.	2/5/23	Performed Iv infusion.	

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38.	5/5/23	Performed Lumbar Puncture and CIP Examination	
39.	4/5/23	Performed cardiac monitoring observation in CCU.	
40.	5/5/23	Performed IV & SC injections observed bedside urine analysis	
41.	6/5/23	Performed resuscitation of patients as per ACLS.	
42.	7/5/23	Performed IV cannula insertion and venipuncture	
43.	7/5/23	Assisted in Defibrillation in critically ill patients	
44.	7/5/23	Performed & interpreted CNS function	
45.	29/5/23	Performed CPR in ICU.	
46.	30/5/23	Interpretation of ECG.	
47.	30/5/23	Performed bladder catheterization with foley's catheter in ward.	
48.	31/5/23	Assisted ascitic tapping, Performed intradermal injections.	
49.	1/6/23	Performed Ryle's tube insertion	
50.	1/6/23	Assisted pleural tapping under supervision.	
51.	2/6/23	Performed aerosol therapy Nebulization & vitals monitoring	
52.	3/6/23	Performed cardiac monitoring & observation in CCU.	
53.	3/6/23	Interpretation of Pulmonary function test.	
54.	4/6/23	Performed IV infusion	
55.	5/6/23	Performed CPR in ICU.	

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Table : Certifiable Procedural Skills:

Procedural Skill	Date of completion	Rating- Below (B) expectations. Meets (M) expectations Exceeds (E) expectations	Decision of Mentor Completed (C) Repeat (R) Remedial (Re)	Initial of Mentor and date	Feedback Received Initial of learner
Venipuncture (I)	7/4/23	M	C		
Bedside urine analysis (D)	5/5/23	M	C		
Intramuscular injection (T)	3/4/23	M	C		
Intradermal injection (D)	12/4/23	M	C		
Subcutaneous injection (I)	25/4/23	M	C		
Intra Venous (IV) injection (I)	2/5/23	M	C		
Setting up IV infusion and calculating drip rate (I)	24/4/23	M	C		
Blood transfusion (O)	26/4/23	M	C		
Peripheral blood smear interpretation (I)	21/4/23	M	C		

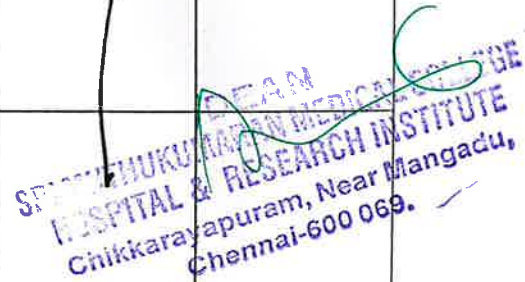


Table : Certifiable Procedural Skills:

Procedural Skill	Date of completion	Rating- Below (B) expectations. Meets (M) expectations Exceeds (E) expectations	Decision of Mentor Completed (C) Repeat (R) Remedial (Re)	Initial of Mentor and date	Feedback Received Initial of learner
Cardiac Resuscitation (I)	5/4/23	M	E		
Pleural and ascitic fluid aspiration (O)	12/4/23	M	C		
Lumbar puncture (O)	24/4/23	M	E		
Ryle's tube insertion (D)	20/4/23	M	C		
Urinary catheterization (D)	30/5/23	M	C		
Aerosol therapy/ nebulization (I)	1/5/23	M	C		
Oxygen therapy (I)	4/5/23	M	C		
Basic life support (D)	6/5/23	M	C		
CSF Examination (I)	24/4/23	M	C		
Perform, analyze, and interpret pulmonary function (e.g. FVC, MVV)(O)	3/6/23	M	C		
Perform analyze, and interpret measurements of cardiac and vascular function (eg. HR, BP, ECG) (D)	18/4/23	M	C		

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Table : Certifiable Procedural Skills:

Procedural Skill	Date of completion	Rating- Below (B) expectations. Meets (M) expectations Exceeds (E) expectations	Decision of Mentor Completed (C) Repeat (R) Remedial (Re)	Initial of Mentor and date	Feedback Received Initial of learner
Form, analyze, and interpret pulmonary function (e.g. FVC, FEV1, PFT) (O)	27/4/23	M	C		
Form analyze & interpret measurements of cardiac and pulmonary function (eg. HR, BP, ECG)	30/5/23	M	C		
Interpret blood parameters (eg. hemoglobin, hematocrit, red blood cell count, platelets, glucose) (1)	8/4/23	M	C		
Form, analyze, and interpret nerve conduction velocity, EMG, and clinical nerve examination) (D)	15/4/23	M	C		
Writing a prescription (D)	3/4/23	M	C		
Identify a given prescription (D)	25/4/23	M	C		
Recognize an adverse drug reaction (1)	29/4/23	M	C		
Be able to prepare a list of essential drugs for a healthcare facility	19/4/23	M	C		

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Name: K.N. ANUDHARSHINI Compulsory Rotating Medical Internship Dept: GENERAL SURGERY

Table: Certifiable Procedural Skills:

Procedural Skill	Date of completion	Rating- Below (B) expectations. Meets (M) expectations Exceeds (E) expectations	Decision of Mentor Completed (C) Repeat (R) Remedial (Re)	Initial of Mentor and date	Feedback Received Initial of learner
Basic suturing (1)	22.12.22	E	C	} Alij	
Basic wound care (1)	06.01.23	E	C		
Basic bandaging (1)	29.12.22	E	C		
Incision and drainage of superficial abscess (1)	12.01.23	E	C		
Early management of trauma (I) and trauma life support (D)	28.01.23	E	C		
Segregation and disposal of sharps, plastics, OT material, HIV HBsAg HICV/corona virus infected material (0)	01.01.23	M	C		

Strengths	Any remedial training needed (if yes state the reason)
Comments-	

- 1- Independently performed on patients,
- 0- Observed in patients or on simulations,
- D-Demonstration on patients or simulations and performance under supervision in patients

**Certification of Skills:**

Certified that Ms. ~~Mr.~~ K.N. ANUDHARSHINI worked under me from 05.12.22 to 15.1.23 and Observed Demonstrated Assisted Performed under Supervision/ Performed Independently the above-mentioned Procedural Skills satisfactorily.

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 Chennai-600 069.

Signature of Mentor  
 Name Alij  
JESUN. J  
 With Date and Seal

3/6/23  
 DEPARTMENT OF SURGERY  
 SRI MUTHUKUMARAN MEDICAL  
 COLLEGE AND RESEARCH INSTITUTE  
 Chikkarayapuram, Chennai-600 069.

Table: Certifiable Procedural Skills:


Procedural Skill	Date of completion	Rating Below (B) Meets (M) exceeds (E) expectations	Decision of Mentor Completed (C) Repeat (R) Remedial (Re)	Initial of Mentor and date	Feedba ck Receive d Initial of learner
Obstetric examination (I)	16/1/23	M	C	ds 8/6/2023	
Episiotomy (I)	21/1/23	M	C		
Normal labour and delivery (including partogram) (I)	25/1/23	M	C		
Per Speculum (PS) and Per Vaginal (PV) examination (I)	4/2/23	M	C		
Visual Inspection of Cervix with Acetic Acid (VIA) (O)	3/3/23	M	C		
Pap Smear sample collection & interpretation (I)	29/1/23	M	C		
Intra-Uterine Contraceptive Device (IUCD) insertion & removal (I)	23/1/23	M	C		
Strengths	Any remedial training needed (if yes state the reason)				
Comments					

- I - Independently performed on patients,
- O - Observed in patients or on simulations,
- D - Demonstration on patients or simulations and performance under supervision in patients

  
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 Chennai-600 089.

**Certification of skills.**

Certified that Ms. Mr. K.N. ANUDHARSHINI worked under me from 16.1.2023 to 5/3/2023 and Observed / Demonstrated / Assisted / Performed under Supervision / Performed Independently the above-mentioned Procedural Skills satisfactorily.

  
**Signature of Mentor**  
 Name DR. C. SUHARSHINI  
 With date & Seal 8/6/2023

**DEPARTMENT OF PAEDIATRICS**

Duration of Posting : 3 Weeks  
 Posting w.e.f. 08.05.2023 to 28.05.2023 Date of Reporting: 08.05.2023

Signature of Mentor: [Signature]

**WORK DONE STATEMENT**

Activity with Numbers Recommended	Numbers Observed / Demonstrated / Assisted / Performed under Supervision / Done Independently as the case may be			Date and Signature of Mentor
	Observed	Assisted	Performed	
<b>MUST DO</b>				
1. Drawing of Blood Samples (5)	9	7	5	} Dr. N. Pradeep (3.6.2023)
2. I.V. Cannulation (P)	18	11	7	
3. Blood Transfusion and Monitoring (2)	6	4	2	
4. Injections giving				
IV - (2)	10	5	5	
IM - (2)	19	11	8	
SC - (2)	7	5	2	
ID - (2)	7	4	3	
5. Vaccine Administration (5)	11	6	4	
6. Nasogastric tube insertion (2)	6	4	2	
7. Lumbar puncture (1)	2	1	1	
8. Assessment of dehydration and Oral rehydration therapy (5)	15	10	5	
9. Assessment of Respiratory Distress & Scoring (5)	9	5	4	
10. Vital signs monitoring in ICU (5)	12	7	5	
11. Assessment of nutritional status and Preparation of diet charts				} Dr. N. Pradeep (3.6.2023)
a. Malnutrition (2)	4	2	2	
b. Renal failure (1)	2	1	1	
12. Tuberculin testing and reading (3)	5	3	2	
13. Health Education and Nutritional Education (3)	6	4	2	

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	Observed	Assisted	Performed	
14. Urine examination (4)	9	5	4	} <u>Dr. N. Prathap</u> (3.6.2023)
15. Peripheral smear (2)	20	12	8	
16. Stool examination (2)	9	5	4	
<b>DESIRABLE TO DO/ASSIST/OBSERVE</b>				
1. Pleural tap (1)		3		} <u>Dr. N. Prathap</u> (3.6.2023)
2. Ascitic tap (1)		1		
3. Bone Marrow Aspiration (1)		1		
4. Liver Biopsy (1)		1		
5. Peritoneal dialysis (1)		2		
6. Intra-osseus infusion (1)		2		
7. Recognise growth abnormalities (1)		5		
8. Recognise anomalies of psychomotor development (1)		7		
9. Recognise congenital abnormalities (1)		4		
<b>NEONATOLOGY</b>		<b>Numbers Observed / Demonstrated / Assisted / Performed under Supervision / Done Independently as the case may be</b>		<b>Date and Signature of Mentor</b>
<b>MUST DO</b>		Observed	Assisted	
1. Assessment of new born normal and sick and Making a record of information collected (1)	2	1	1	} <u>Dr. N. Prathap</u> (3.6.2023)
2. Infant feeding (1)	2	1	1	
3. Breast feeding counselling (1)	7	5	2	
<b>MUST OBSERVE</b>				
	Observed	Assisted	Performed	
1. Neonatal resuscitation (1)	4	3	1	} <u>Dr. N. Prathap</u> (3.6.2023)
2. Phototherapy	2	1	1	
3. Exchange Transfusion (1)	3	2	1	
4. Preterm care (1)				

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 Chennai-600 069.

LOG OF ACTIVITIES

S. No	DATE	ACTIVITY	SIGNATURE OF MENTOR	
1	8/5/23	Performed Vaccine Administration for New Born Baby.	}	
2	8/5/23	Discussion on respiratory distress assessment and AS Scoring.		
3	9/5/23	Discussion on management of paediatric case, drugs & doses		
4	10/5/23	Attended phototherapy discussion.		
5	11/5/23	Performed urine examination, stool examination, peripheral smear under supervision.		
6	12/5/23	Monitoring of preterm baby & blood transfusion.		Dr N. Prashant (3.6.2023)
7	13/5/23	Posted in NICU, monitored vitals in NICU, observed setting interosseous line.		
8	14/5/23	Posted in NICU, performed IV cannulation & collection of blood samples.		DEAN SRI MUTHUKUMARAN MEDICAL COLLEGE HOSPITAL & RESEARCH INSTITUTE Chikkarayapuram, Near Mangadu, Chennai-600 093.
9	15/5/23	Posted in NICU, performed insertion of NGT under supervision.		
10	15/5/23	Preparation of Diet Chart		
11	16/5/23	Learned and Performed Nutritional status assessment		}
12	16/5/23	Learned and Performed Counselling parents about health nutrition & hygiene.		
13	17/5/23	Attended Symposium on diarrhoea, epilepsy, neonatal resuscitation.		
14	18/5/23	Learned and Performed Counselling parents about breast feeding.		Dr N. Prashant (3.6.2023)
15	19/5/23	Learned to recognize congenital abnormalities, anomalies, psychomotor development.		

Table: Certifiable Procedural Skills:

Procedural Skill	Date of completion	Rating Below (B) Meets (M) exceeds (E) expectations	Decision of Mentor Completed (C) Repeat (R) Remedial (Re)	Initial of Mentor and date	Feedback Received Initial of learner
Neonatal resuscitation (D)	27/5/23	M	C		
Setting up Pediatric IV infusion and calculating drip rate (I)	14/5/23	M	C		
Setting up Pediatric Intraosseous line (O)	13/5/23	M	C		
Strengths	Any remedial training needed (if yes state the reason)				
Comments	NIL				

- I - Independently performed on patients,  
 O - Observed in patients or on simulations,  
 D - Demonstration on patients or simulations and performance under supervision in patients

**Certification of skills.**

Certified that Ms./Mr. K.N. ANUDHARSHINI worked under me  
 from 8/5/23 to 28/5/23 and Observed / Demonstrated / Assisted / Performed  
 under Supervision / Performed Independently the above- mentioned Procedural Skills satisfactorily.

**DEAN**  
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 Chennai-600 069.

3.6.2023  
 Signature of Mentor  
 Name DR. N. PRABHAKAR  
 With date & Seal

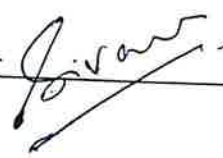
**DR. N. PRABHAKAR, MD**  
 Reg No: 96387

**DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION (PM & R)**

Students are expected to acquire the following skills:

1. Competence for clinical diagnosis based on detailed history and assessment of common disabling conditions like poliomyelitis, cerebral palsy, hemiplegia, paraplegia, amputations etc.
2. Participation as a team member in total rehabilitation including appropriate follow up of common disabling conditions.
3. Principles and procedures of fabrication and repair of artificial limbs and appliances.
4. Various therapeutic modalities.
5. Use of self-help devices and splints and mobility aids.
6. Familiarity with accessibility problems and home making for the disabled.
7. Ability to demonstrate simple exercise therapy in common conditions like prevention of deformity in a stump exercises in amputees etc.

**DAILY LOG OF ACTIVITIES**

No	DATE	ACTIVITY	SIGNATURE OF MENTOR
	22/11/22	Learnt various therapeutic modalities like IPT, wax therapy.	
	24/11/22	Explained & Demonstrated to patient, how to do various exercises at home.	
	25/11/22	Under supervision applied artificial limbs for those who underwent amputation.	
	27/11/22	Participated as a team member in total rehabilitation.	
	28/11/22	Done clinical diagnosis by history & Assessment of Hemiplegia.	
	29/11/22	Procedure done of patients	
	1/12/22	Observed wax therapy as done under supervision.	
	3/12/22	Under supervision, explained to patients how to use Stump walkers.	
	4/12/22	Explained & Demonstrated shoulder exercises for periarthritis patients.	

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**Verifiable Procedural Skills:**

Procedural Skill	Date of completion	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations	Decision of Mentor Completed (C) Repeat (R) Remedial (Re)	Initial of Mentor and date	Feedback Received Initial of learner
Insertion of basic sutures and slings (I)	24/11/22	E	C	SM 9/6/22	
Wound closure and suture and skin closure (O)	27/11/22	E	C	SM 9/6/22	
Wound closure bandage	3/12/22	E	C	SM 9/6/22	
			Any remedial training needed (if yes state the reason)		

Independently performed on patients,  
Assisted in patients or on simulations,  
Demonstration on patients or simulations and performance under supervision in patients

Acquisition of skills.  
I certify that Ms./Mr. K.N. ANUDHARSHINI worked under me from 21.11.22 to 04.12.22 and  
demonstrated / Assisted / Performed under Supervision / Performed Independently the  
mentioned Procedural Skills satisfactorily.

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Chennai-600 069.

*Sivan*  
Signature of Mentor  
Name \_\_\_\_\_

**Dr Sivananth Mahalingam**  
M.S. Orthopaedics  
Senior Resident  
Dept. of Orthopaedics, SMMCH&RI  
Reg No: 132936



Table: Certifiable Procedural Skills:

Procedural Skill	Date of completion	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations	Decision of Mentor Completed (C) Repeat (R) Remedial (Re)	Initial of Mentor and date	Feedback Received Initial of learner
Visual acuity testing (I)	5/9/22	E	C	PA 5/9/22	
Digital tonometry (D)	6/9/22	M	C	PA 6/9/22	
Indirect ophthalmoscopy (O)	8/9/22	M	C	PA 8/9/22	
Epilation (O)	15/9/22	M	C	PA 15/9/22	
Eye irrigation (I)	10/9/22	M	C	PA 10/9/22	
Instillation of eye medication (I)	13/9/22	E	C	PA 13/9/22	
Ocular bandaging (I)	12/9/22	M	C	PA 12/9/22	
Strengths	Any remedial training needed (if yes state the reason)				
Comments					

- I - Independently performed on patients,
- O - Observed in patients or on simulations,
- D - Demonstration on patients or simulations and performance under supervision in patients

**Certification of skills.**

Certified that Ms. Mr. K.N. ANUDHARSHINI worked under me from 5.9.2022 to 18.9.2022 and Observed / Demonstrated / Assisted / Performed under Supervision / Performed Independently the above-mentioned Procedural Skills satisfactorily.

  
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 Chennai-600 069.

  
**Signature of Mentor**  
 Name \_\_\_\_\_

With date & Seal  
9/6/23