



DISTRICT RESIDENCY PROGRAMME

**Indian Association of
Preventive and Social Medicine**

POSTGRADUATE DRP LOGBOOK & GUIDE

Department of Community Medicine,

Medical College/ Institute

Name of District:_____

Name of State:_____

Dr. A. M. Kadri
National President,
Indian Association of
Preventive & Social Medicine



26th January, 2024

FOREWORD

The National Medical Commission has introduced the District Residency Programme for Post Graduates. The Community Medicine post graduates, who are budding Public Health experts are being trained in different colleges across India. Indian Association of Preventive and Social Medicine, recognising the need for a uniform guideline for DRP, formed a fifteen members National level committee, under the chairmanship of Dr. J K Kosambiya. We appreciate contribution of entire team especially Dr. Samudiyatha UC and Dr. Arjinkumar Jakasania for excellent efforts of preparing DRP logbook.

The committee deliberated and has come up with a comprehensive document which is an excellent guiding document for Departments of Community Medicine across the country.

The implementation of the IAPSM DRP Log Book marks a crucial move in standardizing the training of Community Medicine Post Graduates throughout India, ensuring a well-rounded exposure to various health dimensions. With its specific learning objectives, online resource links, and prompts for critical thinking, the logbook signifies a comprehensive approach to the District Residency Programme. This endeavour is poised to elevate the quality and uniformity of training for upcoming public health specialists.

We call upon all our colleagues to adopt this into their DRP programme and share their valuable, constructive feedback.



Dr. A. M. Kadri

Prof. (Dr.) Purushottam Giri
Secretary General,
Indian Association of
Preventive & Social Medicine



26th January, 2024

PROLOGUE

The implementation of the IAPSM DRP Log Book represents a significant stride in standardizing the training of Community Medicine Post Graduates across India. This initiative guarantees a comprehensive exposure to various health dimensions, incorporating specific learning objectives, online resource links, and prompts for critical thinking. Positioned to enhance the quality and uniformity of training for upcoming public health specialists, this endeavour invites colleagues to integrate the logbook into their DRP programs. The fifteen members team, headed by Dr J K Kosambiya, has prepared this well-structured document. We appreciate noteworthy contribution of entire team especially Dr. Samudyatha UC and Dr. Arjunkumar Jakasania for their excellent efforts of preparing DRP logbook. I feel proud and congratulate entire team to come out with well written document within short time. The Log Book will be unveiled on the occasion of the 51st Annual National Conference of IAPSM, to be held in KMC College, Mangalore, Karnataka, while celebrating Golden jubilee of IAPSM (1974-2023). Though the DRP Logbook is a guideline, it is flexible to adapt as per the local need. During the three-month posting of DRP, PGs from Community Medicine will best utilize their time for capacity building and learning by doing as per the well documented objectives of the postings. Hope, DRP logbook will be implemented by every college under guidance of IAPSM state chapters to serve the purpose.

I invite all my colleagues across the country to contribute to further development of this document through feedback after implementation.
Long live IAPSM....!!!



Prof. (Dr.) Purushottam Giri

Dr. J. K. Kosambiya
Chairperson,
DRP Logbook Committee,
Indian Association of
Preventive & Social Medicine



26th January, 2024

PREFACE

As a part of Post Graduate Medical training, the National Medical Commission introduced District Residency Programme (DRP) in Post Graduate Medical Education Regulation 2000 (PGMER-2000). The Post Graduates of all Departments will undergo this mandatory training in association with the District Health team for three months to be eligible for their postgraduate qualification. The role of Community Medicine Post Graduates in District Health is unique. A Community Medicine Post Graduate, a budding public health specialist, is expected to be trained in promotive, preventive and curative aspects of health. The District Residency Programme must expose the Post Graduate to a variety of clinical, social and administrative contexts. The Indian Association of Preventive and Social Medicine identified early on that the Post Graduates in Community Medicine were being trained differently in different States, and that there was a need to introduce a Log Book, which would act as a guiding document for both the Post Graduates and Faculty of Community Medicine. This thought led to the formation of a fifteen-member committee consisting of Faculty from different Medical Colleges in the country. The Committee indulged in a series of discussions and feedback from Post Graduates, to design this Log Book. This Log Book will be unveiled on the occasion of the 51st Annual National Conference of IAPSM, to be held in KMC College, Mangalore, Karnataka. This document is intended to be used across the country by Departments of Community Medicine in guiding their Post Graduates during District Residency Programme.

The unique features of this logbook are:

- i. Separate sections on District Hospital and District Public Health Office
- ii. Inclusive of all important public health aspects
- iii. Statement of specific learning objectives
- iv. Section on Learning contract
- v. Description of activities to be performed and Links to online resources
- vi. Sample proforma to document the activities performed
- vii. Prompts to engage the students in critical thinking
- viii. Suggested assessment methods

We genuinely believe that the adaptation of this IAPSM DRP Log Book will help the Post Graduates and their Mentors to accomplish the objectives of DRP Postings.

Dr J.K.Kosambiya

List of IAPSM DRP Logbook Committee Members

Drafted

Sr. No.	Name of the committee members	Name of the Institute
1	Dr. J. K. Kosambiya	Chairperson, IAPSM DRP Logbook Committee, Kiran Medical College, Surat, Gujarat
2	Dr. U C Samudyatha	Sri Devaraj Urs Medical College, SDUAHER, Kolar, Karnataka
3	Dr. Arjunker Jakasania	Mahatma Gandhi Institute of Medical Sciences, Wardha, Maharashtra

Reviewed

Sr. No.	Name of the committee members	Name of the Institute
1	Dr. Atul Trivedi	B. J Medical College, Ahmedabad, Gujarat
2	Dr. Dhvani N Chauhan	Kiran Medical College, Surat, Gujarat
3	Dr. Lalit Sankhe	Government Medical College, Nandurbar, Maharashtra
4	Dr. Poonam Naik	Yenepoya Medical College, Mangaluru Karnataka
5	Dr. Bhavani Kenche	Osmania Medical College, Hyderabad, Telangana
6	Dr. Manju Toppo	Gandhi Medical College, Bhopal, Madhya Pradesh
7	Dr. Medha Mathur	Geetanjali Medical College & Hospital, Udaipur, Rajasthan
8	Dr. Mausami Basu	Post Graduate Institute of Science & Research, Kolkata, West Bengal
9	Dr. Subrata Baidya	Agartala Government Medical College, Agartala, Tripura
10	Dr. J. Anaiappan	Madras Medical College, Tamil Nadu
11	Dr. Sairu Philip	Kottayam Medical College, Kerala
12	Dr. Shiv Kumar Yadav	Government Doon Medical College, Dehradun, Uttarakhand

Guidelines for using IAPSM District Residency Programme Logbook

This is a guidance document for the District Residency Programme.

While most of the “Must Know” aspects of the District Residency Programme have been incorporated in this Logbook, the individual Departments may tailor it further to suit their specific settings. The amendments could be in the form of addition/modification of activities or pages. However, it is suggested to retain the structure of documentation and reflection, to maintain uniformity and align with the objectives of the District Residency Programme.

The Departments can utilize the printed format with their Institute's name and logo on the front page, along with the IAPSM logo. Acknowledgement should be provided to IAPSM for this resource.

Suggested citation: *Indian Association of Preventive and Social Medicine. District Residency Programme Logbook and Guide 2024 [Mangalore]: IAPSM; 2024.*

Any suggestions may be communicated to the IAPSM DRP Logbook Committee through: drp.iapsm2024@gmail.com.

Passport size
Photo

PERSONAL DETAILS

Name: _____

Contact No.: _____

Email ID: _____

Date of joining:

Date of completion:

Under posting order:

District Hospital (Station) posting: 1½ months

From: _____ To: _____

District Health Office (Field) posting: 1½ months

From: _____ To: _____

PRINCIPLES & OBJECTIVES OF DISTRICT RESIDENCY PROGRAMME

PRINCIPLES

1. Learning experiences have to be derived from and targeted to the needs of the community.
2. Doctors have to be trained in diverse settings including those which are close to the community.

OBJECTIVES

1. To expose postgraduate students to the district health system and involve them in health care services being provided at the district hospitals for learning while serving.
2. To acquaint them with the planning, implementation, monitoring, and assessment of the outcomes of national health programs at the district level.
3. To orient them towards promotive, preventive, curative, and rehabilitative services being provided by various categories of healthcare professionals in the public healthcare delivery system.

RESPONSIBILITIES OF A DISTRICT RESIDENT

The district resident shall be responsible for -

1. Serving in outpatient, inpatient, casualty, and other departments, encompassing nightduties.
2. General clinical duties.
3. Managerial roles and public health programs related to the needs of the Community.
4. Contribution to research work, according to the needs of the Community.
5. The resident shall also remain in contact with their designated postgraduate faculty and department at the parent medical college to discuss their learning at DRP during posting. They shall also participate remotely in

scheduled case discussions, seminars, journal clubs and thesis discussions with their teacher.

GENERAL INSTRUCTIONS

1. The resident must carry this logbook during the duration of the District Residency Program posting.
2. Details of work done during the posting must be filled out regularly and signed by the supervisor/mentor.
3. At the end of the posting, the signature and stamp of the DRP coordinator (CDMO/Superintendent) shall be obtained on the completion certificate.
4. Field posting completion certificate will be issued by the CDHO of the posting district and based on that CDMO/Superintendent (DRP Coordinator) will issue final 3 months' completion certificate.
5. It is mandatory to complete the DRP posting before applying for post-graduate University Examinations.
6. The State Health System Resource Centre (SHSRC) may also plan public health-related activities to mentor postgraduate resident doctors of Community Medicine as and when required during DRP posting.
7. Circulate this logbook in department meetings with faculty members and residents. The PG residents must be briefed before DRP posting. Faculty must address their genuine questions. The Department may also assign responsibility to the PG guide to remain in constant touch daily.
8. At the end of the DRP postings, the postgraduate student should share their experience with their colleagues for better learning and feedback mechanisms. The PGs shall shadow public health manager at district level meeting and their field visits.

SPECIFIC LEARNING OBJECTIVES FOR PG STUDENTS OF COMMUNITY MEDICINE

During the Station posting in the District Residency Programme, the postgraduate should be able:

1. To provide promotive, preventive and curative services to the patients attending Primary Health Care Clinics, including (but not exhaustive of):
 - Antenatal clinic,
 - Pediatric clinic,
 - Immunization sessions,
 - Adolescent Friendly Health Services,
 - ART/Link ART clinic,
 - Suraksha clinic,
 - Rabies clinic,
 - Geriatric clinic,
 - Communicable disease clinic and
 - Non Communicable Disease (NCD) clinic and Behavioural Change Communication
2. To follow up patients with diseases of public health importance at the community level and provide appropriate linkages/referrals in accordance to National Health Programmes.
3. To interact with the local community, identify and prioritize health problems of the community and create awareness regarding National Health Programmes.
4. To be acquainted with promotive, preventive, curative and rehabilitative services provided by various cadres of healthcare professionals under the umbrella of the National Health Mission in the District.
5. To act as a part of the team to plan, implement, monitor and assess of

outcome of the National Health Programme at the Local/District level.

6. To document the public health activities as case reports/ case series reports/ success stories/ situational analyses/ gap analyses.

To be filled by the Postgraduate student:

	Learning objective	Plan/activities
1		
2		
3		
4		
5		
6		

*Please prepare your learning contract for your posting.

DESCRIPTION OF TERMS USED FOR QUALITATIVE ASSESSMENT:

- **Stability:** Dependable, disciplined, dedicated, stable in emergencies, shows positive approach.
- **Motivation and Initiative:** Takes on responsibility, is innovative, enterprising, does not shirk duties or leave any work pending.
- **Honesty and Integrity:** Truthful, admits mistakes, does not fake information, has ethical conduct, exhibits good moral values, loyal to the institution.
- **Interpersonal skills and Leadership Quality:** Gets on well with colleagues and paramedical staff, is respectful to seniors, has good communication skills.
- **Availability:** Punctual, available continuously on duty, responds promptly on assignments and takes proper permission for leave.
- **Diligence:** Dedicated, hardworking, does not shirk duties, leaves no work pending, does not sit idle, competent in practical work.
- **Team Work:** Capacity to work in a team, in adverse situations.

DISTRICT RESIDENCY PROGRAM

COMPLETION CERTIFICATE

This is to certify that Dr. _____
PG Resident of year _____ and Department of Community Medicine
of _____ Medical College, _____ has satisfactorily
completed the 03 months of District Residency Program from
date _____ to _____ at _____ Su
bdistrict/District Hospital and field posting at CDHO office of district,
_____ state. The details of activities during the District Residency
Program posting are hereby mentioned in the logbook and are certified to the best of my
knowledge.

Seal & Signature

Date: _____

Place: _____

Name: _____

**Coordinator,
District Residency Programme
(CDMO / Hospital Superintendent)
District: _____
_____ State**

District Residency Program - Overall Assessment

Name of DH/SDH				From:	To:	
Overall Attendance	Month:	Month:	Month:	Remarks		
CL/ Weekly off						
Assessment of Work	Poor	Average	Good	Very Good	Excellent	
Criteria	Grading					
	Poor	Average	Above Average	Good	Very Good	Excellent
Knowledge	0	1	2	3	4	5
Competence and Skill	0	1	2	3	4	5
Responsibility and punctuality	0	1	2	3	4	5
Capacity to work in a team	0	1	2	3	4	5
Initiative	0	1	2	3	4	5
Final Grade: _____ / 25						
Feedback of Supervisor						

Signature of District Subject Supervisor with stamp	Signature of Head of Department, Community Medicine with Stamp

District Hospital (Station) Postings (1½ months)

(District Hospital/ SDH posting for 46 days)

Table 1. Posting in Different Hospital Facilities

Sr. No.	Hospital facilities	Duration of posting
1	General Medicine Department	10 days
2	Obstetrics and Gynecology Department	10 days
3	Pediatrics Department	7 days
4	District Tuberculosis Centre (DTC)	7 days
5	ART centre / ICTC	3 days
6	Blood Bank/ NVHCP	3 days
7	NRC / SNCU/ DEIC (District Early Intervention Centre)/ Immunization services	3 days
8	Additional visits/ meetings	3 days

*Morning hours during posting

During District Hospital Postings, the Postgraduate must observe the following operational aspects (Table 2).

Table 2. List of Observations to be made in the Hospital (preferably during afternoon hours)

Sr.No.	Observations
1	Rogi Kalyan Samiti
2	Kayakalp
3	Hospital Management Information System
4	Hospital Inventory Mechanism
5	Quality Care and Patient Services
6a	IPHS Standards (District Hospital)
6b	IPHS Standards (Sub District Hospital)
6c	IPHS Standards (CHC) (<i>maybe included in Field Postings</i>)
6d	IPHS Standards (PHC) (<i>maybe included in Field Postings</i>)
6e	IPHS Standards (Arogya Mandir) (<i>maybe included in Field Postings</i>)
	Additional visits
7a	Hospital Kitchen
7b	Central Sterile Supply Department
7c	Medical Records Section
7d	Referral Services (Ambulance Network and Hospital Transport facilities)
7e	Tele Medicine, Tele-consultation, E-Sanjeevani
7f	Disability Certification Services
7g	Health Insurance/PMJAY facilities
7h	Immunization Centre/Clinic
7i	Newborn Care Corner

Observation 2: Kayakalp

(to be filled at District Hospital _____)

- Read through the Revised Kayakalp guidelines (Pg.26-57) available at https://nhm.gov.in/images/pdf/in-focus/Revised_Kayakalp_Guidelines.pdf
- The Kayakalp guidelines carry marks (**quantitative**) for each of the following criteria.
- However, read the description and **qualitatively** describe your observations here.

Criteria	Observation
Hospital/Facility Upkeep	
Sanitation & Hygiene	
Waste Management	
Infection Control	
Hospital Support Services	
Hygiene Promotion	
Overall impression	

Observation 3: Health Management Information System

(to be filled at District Hospital _____)

- Interact with the Hospital staff regarding the HMIS data collection and reporting
- View the data entry through HMIS portal

Nodal person for HMIS data entry	
Briefly describe how data is collected and reported	
List of RCH indicators	
List of Other programme indicators	
List of Health Services indicators	
Discuss with the staff (Nodal Officer and other staff) regarding the challenges in obtaining and reporting the data	
Overall impression	

Observation 4: Hospital Inventory Mechanism

(to be filled at District Hospital _____)

- Interact with the Hospital staff regarding the Hospital Inventory mechanism
- Review the records maintained

Nodal person for Hospital Inventory	
Describe the mechanism of Hospital Inventory, Procurement, Distribution, Condemn policy and Supply chain mechanism in the hospital Emphasize on use of Digital methods	
Enlist the Records maintained for Inventory management	
Overall impression	

Observation 5: Quality care and Patient services

(to be filled at District Hospital _____)

- Interact with the Hospital staff regarding the implementation of the following
- Review the records/ digital records maintained

E-Aushadhi	
Oxygen Management System (LMO, PSA Plant, Jumbo Cylinder, B type cylinder, Oxygen Concentrator, Medical Gas Pipeline System)	
MusQan (Ref: https://qps.nhsrindia.org/musqan/musqan-guidelines)	
LaQshya (Ref: https://nhm.gov.in/New_Updates_2018/NHM_Components/RMNCH_MH_Guidelines/LaQshya-Guidelines.pdf)	
Other accreditation: NQAS, NABH, NABL (Ref: https://qps.nhsrindia.org/sites/default/files/2023-07/DH-20_NQAS_Toolkit%2028-June_2023.xlsx)	

Observation 6a: IPHS Standards (District Hospital)

(to be filled at District Hospital _____)

Review IPHS guidelines for District Hospital/ Sub District Hospital

(Ref: https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf)

Criteria	Observed	Comparison with IPHS Standards
Staff pattern		
Essential Drugs		
Equipment		
Infrastructure		
Cleaning and maintenance protocols		

Observation 6b: IPHS Standards (Sub District Hospital)

(to be filled at District Hospital _____)

- Review IPHS guidelines for District Hospital/ Sub District Hospital
(Ref: https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidlines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf)

Criteria	Observed	Comparison with IPHS Standards
Staff pattern		
Essential Drugs		
Equipment		
Infrastructure		
Cleaning and maintenance protocols		

Observation 6c: IPHS Standards (Community Health Centre)

(to be filled at Community Health Centre _____)

- Review IPHS guidelines for **Community Health Centre**

(Ref: https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/02-CHC_IPHS_Guidelines-2022.pdf)

Criteria	Observed	Comparison with IPHS Standards
Staff pattern		
Essential Drugs		
Equipment		
Infrastructure		
Cleaning and maintenance protocols		

Observation 6d: IPHS Standards (Primary Health Centre)

(to be filled at Primary Health Centre _____)

- Review IPHS guidelines for **Primary Health Centre** (Ref: https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/03_PHC_IPHS_Guidelines-2022.pdf)

Criteria	Observed	Comparison with IPHS Standards
Staff pattern		
Essential Drugs		
Equipment		
Infrastructure		
Cleaning and maintenance protocols		

Observation 6e: IPHS Standards (Arogya Mandir)

(to be filled at Arogya Mandir _____)

- Review IPHS guidelines for **Arogya Mandir**

(Ref: https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/04-SHC_HWC_UHWC_IPHS_Guidelines-2022.pdf)

Criteria	Observed	Comparison with IPHS Standards
Staff pattern		
Essential Drugs		
Equipment		
Infrastructure		
Cleaning and maintenance protocols		

Observation 7: Additional visits

(to be filled at District Hospital _____)

- Observe the different facilities (7a-7i) and describe them briefly under the following headings

Visit	Observation
	<p>Location:</p> <p>Staff pattern:</p> <p>Work description:</p> <p>Relevance:</p> <p>Quality assurance:</p> <p>Scope for improvement:</p>

Guidelines for Medicine posting

Sr. No.	Objectives of the posting
1	Management of communicable diseases of public health importance e.g. Malaria, Tuberculosis, Hepatitis, Typhoid fever, Swine Flu, etc.
2	Role of the department for the prevention of non-communicable diseases e.g. Cardiovascular diseases, Diabetes, Stroke, Hypertension etc. at tertiary care level
3	History taking and art of communication with the patient
4	Case studies of epidemic prone diseases like dengue, hepatitis, cholera and other infectious disease etc.
5	Understanding the Clinical research and clinical epidemiology

Medicosocial cse 1 (Communicable Disease)

Name of the patient:

Address:

Age:

Gender:

OPD/IPD no.:

Date of OPD visit/ admission:

Date of examination:

- *Describe the presentation, history of presenting illness, past history of the case*

- *Document the clinical findings, laboratory findings and provide provisional diagnoses*

- *Describe the social determinants of illness*

- *Elicit the knowledge, attitude and practice of the patient which may have contributed to the present condition*
- *Summarize the case and provide medico-social diagnosis*
- *What can be done to prevent the Disease/ Spread of Disease in the Community?
(Identification of early warning signals/levels of prevention)*
- *Discuss prevention and control of the disease with the individual and frame context-specific recommendations*

Medicosocial case 2 (Non-Communicable Disease)

Name of the patient:

Address:

Age:

Gender:

OPD/IPD no.:

Date of OPD visit/ admission:

Date of examination:

- *Describe the presentation, history of presenting illness, past history of the case*

- *Document the clinical findings, laboratory findings and provide provisional diagnoses*

- *Describe the social determinants of illness*

- *Elicit the knowledge, attitude and practice of the patient which may have contributed to the present condition*
- *Summarize the case and provide medico-social diagnosis*
- *What can be done to prevent the Disease in the Community?
(Identification of early warning signals/levels of prevention)*
- *Discuss prevention and control of the disease with the individual and frame context-specific recommendations*

Summary statistics of task performed (numbers) in Dept of General Medicine

		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10		
	Date												
Cases treated OPD													
Cases treated Indoor													
Minor procedures performed													
Communicable Diseases	Examined and treated												
	Counseled and Linked to appropriate National Health Programme												
	Referred												
	Examined and treated												
Non Communicable Diseases	Counseled and Linked to appropriate National Health Programme												
	Referred												

Guidelines for Pediatric postings

Sr. No.	Objectives of the posting
1	Identification and treatment of common childhood problems
2	Activities of Special clinics run by the department
3	Management of diarrhoea
4	Growth monitoring and recording
5	Neonatal care, ENBC, KMC (Kangaroo Mother Care)
6	Infant care and exclusive breastfeeding
7	Care of disadvantaged children
8	At risk children
9	Role of tertiary care hospitals in National Programmes related to children
10	Management of AEFI
11	IYCF

Medicosocial case 1 (Pediatrics: Newborn)

Name of the patient:

Address:

Age:

Gender:

OPD/IPD no.:

Date of OPD visit/ admission:

Date of examination:

- *Describe the presentation, history of presenting illness, past history (Include Intranatal and postnatal history, History of illnesses, Growth and Development, Immunization history), of the case*

- *Document the clinical findings and provide provisional diagnoses (Include anthropometry, plot Weight for age, assess nutritional status)*

- *Describe the social determinants of illness*

- *Elicit the knowledge, attitude and practice of the patient/caregiver which may have contributed to the present condition*
- *Summarize the case and provide medico-social diagnosis*
- *Describe the levels of prevention that have failed in this case*
- *Frame context specific recommendations*

Summary statistics of task performed (numbers) in Dept of Pediatrics

		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7										
	Date																	
No.cases treated in OPD																		
Cases treated Indoor																		
No. children vaccinated (newborn)																		
No. children vaccinated (6 weeks)																		
No. children vaccinated (10 weeks)																		
No. children vaccinated (14 weeks)																		
No. children vaccinated (9 months)																		
No. children vaccinated (1.5-2 years)																		
No. children vaccinated (5 years)																		
No. children vaccinated (10 years and above)																		
No. cases treated as per IMNCI guidelines																		
Counselled and Linked to appropriate National Health Programme																		
Referred																		

*Vaccination includes providing the vaccine, monitoring for AEFI and counselling

Guidelines for Gynecology & Obstetrics posting

Sr. No.	Objectives of the posting
1	Common problems during pregnancy & its management
2	Routine investigations carried out during antenatal check-ups
3	Identification and approach to at-risk mother
4	Postnatal care including family planning advise
5	Role of tertiary care hospital (Obstetrics & Gynecology department) in national health programmes
6	MTP and PNDT legislation
7	Diagnosis & management of common Gynecological problems
8	Family Planning services like Counseling, Tubectomy (Both Laparoscopic and Minilap), NSV, IUCD, OCPs, Condoms, ECPs, Follow-up services

Medicosocial case 1 (OBG: Antenatal case)

Name of the pregnant woman:

Address:

Age:

OPD/IPD no.:

Date of OPD visit/ admission:

Date of examination:

- *Describe the presentation, marital history, and past history of the case*
- *Document the clinical findings and provide provisional diagnoses*
- *Describe the social determinants affecting the current condition*

- *Elicit the knowledge, attitude and practice of the patient which may have contributed to the present condition*
- *Summarize the case and provide medicosocial diagnosis*
- *Describe the levels of prevention that have failed in this case*
- *Frame context specific recommendations*

Medicosocial case 2 (OBG: Postnatal case)

Name of the pregnant woman:

Address:

Age:

OPD/IPD no.:

Date of OPD visit/ admission:

Date of examination:

- *Describe the presentation, marital history, past history of the case*

- *Document the clinical findings and provide provisional diagnoses*

- *Describe the social determinants affecting the current condition*

- *Elicit the knowledge, attitude and practice of the patient which may have contributed to the present condition*
- *Summarize the case and provide medicosocial diagnosis*
- *Describe the levels of prevention that have failed in this case*
- *Frame context specific recommendations*

Summary statistics of task performed (numbers) in Dept. OBG

[illegible]

Summary statistics of task performed (numbers) in ART centre / ICTC: _____

	ART Centre			ICTC		
	Day 1	Day 2	Day 3	Day 1	Day 2	Day 3
Date				Date		
No.PLHIV examined				No.pre test counseling provided		
No.PLHIV with OI				No.pregnant women counseled		
No.PLHIV with treatment failure				No.partners counselled		
No.PLHIV provided IPT				No.clients screened for pulmonary TB		
No.PLHIV provided CPT				No.Post exposure HIV		
No.PLHIV screened for TB				No.pregnant women counseled		
No.PLHIV with confirmed TB				No.partners counselled		
No. pregnant women with HIV examined						
No. children/adolescent PLHIV examined						
No.partner counseling and testing performed						

Blood bank

Location:

Staff pattern:

Work description:

Relevance:

Quality assurance:

Scope for improvement:

**NRC /
SNCU/DEIC
(District Early
Intervention
Centre)**

Location:

Staff pattern:

Work description:

Relevance:

Quality assurance:

Scope for improvement:

Casualty/Emergency Department

Location:

Staff pattern:

Work description:

Relevance:

Quality assurance:

Scope for improvement:

The Postgraduate may attend Hospital administrative meetings/training, after due permission. Such meetings include monthly meetings/National Programme training/Maternal or Infant Mortality Meeting/AEFI meeting etc.

Hospital meetings attended (1)

Date:

Venue:

Meeting Agenda:

Members attending the meeting:

Your role:

Brief description of the discussion:

Major decisions taken:

Review the situation and add a note, highlighting your opinions:

Cite the relevant documents that you used to frame your opinions:

District Public Health Office posting (1½ months) (District Hospital/ SDH posting for 43 days)

Sl.No.	District Health Administration	Duration of posting
1	District Public Health Office	1 week
2	Women and Child Development Office (ICDS)	1 week
3	NGO in the district working in the health sector	1 week
4	Block Health Office (Taluka Health Office) *	1 week
5	IDSP	3 days
6	Malaria (NVBDCP)	3 days
7	DTT (District Training Team)	3 days
8	First Referral Unit	3 days
9	Microplanning for immunization	3 days
10	Other	

** Identify Poor performing and good performing Taluka of the district and plan 3days visit in each BHO office (both BHO office for (3 +3) days respectively)*

Note: Field visits are inclusive in above mentioned postings

Includes debriefing meeting with DDO, CDHO, CDMO, Program Officers

Sr. No.	Learning objective of the posting at District/Block office
1.	Administration of HO
2.	Infrastructure of HO
3.	Staff pattern of HO and their duties
4.	Different activities carried out at HO
5.	Data management, Review, Monitoring & Supervision

Specific Learning objective for district office:

- Understanding inter-sectoral coordination
- Partnership with various NGOs/Institutes
- National Health programme implementation

Outreach activities

Tasks performed	Details	Remarks
Clustering of cases investigated		
Home visits made of cases of communicable diseases detected in OPD		
Home visits made for SAM children		
TL camps attended		
Outreach immunization sessions attended (Mamata Divas)		
Training sessions conducted for health workers, ASHA workers and communities		
PNC Visits, HBNC care		
Meetings attended		
Outreach diagnostic camps attended		
Public Meetings Addressed		
Meeting with the District Authority		
School Health Program (RBSK)		
Attend Gram Sabha/ Village Panchayat meeting		
Any activity according to needs of the community identified during the visit		
Capacity Building (Training)		

Annexure 1

Reflection on learning objectives achievement/challenges

- *Statement of the achievement/challenges*
- *Probable contributing factors*
- *Possible solutions/way forward*

Annexure 2

Health system research (Operational Research)

(Time motion analysis/ secondary data analysis/ any other such study/ project work undertaken)

- *Why was this study required?*
- *What is already known about this topic?*
- *What was the research question?*
- *What were the objectives of the study?*
- *What were the study methods employed?*
- *What was the outcome?*
- *What are the public health implications of this study?*
- *How did you disseminate the study results to key stakeholders?*

Annexure 3

Report of Epidemic/Outbreak investigation (if participated)

- *Describe the time, place, and person distribution of the outbreak*
- *Describe how the investigation team was composed and your role in the team*
- *Describe how the steps of the Outbreak Investigation were undertaken*
- *What were the investigation findings and action taken?*

Annexure 4

Report on any RMNCHA activity attended
(eg. Verbal autopsy of maternal death/ infant death)

Annexure 5

Report on inventory management

Annexure- (additional)

(Area Specific Research or activity which you feel is important and will help the community to improve their health.)

Assessment Methods

The Faculty may use the following assessment methods to provide feedback to the Postgraduate:

1. Supervisor Assessments:

- Assessments by DRP coordinator, CDHO, or department supervisors
- Logbook checks and assessments by the HOD

2. Presentations and Reports:

- Presentation assessments on DRP experiences and learnings
- Reports required by parent colleges summarizing DRP activities

3. Feedback and Discussion-Based Assessments:

- Group discussions, daily assessments, and WhatsApp group interactions
- Daily formative assessments and summarizing activities with the HOD

4. Questionnaire-based or Record Keeping Assessments:

- Assessments through close-ended questionnaires
- Record keeping through logbooks, LMS, and observation book reviews

5. Other Assessments:

- Case presentations, journal presentations, and AV aids presentations
- Review meetings, presentations on National Health Programs, and online assessments.



District Residency Programme logbook

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