



Log Book

MS Urology
Phase B
Residency Training Program

Department of Urology
Bangabandhu Sheikh Mujib Medical University
Shahbag, Dhaka

INDEX

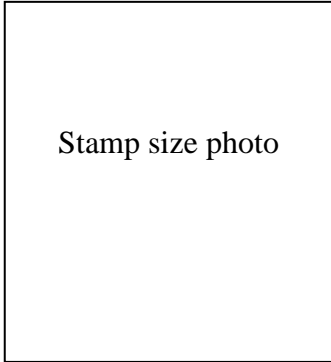
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Personal Details Of The Resident

Name Of The Resident :
University Registration No. :
BMDC Registration No. :
Date Of Entry In The Program :
Date Of Birth :
Father's Name :
Mother's Name :
Address For Communication :

Permanent Address :

Telephone No. :
E-Mail :
Nationality :
National ID No. :
Passport No. (For Foreign Student) :



General information :

1. The log book (Daily Training Record) is a day to day record of the clinical and academic work done by the resident
2. The log book will be a pre-requisite for appearing in the phase- B summative examination
3. This log book has to be maintained by all the residents throughout the period of training
4. The resident will obtain the log book from the course-coordinator of the parent discipline immediately after joining
5. The resident will make the required entries in the logbook on the same day of the event and get it signed by the supervisor
6. It is the responsibility of the resident to keep the logbook safe and secured
7. **Entries in the log book will be block-wise.**

Objective of the Training program:

The aim of the training in phase A of the residency program is to guide the students to acquire broad based knowledge on before entering the final part (phase B) of the respective specialty. This is a five-years program combining two years in phase A and three years in phase B. In phase A residents learn introduction to urology, general surgery, traumatology, orthopaedic and paediatrics surgery. In phase B they learn general urology and different branches of urology. In this context it is expected that the residents will be able to (i) acquire knowledge [of common conditions, emergencies & rehabilitations], (ii) acquire skill [diagnostic, clinical and decision making] and (iii) develop attitude [caring, learning & ethical]. By the end of their training the residents are expected to be competent in all aspects of adult and paediatrics urology, including open and endourological procedures. Residents' progress is reviewed individually every three months (block) by mentor.

The residents should:

- Acquire sufficient theoretical knowledge (the "core" knowledge)
- Be able to take full history and be competent in performing a full physical examination of urological patients
- Decide whether the patient requires ambulatory care or hospitalization or referral to other health professionals
- Become competent in interpreting and evaluate the presenting symptoms and physical signs (haematuria, retention of urine, LUTS).
- Be able to interpret and evaluate the laboratory reports lying with the patients
- Plan investigations and interpret them
- Decide and implement suitable treatment
- Maintain follow up of patients
- Competent and confident to handle common emergencies and common chronic conditions including rehabilitation
- Orientation of urological instruments.
- Develop skill of good prescribing
- Establish appropriate doctor-patient relationship
- Be able to maintain the ethical and professional standard
- Develop sufficient expertise in performing the enlisted procedures :
[the list is not exhaustive and the level of performance may vary]

GENERAL UROLOGY

- Anatomy of the genitourinary tract
- Genitourinary & urological emergencies:-
 - Trauma to genitourinary tract
 - Priapism
 - Torsion of the testis
 - Acute retention of urine
 - Clot retention
 - Iatrogenic injury of genitourinary system
 - Strictures of genitourinary tract
 - Acute scrotum
- Obstructive uropathy
Phimosis, Meatal stenosis, Urethral stricture, PUV, BNO, BPH, Neurogenic bladder, Mega ureter, VUJ obstruction, Ureteral obstruction, PUJ obstruction.
- Radiology/ Imaging:-
 - Basics of radiography, contrast agent
 - Plain abdomen KUB film
 - Urography(IVU,RGU,MCU,RGP,Percutaneous)
 - Angiography
 - Sonography(Conventional,Colour Doppler,TRUS)
 - CT scan, CT urogram, MRI
 - Radio-Isotope Scan(DTPA, DMSA, Bone scan)
- Urolithiasis:-
 - Urinary stone disease
 - Medical renal diseases due to urolithiasis
- Diseases of adrenal gland
- Varicocele, Inguinoscrotal swelling
- Prostatitis, Genitourinary infection, Interstitial cystitis
- Cystic diseases of kidney,Retroperitoneal mass & fibrosis, Urinary fistula
- Minimal Invasive Surgery(Laparoscopy)
- Endoscopic procedures (Endourology)

- ESWL, PCNL
- Open surgical procedures
- Urological Audit
- Recent advance in urology.

URO-ONCOLOGY

- Tumours of the adrenal gland
- Renal parenchymal neoplasm
- Urothelial carcinoma (upper tract)
- Testicular tumour
- FNAC, Histopathology, Urine cytology
- Tumour markers, TNM classification
- CIS, Bladder biopsy, Prostate biopsy
- Tumours of the bladder, prostate, urethra & penis
- Chemotherapy of urological tumours
- Radiotherapy & Brachytherapy of Genitourinary tumours
- Urinary diversions & bladder substitution
- Intravesical therapies
- Immunotherapy, Hormone therapy
- Palliative care in urological malignancy
- Childhood urological tumours.

PAEDIATRIC UROLOGY

- Perinatal diagnosis of urological disease & counseling
- Congenital anomalies:-
 - Hypospadias, Epispadias, Ectopia vesicae
 - VUR, PUV, PUJO, VUJO, Megaureter
 - Incomplete descent of testis
 - Ambiguous genitalia

- Phimosis, Paraphimosis, Circumcision
- Enuresis, Incontinence of urine
- Urinary tract infection in children
- Voiding dysfunction in children, Neurogenic bladder
- Acute scrotum
- Genitourinary trauma in children
- Childhood urological tumours
- Urolithiasis in children
- Renal failure in children & Paediatric renal transplantation
- Anaesthesia for paediatric urological procedures.

FEMALE UROLOGY

- Congenital anomalies of female genitourinary system
- Genitourinary fistula [VVF,UVF(ureterovaginal),UVF(urethrovaginal),RVF(rectovaginal)]
- Incontinence of urine, Cystocele, Rectocele
- Urological problem during pregnancy
- Female sexual dysfunction

ANDROLOGY

- Congenital anomalies of male genitalia
- Hypogonadism, Male infertility, Peyronies disease
- Karyotyping, Semen analysis, Testicular biopsy
- Male sexual dysfunction, Penile prosthesis
- Vesectomy, Vesectomy reversal
- ART(assisted reproductive technique).

NEURO-UROLOGY

- Neurophysiology of lower urinary tract
- Neuropharmacology of lower urinary tract
- Uroflowmetry, Urodynamic study
- Over active bladder, Neurogenic bladder, Sensory disorder of bladder
- Urinary incontinence, CISC
- Operations for neurogenic bladder
- Voiding dysfunction-Female, Children, Adult.

TRANSPLANT UROLOGY

- Organ act 1999, organ trading, organ trafficking
- Evaluation of donor, CT angiogram, IVU, HLA Tissue typing
- Evaluation of recipient
- Psychiatric evaluation for transplant patient
- Overview of medical renal disease
- Donor Nephrectomy, Cadaver kidney harvesting for transplantation
- Renal perfusion, Bench surgery
- Recipient surgery (Kidney transplantation)
- Complications of Renal transplantation (Lymphocele, Urinary leakage, Rejection, Vascular complication)
- Immunosuppressive drugs
- Renal biopsy
- Catheterization for vascular access
- Dialysis (Haemodialysis, Peritoneal dialysis, CAPD)
- Post operative management & Follow up of kidney donor & recipient
- Colour Doppler, Nuclear imaging for transplant evaluation.

The objectives of the training may be achieved through different modes like -

- Wards Duties
- Emergency Duties
- OPD Duties
- Academic Sessions: Journal Club, Clinical Meeting, Grand Round, Case Presentation Session, Morbidity/Mortality Review Meeting/Medical Audit
- Seminars, Conference, Workshop
- Lectures
- Bed Side Teaching
- Tutorials
- Procedures

Clinical Rotations

Block Distributions	Duration
General Urology---6 Blocks	18 Months
Uro-oncology-----2 Blocks	6 Months
Female Urology & Andrology-1 Block	3 Months
Paediatric Urology--1 Block	3 Months
Neuro-urology-----1 Block	3 Months
Transplant Urology--1 Block	3 Months

Section C. OPD Consultation

Block :

Supervisor :

Date	Consultation	Problem/Diagnosis	No		Signature of Supervisor
	1st FU				
	1st FU				
	1st FU				

Section K. Summary Records: Phase B Year 1 (PAY 1)

Events	Performed				Signature of the Year Manager
	Block-1	Block-2	Block-3	Block-4	
A) Case records (POMR)					
B) Procedures					
C) OPD consultation					
D) Emergency encountered					
E) Journal club					
F) Case presentation in clinical meeting, grand & ward round					
G) Presentation/attendance in seminars, symposium /workshop, conferences					
H) Lectures attended					
I) Data Interpretations					

Section L. Summary Records: Phase B Year 2 (PAY 2)

Events	Performed				Signature of the Year Manager
	Block-1	Block-2	Block-3	Block-4	
A) Case records (POMR)					
B) Procedures					
C) OPD consultation					
D) Emergency encountered					
E) Journal club					
F) Case presentation in clinical meeting, grand & ward round					
G) Presentation/attendance in seminars, symposium /workshop, conferences					
H) Lectures attended					
I) Data Interpretations					

Section M. Summary Records: Phase B Year 3 (PAY 3)

Events	Performed				Signature of the Year Manager
	Block-1	Block-2	Block-3	Block-4	
A) Case records (POMR)					
B) Procedures					
C) OPD consultation					
D) Emergency encountered					
E) Journal club					
F) Case presentation in clinical meeting, grand & ward round					
G) Presentation/attendance in seminars, symposium /workshop, conferences					
H) Lectures attended					
I) Data Interpretations					

Section N. Summary Records: Phase B Completion

Events	Performed				Signature of the Course coordinator
	PAY 1	PAY 2	PAY 3	TOTAL	
A) Case records (POMR)					
B) Procedures					
C) OPD consultation					
D) Emergency encountered					
E) Journal club					
F) Case presentation in clinical meeting, grand & ward round					
G) Presentation/attendance in seminars, symposium/ workshops, conferences					
H) Lectures attended					
I) Data Interpretations					

Section O. CERTIFICATION of Satisfactory Completion of The Log Book

I, to the best of my knowledge, certify that

Dr.

has satisfactorily completed this logbook as required by the university

Signature of the Course Coordinator

Name :

Discipline :

Date :