

# Residency Program

## Logbook

MD Phase A

(Psychiatry)



Faculty of Medicine

**Bangabandhu Sheikh Mujib Medical University**

**Dhaka, Bangladesh**

**Table of contents****Page No.**

<b>Essential Information on using this Logbook</b>	3
<b>Training rotations for the Residents in Phase A</b>	5
<b>Trainee's Personal Details</b>	6
<b>Supervisors'/Trainers' Particulars</b>	7
<b>I. Patient Management (Case) Log</b>	
A. Patients' Case Log (Inpatient)	8
B. Patients' Case Log (Outpatient)	11
C. Patients' Case Log (Emergency)	18
<b>II. Clinic Sessions</b>	19
<b>III. Investigations and Procedures' log</b>	21
List of procedures and level of competence	
1. Nasogastric Intubation	22
2. Urethral Catheterization	22
3. Use of Glucometer	23
4. CT/MRI/PET/SPECT	23
5. Radiological Investigations	24
6. Electroconvulsive Therapy	24
7. Resuscitation Technique	25
8. Psychometric Tests Administered and Interpreted	25
9. Counseling Sessions	26
10. Behavioral Therapy / Relaxation Techniques / Other Non pharmacological Intervention	26
11. Procedure of Issuing Psychiatric Certificate	27
12. Forensic Assessments and Reports	27
<b>IV. Academic Activities</b>	28
1) Lectures attended	29
2) Tutorials/small group teaching attended	39
3) Problem Based Learning (PBL)	41
4) Case Based Learning Exercise (CBLE)	42
5) Journal club presentations	43
6) Grand Round/clinical meeting presentations	44
7) Morbidity-Mortality meeting presentations	45
8) Chart Review	45
9) Mandatory courses/Workshops attended	46
10) Conference/Seminar/Symposium/workshop/CME attended	46
11) Papers/Posters presented in conferences	47
12) Papers/Abstracts published in BMDC approved journals	47
<b>V. Leave Record</b>	48
<b>VI. Training Summary</b>	49

## Essential Information for Using this Logbook

### Objectives of the Logbook:

The purpose of the logbook is to provide one source of evidence for the University that a trainee has attained the desired level of competency required to sit for the MD Phase A (Medicine and Allied) Examination. It is the record where Residents are going to document experiences and skills they will attain during their training. Residents should use a logbook to maintain records of their experience in bedside diagnostic and therapeutic procedures and attendance at educational activities. The Supervisors will periodically review the Logbooks to assess training progress and recommend remedial action where appropriate.

### Instructions to the Residents:

#### **Personal Information:**

Please fill in all your personal information required. This will help the University to process your Logbook by the Course Director before sitting for the final exam. Your photograph should be attached to the logbook and you should sign the personal information page.

#### **Registration with BSMMU:**

Before starting training you have to be registered with the Registration Department of BSMMU.

#### **Clinical Case Log:**

1. You will find a list of clinical problems to be managed during your training period. Your level of competence/performance in each case will be determined by your supervisor.
2. You need to mention the provisional or final diagnosis or the problems the patient had for each patient.
3. Write the date of the admission for each patient.
4. Each case entry should be signed by your supervisor. His signature is the proof of your actual participation.

#### **Procedures' Log:**

1. The logbook contains tables for required procedures to be done during different stages of training and the level of desired competency/performance at each stage.
2. Your supervisor should sign each procedure to document the event.

#### **Academic Activities:**

1. Academic activities that must be documented in the logbook are lectures, journal clubs, morbidity and mortality review meetings, and workshops or other conferences, etc. attended.
2. It is preferable that you and your supervisor determine the scientific content of the journal club based on your learning needs.
3. You are to record Mandatory Courses/Workshops and Conferences/ Seminar/ Symposium where you will record your CME activities whether inside or outside the training centre. Any attended activity must be signed by the workshop or conference organizer / coordinator.

**Rotation / Block Training:**

Faculty of Medicine of BSMMU has determined specific training rotations that you must go through during the training period (see your curriculum for details). After you finish each rotation make it signed by the Supervisor and countersigned by the Course Coordinator and chairman of the department.

**Leave record:**

Every leave application when forwarded by the Supervisor should be entered in the leave record section of the book

**Assessment of Logbook Activities:**

1. Your supervisor will assess your logbook monthly to assess training progression and provide verbal or written feedback.
2. Your supervisor will send the End of Block Assessment Report (EBAR) to the Course Coordinator of the training department who will subsequently sent the report to the Course Coordinator of the Parent Department. The Course Coordinator will send a copy of the Report to the Course Director through respective Chairman.

**Important notice:**

- It is your responsibility to maintain an accurate logbook and to regularly update your records.
- Shall you meet any difficulty; you must contact your supervisor/Course Coordinator or the Course Director.
- Unsatisfactory completion of the logbook would lead to delay of training progression.
- Unsatisfactory logbook at the end of training will prevent you from entering the Phase A final examination.
- It is the responsibility of the resident to keep the logbook safe and secured

**Guidelines for the Supervisors:**

1. The logbook is a day to day record of the clinical and academic work done by the Resident.
2. It is the responsibility of the supervisor to indentify and inform the Resident of the area in which he/she is lacking and provide opportunities to improve the competence.
3. Supervisors or his/her designated consultant/trainer should sign the completed events on that particular day in the appropriate column of the Logbook.

**Levels of Competence/Performance:**

The level of competence/performance at which a skill is performed by the trainee should be recorded in the given column of the Logbook.

**For Patient Management:**

- Level 1: Observed/Assisted
- Level 2: Managed under supervision
- Level 3: Managed independently

**For Procedures and Investigations:**

- Level 1: Observed/Assisted/Interpretation
- Level 2: Performed under supervision
- Level 3: Performed independently

**Note:** All entries in the Logbook should be verifiable and the Course Director reserves the right to demand evidence in the form of hospital records in order to verify the data provided in the record sheets

### Training rotations for the Residents in Phase A:

Total duration: 24 months

- Phase- A training consists of eight Blocks. Duration of each Block is of three months. The last Block (Block-8) will be allotted for eligibility assessment and Phase Final Examination.
- The remaining 7 Blocks are as follows:

<b>BLOCK</b>	<b>SPECIALITY</b>	<b>DURATION (months)</b>
<b>1</b>	<b>Basic Psychiatry</b>	<b>3</b>
<b>2</b>	<b>Basic Psychiatry</b>	<b>3</b>
<b>3</b>	<b>Basic Psychiatry</b>	<b>3</b>
<b>4</b>	<b>Internal Medicine</b>	<b>3</b>
<b>5</b>	<b>Liaison Psychiatry (Internal Medicine &amp; its divisions, Rheumatology, Endocrinology )</b>	<b>3</b>
<b>6</b>	<b>Other disciplines relevant to liaison Psychiatry</b>	<b>3</b>
<b>7</b>	<b>Neuropsychiatry</b>	<b>3</b>

Of the seven blocks placement in psychiatry, three blocks are for training in Basic Psychiatry. The last four blocks placements are in Liaison Psychiatry. Block 4 is for training in Internal Medicine, Block-5 is in Internal medicine and its different divisions/specialized unit, rheumatology & endocrinology Block 6 is in other disciplines relevant to liaison psychiatry and Block 7 is for training in Neurology.

## Trainee's Personal Details

Photograph

Course: MD (.....). Session: .....

Institution: .....

Name: ..... Date of Birth .....

Father's Name ..... Mother's Name .....

Address.....

.....

Telephone ..... E mail.....

Nationality ..... National ID/Passport No: .....

BMDC Registration No ..... Valid upto: .....

### Academic Data:

Graduation (MB BS): Year: ..... Institution: .....

Date of Registration: ..... Resident's ID No: :.....

Date of commencement of the Program:.....

Signature:.....

**Supervisors'/Trainers' Particular**

Name	Designation	Name of Hospital/Institute	Specimen signature	Specimen Initial

## **Section I: Patient Management (Case) Log**

### **A. In-patient Management Log: (Managed Independently-Level 3)**

Sl. No	Date	Name, Age/Sex	Reg No.	Diagnosis/Problems	Supervisor's signature



**In-patient Management Log: contd.**  
(Managed Independently-Level 3)

Sl. No	Date	Name, Age/Sex	Reg No.	Diagnosis/Problems	Supervisor's signature

**In-patient Management Log: *contd.***  
(Managed Independently-Level 3)

Sl. No	Date	Name, Age/Sex	Reg No.	Diagnosis/Problems	Supervisor's signature

**B. Outpatient Management Log:**  
(Managed Independently-Level 3)

Date	Diagnosis/Problem(s)	No. of patient	New or Follow-up	Supervisor's signature

**B. Outpatient Management Log:**  
(Managed Independently-Level 3)

Date	Diagnosis/Problem(s)	No. of patient	New or Follow-up	Supervisor's signature

**B. Outpatient Management Log:**  
(Managed Independently-Level 3)

Date	Diagnosis/Problem(s)	No. of patient	New or Follow-up	Supervisor's signature

**B. Outpatient Management Log:**  
(Managed Independently-Level 3)

Date	Diagnosis/Problem(s)	No. of patient	New or Follow-up	Supervisor's signature

--	--	--	--	--

**B. Outpatient Management Log:**  
(Managed Independently-Level 3)

Date	Diagnosis/Problem(s)	No. of patient	New or Follow-up	Supervisor's signature

--	--	--	--	--

**B. Outpatient Management Log:**  
(Managed Independently-Level 3)

Date	Diagnosis/Problem(s)	No. of patient	New or Follow-up	Supervisor's signature



--	--	--	--	--

**B. Outpatient Management Log:**  
(Managed Independently-Level 3)

Date	Diagnosis/Problem(s)	No. of patient	New or Follow-up	Supervisor's signature

--	--	--	--	--

**C. Emergency Patient Management Log:**  
(Managed Independently-Level 3)

Sl. No	Date Encountered	Name, Age, Sex	Reg No.	Diagnosis/Problem(s) and outcome	Supervisor's signature

## Section II: Clinic Sessions

### Attendance in Different Clinic Sessions

Date	Clinic attended	No of patients managed	Supervisor's signature



## **Section III: Investigations and Procedures**

**Number of Investigations/Procedures and level competence/performance to be attained during the Training Program**

<b>Investigations/Procedures</b>	<b>Level of competency</b>	<b>Minimum to be performed</b>
1. Nasogastric Intubation	3	5
2. Urethral Catheterization	3	5
3. Use of Glucometer	3	10
4. CT/MRI/PET/SPECT	1	10
5. Radiological Investigations	1	10
6. Electroconvulsive Therapy	1/2	10
7. Resuscitation Technique	1/2	10
8. Psychometric Tests Administered And Interpreted	1/2	10
9. Counseling Sessions	1/2	10
10. Behavioral Therapy / Relaxation Techniques / Other Non pharmacological Intervention	1/2	10
11. Procedure of Issuing Psychiatric Certificate	1/2	5
12. Forensic Assessments And Reports	1/2	5

## 1. Nasogastric Intubation

Sl No	Date	Reg No. Age/Sex	Interpretation	Level of performance	Supervisor's signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

## 2. Urethral Catheterization

Sl No	Date	Reg No. Age/Sex	Interpretation	Level of performance	Supervisor's signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

### 3. Use of Glucometer

Sl No	Date	Reg No. Age/Sex	Interpretation	Level of performance	Supervisor's signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

### 4. CT/MRI/PET/SPECT

Sl No	Date	Reg No. Age/Sex	Interpretation	Level of performance	Supervisor's signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

## 5. Radiological Investigations

Sl No	Date	Reg No. Age/Sex	Interpretation	Level of performance	Supervisor's signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

## 6. Electroconvulsive Therapy

Sl No	Date	Reg No. Age/Sex	Interpretation	Level of performance	Supervisor's signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					



### 7. Resuscitation Technique

SI No	Date	Reg No. Age/Sex	Interpretation	Level of performance	Supervisor's signature

### 8. Psychometric Tests Administered and Interpreted

SI No	Date	Reg No. Age/Sex	Interpretation	Level of performance	Supervisor's signature

**9. Counseling Sessions**

Sl No	Date	Reg No. Age/Sex	Notes And Interpretation	Level of performance	Supervisor's signature

**10. Behavioral Therapy / Relaxation Techniques /  
Other Non pharmacological Intervention**

Sl No	Date	Reg No. Age/sex	Notes	Level of performance	Supervisor's signature

### **11. Procedure of Issuing Psychiatric Certificate**

SI No	Date	Reg No. Age/Sex	Note & Interpretation	Level of performance	Supervisor's signature

### **12. Forensic Assessments and Reports**

SI No	Date	Reg No. Age/Sex	Note & Interpretation	Level of performance	Supervisor's signature

## **Section IV: Academic Activities**

<b>Events</b>	<b>Minimum number / % required</b>
1) Lectures attended	70% of the schedule lecture
2) Tutorials/small group teaching attended	70% of the schedule
3) Journal Club presentations	10
4) Mortality/Morbidity meeting presentations	70% of the schedule
5) Grand round/Clinical meeting presentations	20
6) Mandatory Courses/Workshops Attended*	As per curriculum
7) Conferences/Seminars/Symposium/Workshop/ CME Attended*	Optional
8) Papers/Posters presented in conferences/ seminars/symposium*	Optional
9) Papers/Abstracts published in BMDC approved Journals	Optional

*\*Certificate of attendance and active participation has to be produced*





























### 3. Problem Based Learning (PBL)

Sl No	Date	Reg No. Age/sex	Interpretation	Level of performance	Supervisor's signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					

#### 4. Case Based Learning Exercise (CBLE)

Sl No	Date	Reg No. Age/sex	Interpretation	Level of performance	Supervisor's signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					

**5. Journal Club Presentations:**

(Only those journal club meeting need to be mentioned in which the trainee presented a paper)

Sl. No.	Date	Full reference of the article discussed	Supervisor's signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

## 6. Grand Round/Clinical Meetings Case Presentations

(Only those need to be mentioned in which the trainee presented case)

S. No.	Date	Brief Description of the Case/ Topic	Supervisor's signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

## 7. Morbidity/Mortality Meeting Presentations

Date	Brief Description of the Case Presented	Supervisor's signature

## 8. Chart Review

Date	Brief Description of the Case Presented	Supervisor's signature

## 9. Mandatory Courses/Workshops Attended

(As per Curriculum requirement)

Course/Workshop	Date	Venue	Supervisor's signature

*Note: Certificate of satisfactory completion/attendance must be attached*

## 10. Conference/Seminar/Symposium/Workshop/CME Attended

Conference/Seminar/Symposium Workshop/CME	Date	Venue	Supervisor's signature

*Note: Certificate of satisfactory completion/attendance must be attached*

### 11. Papers/Posters Presented in Conference/seminar/Symposium

Title	Conference	Venue	Supervisor's signature

*Note: Certificate of attendance must be attached*

### 12. Papers/Abstracts Published in BMDC Approved Journals

Title	Full Reference	Supervisor's signature

*Note: Full reference of the article should be given*





## Section VI: Phase A Training Summary

### A. Training Rotations

Training Sites	Training Period	Supervisor's Signature	Course Coordinator's Signature	Chairman's Signature

## B. Summary of Patient Management Log:

Period:.....

Sl. No.	Events/ Tasks	Minimum requisite number for the training period	Number performed
1	In-patient Management	50	
2	Out-patient Management	100	
3	Emergency Patient Management	15	

## B. Academic Activities:

Period:.....

Events	Minimum No. / % required	No. / % performed
1) Lectures attended	70% of the schedule	
2) Tutorials/small group teaching attended	70% of the schedule	
3) Journal Club presentations	10	
4) Mortality/Morbidity meeting presentations	70% of the schedule	
5) Grand Round/Clinical meeting presentations	20	
6) Mandatory Courses/Workshops Attended*	If any	
7) Conferences/Seminars/Symposium/Workshop/CME Attended*	Optional	
8) Papers/Posters presented in conferences/seminars/symposium	Optional	
9) Papers/abstracts published in BMDC approved Journals	Optional	

Resident's signature:.....

Date.....

Resident's Name.....

ID No.....

**COUNTERSIGNED**

.....

**Course coordinator**

.....

**Chairman**

Logbook: Phase A ; Psychiatry. June 2014