



LOG BOOK

Residency training Programme- Phase A

For

MD in Dermatology & Venereology

[2 years]

Discipline: Dermatology & Venereology

Faculty: Medicine

Bangabandhu Sheikh Mujib Medical University

Shahbag, Dhaka

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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 (Dermatology & Venereology) Phase A final 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 examination. 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. Patient name is not required. You need to mention the provisional or final diagnosis or the problems the patient had.
3. For each case write the date of the admission.
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 journal clubs, morbidity and mortality Review Meetings, and workshops or other conferences attended.
2. It is preferable that you and your supervisor determine the scientific content of the journal club based on your learning needs.
3. 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 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 progress report of training every 6 months to the course director.

Important notice:

- It is your responsibility to maintain an accurate logbook and to regularly update your records.
- if 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:

- Level 1: Observed/Assisted
- 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

Photograph

Name:Date of Birth

Father's Name Mother's Name

Address.....

TelephoneE mail.....

NationalityNational ID/Passport No:.....

BMDC Registration NoValid upto:

Academic Data:

Graduation (MBBS): Year:Institution:

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

Date of commencement of the

Program:.....

Signature:.....

Supervisors'/Trainers' Particular

Name	Designation	Name of Hospital	Specimen Signature

Section I: Patient Management (Case) Log

A. In-patient Management Log: (Managed under supervision - Level 2)

Sl. No	Date	Reg No. Age/Sex	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

C. Emergency Patient Management Log:
(Managed under supervision - Level 2)

Sl. No	Date	Reg No. Age/Sex	Diagnosis/Problem(s)	Out come	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' Log

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

Investigation/Procedures	Level of Competence	Minimum number to be performed
1. Lumber Puncture	1	5
2. Serological tests related to specific diseases	1	5
3. Interpretation of microbiology stains, culture results	1	5
4. Peritoneal fluid aspiration	1	2
5. Nasogastric intubation	1	2
6. Urethral catheterization	1	5
	2	2
7. Sputum examination	1	2
8. Radiology investigations	1	5
9. ABG analysis	1	3
10. Blood slide preparation	1	5
	2	3
	3	1
11. Tuberculin testing	1	5
12. FNAC	1	5
13. CT and MRI pituitary and adrenals	1	5+5=10
14. Radionuclide scan of thyroid & RAIU	1	5

15. Ultrasound of thyroid	1	5
16. Short Synacthin Test	1	5
17. X-ray skull	1	5
18. Oral glucose tolerance test	1	5
19. Thyroid function tests/ FT3, FT4, TSH	1	5
20. Thyroid auto antibodies	1	3
21. Insulin Technique	1	5
	2	5
	3	5
22. Use of Glucometer	1	3
	2	3
	3	5
23. Psychotherapy	1	10
	2	2
	3	1
24. CT Scan	1	2
25. EEG	1	3
26. Immunological	1	5
27 Joint fluid aspiration & intra-articular injection	1	2=3=5
28. Synovial fluid analysis	1	3
29. Spirometry	1	3
	2	1
30. Nebulization Technique	1	10
	2	3
	3	2

31. Urine analysis	1	10
	2	5
	3	3
32. Renal function tests	1	5
33. Interpretation of CBC result	1	20
34. Interpretation of Blood Films	1	20
35. Interpretation of CBC result	1	20
36. Interpretation of bone marrow aspiration and trephine biopsy	1`	10
37. Interpretation of BT, CT, PT, APTT	1	10
38. Interpretation of ECG	1	5
	2	5
39. Ecocardiography	1	10
40. Venography	1	2
41. Lymphoscintigraphy	1	3
42. Duplex study of blood vessels	1	5
43. Shock management	1	3
	2	3
44. AMI Management	1	1
45. Asthma management	1	5
	2	3
	3	1

1. Lumber Puncture

SI No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

2. Serological tests related to specific diseases

Sl No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

3. Interpretation of microbiology stains, culture results

Sl No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

4. Peritoneal fluid aspiration

Sl No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

5. Nasogastric intubation

SI No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

6. Urethral catheterization

Sl No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

7. Sputum examination

Sl No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

8. Radiology investigations

SI No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

9. ABG analysis

SI No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

10. Blood slide preparation

Sl No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

11. Tuberculin testing

SI No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

12. FNAC

Sl No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

13. CT and MRI pituitary and adrenals

SI No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

14. Radionuclide scan of thyroid & RAIU

Sl No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

15. Ultrasound of thyroid

SI No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

16. Short Synacthin Test

Sl No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

17. X-ray skull

Sl No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

18. Oral glucose tolerance test

Sl No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

19. Thyroid function tests/ FT3, FT4, TSH

Sl No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

20. Thyroid auto antibodies

Sl No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

21. Insulin Technique

Sl No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

22. Use of Glucometer

SI No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

23. Psychotherapy

Sl No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

24. CT Scan

Sl No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

25. EEG

Sl No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

26. Immunological tests

Sl No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

27. Joint fluid aspiration & intra-articular injection

SI No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

28. Synovial fluid analysis

SI No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

29. Spirometry

SI No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

30. Nebulization Techniqe

Sl No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

31. Urine analysis

SI No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

32. Renal function tests

SI No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

33. Interpretation of CBC result

SI No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

34. Interpretation of Blood Films

SI No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

35. Interpretation of bone marrow aspiration and trephine biopsy

Sl No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

36. BT, CT, PT, APTT

SI No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

37. ECG

Sl No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

38. Ecocardiography

SI No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

39. Venography

SI No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

40. Lymphoscintigraphy

SI No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

41. Duplex study of blood vessels

Sl No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

42. Shock management

SI No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

43. AMI

SI No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

44. Asthma management

SI No	Date	Reg No. Age/Sex	Interpretation	Level of Performance	Supervisor's Signature

Section IV:

Academic Activities: Minimum Requirements:

Events	Minimum number required
Lectures attended	75% of the schedule lecture
Tutorials/small group teaching attended	70% of the schedule
Journal Club Presentations	30
Mortality/Morbidity meeting Presentations	70% of the schedule
Grand Round/clinical meeting Presentations	20
Clinical Audit	70% of the schedule
Mandatory Courses/Workshops Attended*	If any
Conferences/Seminars/Symposium/Workshop/CME Attended*	Optional
Papers/Posters presented in conferences/seminars/symposium	Optional
Papers/abstracts published in BMDC approved Journals	Optional

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

A. Lectures Attended:

Date	Topic	Lecturer	Lecturer's Signature

B. Journal Club Presentation

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

Date	Full reference of the article discussed	Supervisor's Signature

C. Morbidity/Mortality Conference Presentations

Date	Brief Description of the Case Presented	Supervisor's Signature

D. Grand Round/Clinical Meetings Case Presentations

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

Date	Brief Description of the Case/ Topic	Supervisor's Signature

E. Mandatory Courses/Workshops Attended
(As per Curriculum requirement)

Course/Workshop	Date	Venue	Supervisor's Signature
Basic Life Support			
IT and Health Informatics			

Note: Certificate of satisfactory completion/attendance must be attached

F. 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

G. Papers/Posters Presented in Conference/seminar

Title	Conference	Venue	Supervisor's Signature

Note: Certificate of attendance must be attached

H. 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

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. Outpatient Clinic Session Log:

Period:.....

Clinic	Min requisite No/% for the training period	Number/% performed
	50% of the respective clinic held	

Resident's signature and Date.....

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

D. Investigations and Procedures:

Period:.....

Investigation/Procedures	Level of Competence	Minimum number to be performed	Total Number performed
1. Lumber Puncture	1	5	
2. Serological tests related to specific diseases	1	5	
3. Interpretation of microbiology stains, culture results	1	10	
4. Peritoneal fluid aspiration	1	2	
5. Nasogastric intubation	1	2	
6. Urethral catheterization	1	5	
	2	2	
7. Sputum examination	1	2	
	2	3	
8. Radiology investigations	1	5	
9. ABG analysis	1	3	
10. Blood slide preparation	1	5	
	2	3	
	3	1	
11. Tuberculin testing	1	5	
	2	-	
	3	-	
12. FNAC	1	5	
	2	3	
	3	2	
13. CT and MRI pituitary and adrenals	1	10	

14. Radionuclide scan of thyroid & RAIU	1	1	
15. Ultrasound of thyroid	1	3	
16. Short Synacthin Test	1	3	
17. X-ray skull	1	5	
18. Oral glucose tolerance test	1	1	
	2	1	
	3	5	
19. Thyroid function tests/ FT3, FT4, TSH	1	3	
20. Thyroid auto antibodies	1	3	
21. Insulin Technique	1	1	
22. Use of Glucometer	1	3	
23. Psychotherapy	1	3	
	2	-	
	3	-	
24. CT Scan	1	2	
25. EEG	1	3	
26. Radiological, immunological & Serological tests	1	5	
27 Joint fluid aspiration/intra-articular injection	1	5	
28. Synovial fluid analysis	1	3	
29. Spirometry	1	3	
	2	1	

30. Nebulization Technique	1	10	
	2	3	
	3	2	
31. Urine analysis	1	10	
	2	5	
	3	3	
32. Renal function tests	1	5	
33. Interpretation of CBC result	1	20	
34. Interpretation of Blood Films	1	20	
35. Interpretation of CBC result	1	20	
36. Interpretation of bone marrow aspiration and trephine biopsy	1	3	
37. BT, CT, PT, APTT	1	10	
38. ECG	1	5	
	2	5	
39. Ecocardiography	1	5	
	2	5	
40. Venography	1	2	
41. Lymphoscintigraphy	1	3	
42. Duplex study of blood vessels	1	3	
43. Shock management	1	3	
	2	3	
44. AMI	1	1	
45. Asthma management	1	5	
	2	3	
	3	1	

E. Academic Activities:

Period:.....

Events	Minimum number required	No. performed/ % performed
Lectures attended	75% of the schedule	
Tutorials/small group teaching attended	70% of the schedule	
Journal Club Presentations	30	
Mortality/Morbidity meeting Presentations	70% of the schedule	
Grand Round/clinical meeting Presentations	20	
Clinical Audit	70% of the schedule	
Mandatory Courses/Workshops Attended*	If any	
Conferences/Seminars/Symposium/Workshop/CME Attended*	Optional	
Papers/Posters presented in conferences/seminars/symposium	Optional	
Papers/abstracts published in BMDC approved Journals	Optional	

Resident's signature:.....Date.....

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

COUNTER SIGNED

Course coordinator (Parent department).....