

RESIDENCY PROGRAM

LOGBOOK

MD- Phase A

Physical Medicine & Rehabilitation



Faculty of Medicine

Bangabandhu Sheikh Mujib Medical University

Shahbag, Dhaka-1000

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Essential Information for using this Logbook

Objectives of this Logbook:

The purpose of this 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 (Physical Medicine & Rehabilitation) Examination. It is the record where Residents are going to document the experiences and skills they will attain during their training. The Residents should use a logbook to maintain records of their experiences in bedside diagnostic and therapeutic procedures and attendance at educational activities. The supervisors will periodically review the logbooks to assess the training progress and recommended remedial action where appropriate.

Instructions for 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 in the personal information page.

Registration with BSMMU:

Before starting training you have to be registered with the Registration Department of the 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 of the patient with a plan for rehabilitation of the patient if needed for each patient.
3. Write the date of admission of 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 procedure 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, mortality and morbidity 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 workshop or conference organizer/coordinator.

Rotation/Block Training:

Faculty of Medicine BSMMU has determined specific training rotations that you must go through during the training period (see your curriculum for details). The entire logbook will be block wise. After you finish each rotation make it signed by Supervisor and countersigned by the Course Coordinator and Chairman of the department. It is your responsibility to keep the logbook safe and secured.

Leave Record:

Every leave application when forwarded by Supervisor should be entered in the leave record section of this logbook.

Assessment of Logbook Activities:

1. Your supervisor will assess your logbook monthly to assess training progress and provide verbal and 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 The 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.
-

Guideline 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 opportunity to improve the competence.

3. Supervisors or he/she 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 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

Photograph

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

Institution:

Name..... Date of Birth

Father's name Mather's name.....

Address

.....

Telephone No.

E-mail:

Nationality.

National ID/Passport No:

BMDC Registration No :

Academic Data:

Graduation (MBBS): Year:..... Institution:

Date of Registration: Registration`s ID No:.....

Date of commencement of the Program :

Signature:.....

Supervisors/ Trainer's particulars:

Name	Designation	Name of Hospital/ Institute/Discipline	Specimen Signature	Specimen Initial

Section I: Investigations and Procedures Log:

Name and Number of Investigations/Therapeutic Procedures and level of competence /performance to be attained during the Training Program in Different Blocks:

Sl. No.	Investigations/Procedure	Level of Competence	Minimum Number to be Performed
1.	SWD	3	5
2.	MWD	3	5
3.	UST/phonophoresis	3	5
4.	IRR	3	5
5.	EST	3	5
6.	EMG Biofeedback	2	5
7.	TENS	2	5
8.	IFT	2	5
9.	LASER Therapy	2	5
10.	Exercises for LBP	3	5
11.	Exercises for neck pain	3	5
12.	Exercises for knee pain	3	5
13.	Exer. For hemiplegia	3	5
14.	Exer. for facial palsy	3	5
15.	Exer. for Anky. Spondy.	3	5
16.	Exer. for vertigo	2	5
17.	Exer for RA	2	5
18.	Exer. For Cerebral palsy	2	5
19.	Exer.For ShoulderPain	3	5

Section I: Investigations and Procedures: Contd.

20.	Exercise For JIA	2	5
21.	Breathing Exercises	2	5
22.	Postural drainage Tech.	2	5
23.	Joint fluid aspiration/ Intra-articular injection	3	5
24.	ECG	1	20
25.	ETT	1	5
26.	Echocardiography	1	5
27.	Insertion of CVP line	1	2
28.	Arterial puncture	1	2
29.	ABG analysis	1	5
30.	Nasogastric Intubation	3	5
31.	Pleural aspiration	3	5
32.	Spirometry	1	5
33.	Nebulization Technique	3	5
34.	Radiological Investigation	1	30
35.	Lumber Puncture	3	5
36.	EMG/NCS	1	5
37.	CT/MRI	1	10
38.	Urethral Catheterization	3	5
39.	Use of Glucometer	3	3

SECTION- II
BLOCK-I : PHYSICAL MEDICINE AND REHABILITATION

A. In-patient Management (Case) log:

Sl. No	Date	Name, age / sex of the patients.	Reg. No.	Diagnosis	Problem/ disability	Signature of supervisor
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

B. Out-patient Management Log:

(Managed Independently Level)

Date	Problems/Disability	No. of patients.	Diagnosis	New or follow up	Signature of supervisor

C. Physiatric Emergency Management Log:

(Managed Independently- Level 3)ogbook: Phase A; Physical Medicine and Rehabilitation

Sl. No	Date	Problems/Disability	No of patients.	Diagnosis	New or follow up	Signature of supervisor

D. Clinic Sessions**Attendance in Different Clinical Sessions:**

Date	Clinic attended	No of patients.	Diagnosis	New/ follow up	Signature of supervisor

D. Tutorial/ Small group sessions attended:

Date	Topic	Supervisor	Lecture Signature

Tutorial/ Small group sessions attended:Contd.

Date	Topic	Supervisor	Lecture Signature

E. Investigations and Interpretation:**RADIOLOGICAL INVESTIGATIONS**

SL NO	Date	Reg No. Age/Sex	Interpretation	Level of performance	Signature of supervisor

Investigation and Interpretation:***CT/MRI INTERPRETATION***

Sl No.	Date	Reg No. Age/Sex	Interpretation	Level of performance	Signature of supervisor

E. Therapeutic Procedure Log:**SWD**

Sl. No.	Date	Name , age, sex and Reg. No. of the patient	Diagnosis	Level of Performance	Supervisors Signature
1.					
2.					
3.					
4.					
5.					

MWD

1.					
2.					
3.					
4.					
5.					

UST

Sl. No.	Date	Name, age, sex, Reg. of patient	Diagnosis	Level of Performance	Supervisors Signature
1.					
2.					
3.					
4.					
5.					

Therapeutic procedure log:

IRR

1.					
2.					
3.					
4.					
5.					

EST

1.					
2.					
3.					
4.					
5.					

EMG Biofeedback:

1					
2.					
3.					
4.					
5.					

Therapeutic procedure log: *contd.*

TENS

Sl. No.	Date	Name,age,sex,Reg. No. of patient	Diagnosis	Level of Performance	Signature of Supervisor
1.					
2.					
3.					
4.					
5.					

IFT

1					
2.					
3.					
4.					
5.					

LASER Therapy

1					
2.					
3.					
4.					
5.					

Therapeutic Procedure Log: *Contd.*

Exercises for Shoulder Pain

Sl. No.	Date	Name,age,sex,Reg. No. of patient	Diagnosis	Level of Performance	Signature of Supervisor
1.					
2.					
3.					
4.					
5.					

Exercises for LBP

1					
2.					
3.					
4.					
5.					

Exercises For Neck Pain

1					
2.					
3.					
4.					

Therapeutic Procedure Log: Contd.

Exercises for Knee Pain

Sl. No.	Date	Name,age,sex,Reg. No. of patient	Diagnosis	Level of Performance	Signature of Supervisor
1.					
2.					
3.					
4.					
5.					

Exercises For Ankylosing spondylitis

1					
2.					
3.					
4.					
5.					

Exercises for Rheumatoid Arthritis/JIA

1.					
2.					
3.					
4.					
5.					

Therapeutic Procedure Log: Contd.

Exercises For Hemiplegia/ Paraplegia/GBS

Sl. No.	Date	Name,age,sex,Reg. No. of patient	Diagnosis	Level of Performance	Signature of Supervisor
2.					
3.					
4.					
5.					

Exercises for Facial Palsy

1					
2.					
3.					
4.					
5.					

Exercises for Cerebral Palsy

1					
2.					
3.					
4.					
5.					

Therapeutic Procedure Log: Contd.

Joint Fluid Aspiration:

Sl. No.	Date	Name,age,sex,Reg. No. of patient	Diagnosis	Level of performane	Signature of Supervisor
1					
2.					
3.					
4.					
5.					

Intra-articular / Intra lesional Injection:

1					
2.					
3.					
4.					
5.					

BLOCK-2 : Internal Medicine

A. In-patient Management (Case) log: Managed Independently- Level 3)

Sl. No	Date	Name , age / sex of the patients.	Reg. No.	Diagnosis	Problem/ disability	Signature of supervisor
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

B. Out-patient Management Log:
(Managed Independently- Level 3)

Date	Problems/Disability	No. of patients.	Diagnosis	New or follow up	Signature of supervisor

C. Internal Medicine Emergency Management Log:
(Managed Independently- Level 3)

Sl. No.	Date	Problems/Disability	No of patients.	Diagnosis	New or follow up	Signature of supervisor

D. Procedure log:

Use of Glucometer:

Sl. No.	Date	Regn.No. Age & Sex	Interpretation	Level of performance	Supervisors Signature

Nebulization Technique:

BLOCK-3 : Rheumatology

A. In-patient Management (case) log:
(Managed Independently- Level 3)

Sl. No	Date	Name , age / sex of the patients.	Reg. No.	Diagnosis	Problem/ disability	Signature of supervisor
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

B. Out-patient Management Log:
(Managed Independently- Level 3)

Date	Problems/Disability	No. of patients.	Diagnosis	New or follow up	Signature of supervisor

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

Sl. No.	Date	Problems/Disability	No of patients.	Diagnosis	New or follow up	Signature of supervisor

BLOCK-4:Orthopaedics

A. In-patient Management (case) log:

(Managed Independently- Level 3)

Sl. No	Date	Name , age / sex of the patients.	Reg. No.	Diagnosis	Problem/ disability	Signature of supervisor
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

B. Out-patient Management Log:

Date	Problems/Disability	No. of patients.	Diagnosis	New or follow up	Signature of supervisor

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

Sl. No	Date	Problems/Disability	No of patients.	Diagnosis	New or follow up	Signature of supervisor

BLOCK-5 : Neurology

A. In-patient Management (case) log:

(Managed Independently- Level 3)

Sl. No	Date	Name , age / sex of the patients.	Reg. No.	Diagnosis	Problem/ disability	Signature of supervisor
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

B. Out-patient Management Log:
(Managed Independently- Level 3)

Date	Problems/Disability	No. of patients.	Diagnosis	New or follow up	Signature of supervisor

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

Sl. No	Date	Problems/Disability	No of patients.	Diagnosis	New or follow up	Signature of supervisor

Neurological Investigations Log:**Lumber Puncture:**

SI No.	Date	Reg No. Age/Sex	Interpretation	Level of performance	Signature of supervisor

EMG:

NCV:

Nasogastric Intubation:

SL NO	Date	Reg No. Age/Sex	Interpritation	Level of performance	Signature of supervisor

Urethral Catheterization:

BLOCK-6 : Composite block-1

ICU

A. In-patient Management (case) log:
(Managed Independently- Level 3)

Sl. No	Date	Name , age / sex of the patients.	Reg. No.	Diagnosis	Problem/ disability	Signature of supervisor
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

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

Sl. No	Date	Problems/Disability	No of patients.	Diagnosis	New or follow up	Signature of supervisor

Investigations and Procedures Log:**Arterial Puncture:**

SI No.	Date	Reg No. Age/Sex	Interpretation	Level of performance	Signature of supervisor

ABG Analysis:

Nasogastric intubation:

Block- 6 Composite Block-1

Cardiology:

A. In-patient Management (case) log:

(Managed Independently- Level 3)

Sl. No	Date	Name, age / sex of the patients.	Reg. No.	Diagnosis	Problem/ disability	Signature of supervisor
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Out -patient management log:

1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

C. Cardiology Emergency Management Log:

(Managed Independently- Level 3)

Sl. No.	Date	Problems/Disability	No of patients.	Diagnosis	New or follow up	Signature of supervisor

Invstigations and Procedures Log:

ECG:

Sl No.	Date	Reg No. Age/Sex	Interpretation	Level of performance	Signature of supervisor

ECHOCARDIOGRAPHY:

SI No.	Date	Reg No. Age/Sex	Interpretation	Level of performance	Signature of supervisor

Exercise Stress Testing (ETT):

A. Out-patient Management (case) log:

(Managed Independently- Level 3)

Sl. No	Date	Nam , age / sex of the patients.	Reg. No.	Diagnosis	Problem/ disability	Signature of supervisor

Investigations and Procedures Log:**Pleural Fluid Aspiration:**

SI No.	Date	Reg No. Age/Sex	Interpretation	Level of performance	Signature of supervisor

Pleural Biopsy:

Bronchoscopy:

Spirometry:

Procedures Log:EMG/NCS/Exercise

SI No.	Date	Reg No. Age/Sex	Interpretation	Level of performance	Signature of supervisor

Section III: Clinic Sessions

Attendance in Different Clinical Sessions:

Date	Clinic attended	No of patients.	Diagnosis	New or follow up	Signature of supervisor

RADIOLOGICAL INVESTIGATIONS

SL NO	Date	Reg No. Age/Sex	Interpretation	Level of performance	Signature of supervisor

CT/MRI INTERPRETATION

SL NO	Date	Reg No. Age/Sex	Interpretation	Level of performance	Signature of supervisor

Section IV-Academic Activities:

Events	Minimum number/%required
1)Lecture attended	70% of the schedule lecture
2 Tutorials/small group teaching attended	70% of the schedule
3)Journal club presentation	10
4)Mortality/morbidity meting presentation	70% of the schedule
5)Grand round /clinical presentation	20
6)Mandatory courses/workshop attended*	As per curriculum
7)Conference/seminar /symposium/workshop/CME attendant*	Optional
8)Papers/Posters Presented in conferences/seminars/symposium*	Optional
9) Papers/abstracts published in BMDC approved journal	Optional

*Certificate of attendance and active participation has to be produced

B. Tutorial/ Small group sessions attended:

Date	Topic	Supervisor	Lecture Signature

3) Journal club Presentations:

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

Sl. No	Date	Full reference of the article discussed	Signature of supervisor
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10			

5) Grand round / Clinical meeting case presentation

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

Sl. No.	Date	Brief Description of the case or topic	Signature of supervisor
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

6)Mandatory courses/Workshop attended

(As per curriculum)

Courses/workshop	Date	Venue	Supervisor's Signature

NOTE: Certificate of attendance and active participation has to be produced**7)Conference/Seminar /Symposium/Workshop/CME attendant**

Conference/seminar /symposium/workshop/CME	Date	Venue	Supervisor's Signature

NOTE: Certificate of attendance and active participation has to be produced

8) Papers/Posters Presented in conferences/seminars/symposium

Title	Conference	Venue	Supervisor's Signature

NOTE: Certificate of attendance must be attached

9) Papers/abstracts published in BMDC approved journal

Title	Full Reference	Supervisor's Signature

NOTE: Full Reference of the article should be given

Section V : Leave record

Duration			Reason	Signature of supervisor
From	To	Number of days		

Summary of Patient Management Log:**Period:**.....

SI 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	

Clinic Session Log**Period:**.....

Clinic	Minimum requirement.50% of the respective clinic held	Number(%) Performed

Resident's signature:

Date:

Resident's Name

ID No.

D. Investigations and Procedures Log:

Sl. No	Investigations/Procedure	Level of Competence	Minimum Number to be Performed	Total Number performed
1.	SWD	3	5	
2.	MWD	3	5	
3.	UST/phonophoresis	3	5	
4.	IRR	3	5	
5.	EST	3	5	
6.	EMG Biofeedback	2	5	
7.	TENS	2	5	
8.	IFT	2	5	
9.	LASER Therapy	2	5	
10.	Exercises for LBP	3	5	
11.	Exercises for neck pain	3	5	
12.	Exercises for knee pain	3	5	
13.	Exer. For hemiplegia	3	5	
14.	Exer. for facial palsy	3	5	
15.	Exer. for Anky. Spondy.	3	5	
16.	Exer. for vertigo	2	5	
17.	Exer for RA	2	5	
18.	Exer. For Cerebral palsy	2	5	
19.	Exer.For ShoulderPain	3	5	
20.	Exercise For JIA	2	5	
21.	Breathing Exercises	2	5	
22.	Postural drainage Tech.	2	5	
23.	Joint fluid aspiration/Intra-articular injection	3	5	
24.	ECG	1	20	
25.	ETT	1	5	
26.	Echocardiography	1	5	
27.	Insertion of CVP line	1	2	
28.	Arterial puncture	1	2	
29.	ABG analysis	1	5	
30.	Nasogastric Intubation	3	5	
31.	Pleural aspiration	3	5	
32.	Spirometry	1	5	
33.	Nebulization Technique	3	5	
34.	Radiological Investigation	1	30	
35.	Lumber Puncture	3	5	
36.	EMG/NCS	1	5	
37.	CT/MRI	1	10	
38.	Urethral Catheterization	3	5	
39.	Use of Glucometer	3	3	

E. Academic Activities

Events	Minimum number/%required	No/% performed
1) Lecture attended	70% of the schedule lecture	
2 Tutorials/small group teaching attended	70% of the schedule	
3) Journal club presentation	10	
4) Mortality/morbidity meeting presentation	70% of the schedule	
5) Grand round /clinical presentation	20	
6) Mandatory courses/workshop attended*	As per curriculum	
7) Conference/seminar /symposium/workshop/CME attendant*	Optional	
8) Papers/Posters Presented in conferences/seminars/symposium*	Optional	
9) Papers/abstracts published in BMDC approved journal	Optional	

Resident's signature:

Date:

Resident's Name

ID No.

Countersigned_____
Course Coordinator_____
Chairman