

Residency Program

Logbook

MD Phase A

(Medicine and Allied)



Faculty of Medicine

Bangabandhu Sheikh Mujib Medical University

Dhaka, Bangladesh

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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 send 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 identify 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:

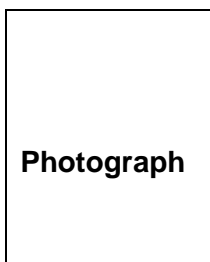
- Level 1: Observed/Assisted
- Level 2: Managed under supervision
- Level 3: Managed independently

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*

Trainee's Personal Details



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
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

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

Sl. No	Date	Name, Age/Sex	Reg No.	Diagnosis/Problems	Supervisor's signature
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					

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

Sl. No	Date	Name, Age/Sex	Reg No.	Diagnosis/Problems	Supervisor's signature
41.					
42.					
43.					
44.					
45.					
46.					
47.					
48.					
49.					
50.					

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
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

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

Investigations/Procedures	Level of Competence	Minimum number to be performed
1. ECG	1	40
2. ETT	1	5
3. Echocardiography	1	8
4. Pericardiocentesis	1	3
5. Insertion of CVP Line	1	3
6. Arterial Puncture	1	3
	2	2
	3	2
7. ABG Analysis	1	10
8. Peritoneal Fluid Aspiration	1	2
	2	3
	3	3
9. Nasogastric Intubation	3	10
10. Liver Biopsy	1	3
	2	2
11. Upper GI Endoscopy	1	5
12. Lower GI Endoscopy	1	3
13. Image Guided FNAC/Fluid Aspiration	1	10
14. Pleural Aspiration	1	1
	2	1
	3	5
15. Pleural Biopsy	1	3
16. Bronchoscopy	1	5
17. Urethral Catheterization	1	1
	2	1
	3	5
18. Renal Biopsy	1	3
19. Haemodialysis/Peritoneal dialysis	1	3
20. Lumbar Puncture	1	1
	2	2
	3	5
21. EEG	1	3
22. EMG/NCV	1	3
23. Joint Fluid Aspiration/Intra-articular Injection	1	2
	2	2

24. Bone Marrow / Splenic Aspiration	1	1
	2	1
	3	2
25. Use of Glucometer	3	10
26. Insulin Delivery Technique	3	5
27. Nebulization Technique	3	5
28. Spirometry	1	5
29. CT/MRI	1	15
30. Radiological Investigations	1	30

1. ECG

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.					
25.					

26.					
27.					
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30.					
31.					
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					

2. Exercise Stress Testing (ETT)

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

3. Echocardiography

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

4. Percardiocentesis

Sl No	Date	Reg No. Age/Sex	Notes	Level of performance	Supervisor's signature
1.					
2.					
3.					

5. Insertion of CVP line

Sl No	Date	Reg No. Age/Sex	Notes	Level of performance	Supervisor's signature
1.					
2.					
3.					

6. Arterial Puncture

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

7. ABG Analysis

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

8. Peritoneal Fluid Aspiration

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

9. Nasogastric Intubation

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

10. Liver Biopsy

Sl No	Date	Reg No. Age/Sex	Notes	Level of performance	Supervisor's signature
1.					
2.					
3.					
4.					
5.					

11. Upper GI Endoscopy

Sl No	Date	Reg No. Age/sex	Interpretation	Level of performance	Supervisor's signature
1.					
2.					
3.					
4.					
5.					

12. Lower GI Endoscopy

Sl No	Date	Reg No. Age/sex	Interpretation	Level of performance	Supervisor's signature
1.					
2.					
3.					

13. Image-guided FNAC/Fluid Aspiration

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

14. Pleural Fluid Aspiration

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

15. Pleural Biopsy

Sl No	Date	Reg No. Age/Sex	Notes and Interpretation	Level of performance	Supervisor's signature
1.					
2.					
3.					

16. Bronchoscopy

Sl No	Date	Reg No. Age/Sex	Notes and Interpretation	Level of performance	Supervisor's signature
1.					
2.					
3.					
4.					
5.					

17. Urethral Catheterization

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

18. Renal Biopsy

Sl No	Date	Reg No. Age/Sex	Motes and Interpretation	Level of performance	Supervisor's signature
1.					
2.					
3.					

19. Hemodialysis / Peritoneal Dialysis

Sl No	Date	Reg No. Age/Sex	Notes	Level of performance	Supervisor's signature
1.					
2.					
3.					

20. Lumber Puncture

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

21. EEG

Sl No	Date	Reg No. Age/Sex	Interpretation	Level of performance	Supervisor's signature
1.					
2.					
3.					

22. EMG/NCV

Sl No	Date	Reg No. Age/Sex	Interpretation	Level of performance	Supervisor's signature
1.					
2.					
3.					

23. Joint Fluid Aspiration/ Intra-articular Injection

Sl No	Date	Reg No. Age/Sex	Notes and Interpretation	Level of performance	Supervisor's signature
1.					
2.					
3.					
4.					

24. Bone Marrow/Splenic Aspiration

Sl No	Date	Reg No. Age/Sex	Notes and Interpretation	Level of performance	Supervisor's signature
1.					
2.					
3.					
4.					

25. 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.					

26. Insulin Delivery Technique

Sl No	Date	Reg No. Age/Sex	Notes and Interpretation	Level of performance	Supervisor's signature
1.					
2.					
3.					
4.					
5.					

27. Nebulization Technique

Sl No	Date	Reg No. Age/Sex	Notes	Level of performance	Supervisor's signature
1.					
2.					
3.					
4.					
5.					

28. Spirometry

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

29. CT/MRI Interpretation

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.					

30. 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.					
13.					
14.					
15.					
16.					

30. Radiological Investigations <i>Contd.</i>					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

Section IV: Academic Activities

Events	Minimum number / % required
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*

1) Lectures Attended (i)

Date	Topic	Lecturer	Lecturer's signature

Lectures Attended: *contd.* (IV)

Date	Topic	Lecturer	Lecturer's signature

Lectures Attended: *contd.* (V)

Date	Topic	Lecturer	Lecturer's signature

Lectures Attended: *contd.* (VI)

Date	Topic	Lecturer	Lecturer's signature

Lectures Attended: *contd.* (VII)

Date	Topic	Lecturer	Lecturer's signature

Lectures Attended: *contd.* (IX)

Date	Topic	Lecturer	Lecturer's signature

Lectures Attended: *contd.* (X)

Date	Topic	Lecturer	Lecturer's signature

2) Tutorial/Small group sessions attended:

Date	Topic	Supervisor	Lecturer's signature

3) 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.			

4) Morbidity/Mortality Meeting Presentations

Date	Brief Description of the Case Presented	Supervisor's signature

5) 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.			

6) Mandatory Courses/Workshops Attended

(As per Curriculum requirement)

Course/Workshop	Date	Venue	Supervisor's signature

Note: Certificate of satisfactory completion/attendance must be attached

7) 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

8) Papers/Posters Presented in Conference/seminar/Symposium

Title	Conference	Venue	Supervisor's signature

Note: Certificate of attendance must be attached

9) Papers/Abstracts Published in BMDC Approved Journals

Title	Full Reference	Supervisor's signature

Note: Full reference of the article should be given

Section V: Leave Record

Duration			Reason	Supervisor's signature
From	To	Number of days		

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	20	

C. Clinic Session Log:

Period:

Clinic	Min requirement: 50% of the respective clinic held	Number (%) performed

Resident's signature and Date:

Resident's Name..... ID No.....

D. Investigations and Procedures Log:

Period:.....

Investigation/Procedures	Level of Competence	Minimum number to be performed	Total Number performed
1. ECG	1	40	
2. ETT	1	5	
3. Echocardiography	1	8	
4. Pericardiocentesis	1	3	
5. Insertion of CVP Line	1	3	
6. Arterial Puncture	1	3	
	2	2	
	3	2	
7. ABG Analysis	1	10	
8. Peritoneal Fluid Aspiration	1	2	
	2	3	
	3	3	
9. Nasogastric Intubation	3	10	
10. Liver Biopsy	1	3	
	2	2	
11. Upper GI Endoscopy	1	5	
12. Lower GI Endoscopy	1	3	
13. Image guided FNAC/Fluid Aspiration	1	10	
14. Pleural Aspiration	1	1	
	2	1	
	3	5	
15. Pleural Biopsy	1	3	
16. Bronchoscopy	1	5	
17. Urethral Catheterization	1	1	
	2	1	
	3	5	
18. Renal Biopsy	1	3	
19. Haemodialysis/Peritoneal dialysis	1	3	
20. Lumber Puncture	1	1	
	2	2	
	3	5	
21. EEG	1	3	
22. EMG/NCV	1	3	
23. Joint Fluid Aspiration/Intra-articular injection	1	2	
	2	2	

Contd.

Investigations and Procedures Log: *contd.*

24. Bone Marrow /Splenic Aspiration	1	1	
	2	1	
	3	2	
25. Use of Glucometer	3	10	
26. Insulin Delivery Technique	3	5	
27. Nebulization Technique	3	5	
28. Spirometry	1	5	
29. CT/MRI	1	15	
30. Radiological Investigations	1	30	

E. 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