

**LOGBOOK  
FOR  
PHASE – A  
MS RESIDENCY PROGRAMME**

DEPARTMENT OF OBSTETRICS & GYNAECOLOGY  
BANGABANDHU SHEIKH MUJIB MEDICAL UNIVERSITY  
SHAHBAG, DHAKA.

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**PERSONAL DETAILS OF THE RESIDENTS**

Name of the resident:

University Registration No:

BMDC Registration No:

Date of entry in the program:

Session:

Date of Birth:

Father's Name:

Mother's name:

Address for communication:

Permanent address:

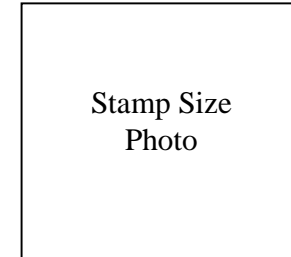
Telephone No.

E-mail:

Natonality:

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 works done by the resident
2. The log book will be a pre – requisite for appearing in the phase I 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**

## **OBJECTIVES OF THE RESIDENCY COURSE**

### **OVERALL OBJECTIVES:**

The aim of the course is to develop human resources in the field of surgery who shall

1. Provide optimum health care to the Obs & Gynae patients need surgical care.
2. Teach and train undergraduate medical students and junior doctors in Obs & Gynae in medical college and other Institutions.
3. Carry out and guide research to improve the practice of the art and science of Obs & Gynae.
4. Develop his/her knowledge, skill and attitude on his/her areas of interest and become specialists in allied specialities.

### **SPECIFIC OBJECTIVES**

After qualifying final MS, the candidate should be able to function as a junior specialist in Obs & Gynae.

So at the end of MS course candidate shall

1. have thorough knowledge of theoretical aspects of Obs & Gynae including recent advances and basic science as applicable to Obs & Gynae.
2. be able to assess the patients seeking Obs & Gynae treatment by obtaining patient's history, eliciting physical findings, formulating provisional diagnosis, deciding whether patient needs hospitalization or not.
3. manage the patients - by recognizing appropriate investigations; when required perform specified procedures independently and competently; deal with the complications effectively and promptly.

4. be aware of one's professional limitations and be able to refer to appropriate centers/specialist when required.
5. develop one's knowledge skills and attitudes in his/her areas of interest and become specialists in allied specialities.
6. be able to carry out research and publish the findings, move over, he/she shall be able to critically evaluate recent medical literature and update his knowledge. Also exhibit awareness of surgical audit.
7. to know the ethics and medico-legal aspects related to the practice of Obs & Gynae.
8. acquire necessary skills of teaching and training his junior colleagues and medical students.

**OBJECTIVE OF THE TRAINING PROGRAM:**

The aim of the training program in phase A of the residency program is to guide the students to acquire broad based knowledge on [Obs & Gynae] before entering the final part (part B). In this context it is expected that the students will be able to (i) acquire knowledge [of common obstetrics & gynae conditions, emergencies & rehabilitations]. (ii) acquire skills [diagnostic, clinical and decision making] and (iii) develop attitude [caring, learning & ethical]. The components of the objectives are as follows: The resident should

- acquire sufficient theoretical knowledge (the "core" knowledge defined in the syllabus)
- be able to take full history and be competent in performing a full physical examination
- formulate a clinical diagnosis
- 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
- be able to interpret and evaluate the laboratory reports
- plan investigations and interpret them
- decide and implement suitable treatment
- maintain follow up of patients
- maintain records of patients
- present the patient's clinical data in both detailed and salient form highlighting the problem (s)
- competent and confident enough to handle common emergencies and common chronic conditions including rehabilitation
- develop skill of good prescribing
- establish appropriate doctor – patient relationship
- be able to maintain the ethical and professional standard
- be able to advise the community on promoting health and preventing illness
- well conversant with commonly prescribed drugs

Resident should develop sufficient expertise in performing the enlisted procedures:

1. Hand wash
2. Gown and gloves wearing
3. Positioning, painting and drapping of the patient



4. Trolley preparation
5. Nasogastric tube placement
6. Urethral Catheterization
7. Cannula insertion
8. Fingertic blood sugar testing
9. Various routes of drug administration
10. Chemotherapy
11. Collection, storage and transportation of pathological specimen with accompanying notes
12. Cardiotocography
13. Safe blood transfusion
14. Blood glucose monitoring
15. Opening and closing of the abdomen during surgery
16. Minor surgical procedures like
  - D & C
  - Polypectomy
  - Marsupialization
  - Episiotomy repair
  - Manual removal of placenta

- Tubectomy
- Norplant insertion and removal

17. Abdominal Ultrasonography & transvaginal ultrasonography

18. Venepuncture

- be able to interpret the following lab data and investigation reports

1. ECG

2. X-ray

3. CT scans

4. MRI

5. Haemoglobin electrophoresis

6. Electrolyte reports

7. Automated hematological analysis

8. Ultrasonography

9. CTG

10. Partograph

11. HSG

12. Hormone Assay

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

1. Ward duties
2. Emergency duties
3. OPD duties
4. Academic sessions: Journal club, clinical meeting, Grand round, Case presentation session, Morbidity/ mortality review meeting/ medical audit
5. Seminars, conferences, workshops
6. Lectures
7. Bed side teaching
8. Tutorials
9. Small group discussion

## **EXAMPLE OF ROTATIONS FOR THE RESIDENTS OF MS IN OBS & GYANE**

Total duration: 24 months

- Last 3 months of the phase A will be allotted for Assessment
- The remaining 21 months will be divided into 7 Blocks as follows

<b>BLOCK</b>	<b>SPECIALITY</b>	<b>DURATION (MONTHS)</b>
1	General Obs & Gynae	3 months
2	Anaesthesia	1 month
	General Urology	1 month
	Female Urology	1 month
3	Neonatology	1 month
	Endocrinology	1 month
	Dermatology	1 month
4	General surgery	3 months
5	Radiation & Medical Oncology	1 month
	Radiology & Imaging	1 month
	Family Planning	1 month
6.	General Obs & Gynae	3 months
7.	General Obs & Gynae	3 months

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Supervisor.....

Sl. No.	Date	Name of patient (age & sex)	Date of admission with hospital Reg. No. Ward & Bed No.	Diagnosis	Grading	Signature of Supervisors
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Key for performance of the candidates:

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Performance under supervision – Ps

Performed independently – PI

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Date	Consultation	Problem / diagnosis	No	Signature of Supervisors
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Block.....

Supervisor.....

Date	Consultation	Problem / diagnosis	No	Signature of Supervisors
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			

**SECTION C: OPD CONSULTATION**

Block.....

Supervisor.....

Date	Consultation	Problem / diagnosis	No	Signature of Supervisors
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			

**SECTION C: OPD CONSULTATION**

Block.....

Supervisor.....

Date	Consultation	Problem / diagnosis	No	Signature of Supervisors
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			

**SECTION C: OPD CONSULTATION**

Block.....

Supervisor.....

Date	Consultation	Problem / diagnosis	No	Signature of Supervisors
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			

**SECTION C: OPD CONSULTATION**

Block.....

Supervisor.....

Date	Consultation	Problem / diagnosis	No	Signature of Supervisors
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			

**SECTION C: OPD CONSULTATION**

Block.....

Supervisor.....

Date	Consultation	Problem / diagnosis	No	Signature of Supervisors
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			

**SECTION C: OPD CONSULTATION**

Block.....

Supervisor.....

Date	Consultation	Problem / diagnosis	No	Signature of Supervisors
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			



**SECTION C: OPD CONSULTATION**

Block.....

Supervisor.....

Date	Consultation	Problem / diagnosis	No	Signature of Supervisors
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			

**SECTION C: OPD CONSULTATION**

Block.....

Supervisor.....

Date	Consultation	Problem / diagnosis	No	Signature of Supervisors
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			

**SECTION C: OPD CONSULTATION**

Block.....

Supervisor.....

Date	Consultation	Problem / diagnosis	No	Signature of Supervisors
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			

**SECTION C: OPD CONSULTATION**

Block.....

Supervisor.....

Date	Consultation	Problem / diagnosis	No	Signature of Supervisors
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			

**SECTION C: OPD CONSULTATION**

Block.....

Supervisor.....

Date	Consultation	Problem / diagnosis	No	Signature of Supervisors
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			

**SECTION C: OPD CONSULTATION**

Block.....

Supervisor.....

Date	Consultation	Problem / diagnosis	No	Signature of Supervisors
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			

**SECTION C: OPD CONSULTATION**

Block.....

Supervisor.....

Date	Consultation	Problem / diagnosis	No	Signature of Supervisors
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			

**SECTION C: OPD CONSULTATION**

Block.....

Supervisor.....

Date	Consultation	Problem / diagnosis	No	Signature of Supervisors
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			



**SECTION C: OPD CONSULTATION**

Block.....

Supervisor.....

Date	Consultation	Problem / diagnosis	No	Signature of Supervisors
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			

**SECTION C: OPD CONSULTATION**

Block.....

Supervisor.....

Date	Consultation	Problem / diagnosis	No	Signature of Supervisors
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			

**SECTION C: OPD CONSULTATION**

Block.....

Supervisor.....

Date	Consultation	Problem / diagnosis	No	Signature of Supervisors
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			

**SECTION C: OPD CONSULTATION**

Block.....

Supervisor.....

Date	Consultation	Problem / diagnosis	No	Signature of Supervisors
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			

**SECTION C: OPD CONSULTATION**

Block.....

Supervisor.....

Date	Consultation	Problem / diagnosis	No	Signature of Supervisors
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			

**SECTION C: OPD CONSULTATION**

Block.....

Supervisor.....

Date	Consultation	Problem / diagnosis	No	Signature of Supervisors
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			
	1 <sup>st</sup>  FU			

**SECTION D: PLACEMENT IN SPECIALIZED DIAGNOSTIC SET UP**

Ultrasonography.....

Supervisor.....

Sl. No.	Date	Name of patient	Reg. No.	Diagnosis	Performance of candidate	Signature of Supervisors
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

Key for performance of the candidates:

Observer status – 0

Assistant status – A

Performance under supervision – Ps

Performed independently – PI

**SECTION D: PLACEMENT IN SPECIALIZED DIAGNOSTIC SET UP**

Cardiotocography.....

Supervisor.....

Sl. No.	Date	Name of patient	Reg. No.	Diagnosis	Performance of candidate	Signature of Supervisors
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

Key for performance of the candidates:

Observer status – 0

Assistant status – A

Performance under supervision – Ps

Performed independently – PI



**SECTION D: PLACEMENT IN SPECIALIZED DIAGNOSTIC SET UP**

Pap smear.....

Supervisor.....

Sl. No.	Date	Name of patient	Reg. No.	Diagnosis	Performance of candidate	Signature of Supervisors
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

Key for performance of the candidates:

Observer status – 0

Assistant status – A

Performance under supervision – Ps

Performed independently – PI

**SECTION D: PLACEMENT IN SPECIALIZED DIAGNOSTIC SET UP**

VIA / Colposcopy.....

Supervisor.....

Sl. No.	Date	Name of patient	Reg. No.	Diagnosis	Performance of candidate	Signature of Supervisors
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

Key for performance of the candidates:

Observer status – 0

Assistant status – A

Performance under supervision – Ps

Performed independently – PI

**SECTION E: EMERGENCY ENCOUNTERED**

Block.....

Supervisor.....

Sl. No.	Date	Name of the patients (age & sex), ward, Bed, PIN	Problem / Diagnosis	Outcome	Signature of Supervisors
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

**SECTION E: EMERGENCY ENCOUNTERED**

Block.....

Supervisor.....

Sl. No.	Date	Name of the patients (age & sex), ward, Bed, PIN	Problem / Diagnosis	Outcome	Signature of Supervisors
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

**SECTION E: EMERGENCY ENCOUNTERED**

Block.....

Supervisor.....

Sl. No.	Date	Name of the patients (age & sex), ward, Bed, PIN	Problem / Diagnosis	Outcome	Signature of Supervisors
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

**SECTION E: EMERGENCY ENCOUNTERED**

Block.....

Supervisor.....

Sl. No.	Date	Name of the patients (age & sex), ward, Bed, PIN	Problem / Diagnosis	Outcome	Signature of Supervisors
1.					
2.					
3.					
4.					
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6.					
7.					
8.					
9.					

**SECTION E: EMERGENCY ENCOUNTERED**

Block.....

Supervisor.....

Sl. No.	Date	Name of the patients (age & sex), ward, Bed, PIN	Problem / Diagnosis	Outcome	Signature of Supervisors
1.					
2.					
3.					
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6.					
7.					
8.					
9.					

**SECTION E: EMERGENCY ENCOUNTERED**

Block.....

Supervisor.....

Sl. No.	Date	Name of the patients (age & sex), ward, Bed, PIN	Problem / Diagnosis	Outcome	Signature of Supervisors
1.					
2.					
3.					
4.					
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6.					
7.					
8.					
9.					



**SECTION E: EMERGENCY ENCOUNTERED**

Block.....

Supervisor.....

Sl. No.	Date	Name of the patients (age & sex), ward, Bed, PIN	Problem / Diagnosis	Outcome	Signature of Supervisors
1.					
2.					
3.					
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6.					
7.					
8.					
9.					

**SECTION F: JOURNAL CLUBS**

Block.....

Supervisor.....

Sl. No.	Date	Topic / article	Source / Re-source person	Performance level	Signature of Supervisors
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Key for performance of the candidates:

Attended – A

Presented himself – PH

**SECTION F: JOURNAL CLUBS**

Block.....

Supervisor.....

Sl. No.	Date	Topic / article	Source / Re-source person	Performance level	Signature of Supervisors
1.					
2.					
3.					
4.					
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6.					
7.					
8.					

Key for performance of the candidates:

Attended – A

Presented himself – PH

**SECTION F: JOURNAL CLUBS**

Block.....

Supervisor.....

Sl. No.	Date	Topic / article	Source / Re-source person	Performance level	Signature of Supervisors
1.					
2.					
3.					
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6.					
7.					
8.					

Key for performance of the candidates:

Attended – A

Presented himself – PH

**SECTION F: JOURNAL CLUBS**

Block.....

Supervisor.....

Sl. No.	Date	Topic / article	Source / Re-source person	Performance level	Signature of Supervisors
1.					
2.					
3.					
4.					
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6.					
7.					
8.					

Key for performance of the candidates:

Attended – A

Presented himself – PH

**SECTION F: JOURNAL CLUBS**

Block.....

Supervisor.....

Sl. No.	Date	Topic / article	Source / Re-source person	Performance level	Signature of Supervisors
1.					
2.					
3.					
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Key for performance of the candidates:

Attended – A

Presented himself – PH

**SECTION F: JOURNAL CLUBS**

Block.....

Supervisor.....

Sl. No.	Date	Topic / article	Source / Re-source person	Performance level	Signature of Supervisors
1.					
2.					
3.					
4.					
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6.					
7.					
8.					

Key for performance of the candidates:

Attended – A

Presented himself – PH

**SECTION F: JOURNAL CLUBS**

Block.....

Supervisor.....

Sl. No.	Date	Topic / article	Source / Re-source person	Performance level	Signature of Supervisors
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Key for performance of the candidates:

Attended – A

Presented himself – PH



**SECTION G: CASE PRESENTATION IN CLINICAL MEETING, GRAND & WARD ROUND**

Block.....

Supervisor.....

Sl. No.	Date	Name of the patients (age & sex), ward, Bed, PIN	Problem / Diagnosis	Level of performance	Signature of Supervisors
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Key for performance of the candidates:

Attended – A

Presented himself – PH

**SECTION G: CASE PRESENTATION IN CLINICAL MEETING, GRAND & WARD ROUND**

Block.....

Supervisor.....

Sl. No.	Date	Name of the patients (age & sex), ward, Bed, PIN	Problem / Diagnosis	Level of performance	Signature of Supervisors
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Key for performance of the candidates:

Attended – A

Presented himself – PH

**SECTION G: CASE PRESENTATION IN CLINICAL MEETING, GRAND & WARD ROUND**

Block.....

Supervisor.....

Sl. No.	Date	Name of the patients (age & sex), ward, Bed, PIN	Problem / Diagnosis	Level of performance	Signature of Supervisors
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Key for performance of the candidates:

Attended – A

Presented himself – PH

**SECTION G: CASE PRESENTATION IN CLINICAL MEETING, GRAND & WARD ROUND**

Block.....

Supervisor.....

Sl. No.	Date	Name of the patients (age & sex), ward, Bed, PIN	Problem / Diagnosis	Level of performance	Signature of Supervisors
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Key for performance of the candidates:

Attended – A

Presented himself – PH

**SECTION G: CASE PRESENTATION IN CLINICAL MEETING, GRAND & WARD ROUND**

Block.....

Supervisor.....

Sl. No.	Date	Name of the patients (age & sex), ward, Bed, PIN	Problem / Diagnosis	Level of performance	Signature of Supervisors
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Key for performance of the candidates:

Attended – A

Presented himself – PH

**SECTION G: CASE PRESENTATION IN CLINICAL MEETING, GRAND & WARD ROUND**

Block.....

Supervisor.....

Sl. No.	Date	Name of the patients (age & sex), ward, Bed, PIN	Problem / Diagnosis	Level of performance	Signature of Supervisors
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Key for performance of the candidates:

Attended – A

Presented himself – PH

**SECTION G: CASE PRESENTATION IN CLINICAL MEETING, GRAND & WARD ROUND**

Block.....

Supervisor.....

Sl. No.	Date	Name of the patients (age & sex), ward, Bed, PIN	Problem / Diagnosis	Level of performance	Signature of Supervisors
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Key for performance of the candidates:

Attended – A

Presented himself – PH

**SECTION H: PRESENTATION / ATTENDANCE IN SEMINARS, SYMPOSIUM / WORKSHOPS, CONFERENCES.**

Block.....

Supervisor.....

Sl. No.	Date	Topic / article	Source / Re-source person	Performance level	Signature of Supervisors
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Key for performance of the candidates:

Attended – A

Presented himself – PH



**SECTION H: PRESENTATION / ATTENDANCE IN SEMINARS, SYMPOSIUM / WORKSHOPS,  
CONFERENCES.**

Block.....

Supervisor.....

Sl. No.	Date	Topic / article	Source / Re-source person	Performance level	Signature of Supervisors
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Key for performance of the candidates:

Attended – A

Presented himself – PH

**SECTION H: PRESENTATION / ATTENDANCE IN SEMINARS, SYMPOSIUM / WORKSHOPS, CONFERENCES.**

Block.....

Supervisor.....

Sl. No.	Date	Topic / article	Source / Re-source person	Performance level	Signature of Supervisors
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Key for performance of the candidates:

Attended – A

Presented himself – PH

**SECTION H: PRESENTATION / ATTENDANCE IN SEMINARS, SYMPOSIUM / WORKSHOPS,  
CONFERENCES.**

Block.....

Supervisor.....

Sl. No.	Date	Topic / article	Source / Re-source person	Performance level	Signature of Supervisors
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Key for performance of the candidates:

Attended – A

Presented himself – PH

**SECTION H: PRESENTATION / ATTENDANCE IN SEMINARS, SYMPOSIUM / WORKSHOPS, CONFERENCES.**

Block.....

Supervisor.....

Sl. No.	Date	Topic / article	Source / Re-source person	Performance level	Signature of Supervisors
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Key for performance of the candidates:

Attended – A

Presented himself – PH

**SECTION H: PRESENTATION / ATTENDANCE IN SEMINARS, SYMPOSIUM / WORKSHOPS, CONFERENCES.**

Block.....

Supervisor.....

Sl. No.	Date	Topic / article	Source / Re-source person	Performance level	Signature of Supervisors
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Key for performance of the candidates:

Attended – A

Presented himself – PH

**SECTION H: PRESENTATION / ATTENDANCE IN SEMINARS, SYMPOSIUM / WORKSHOPS, CONFERENCES.**

Block.....

Supervisor.....

Sl. No.	Date	Topic / article	Source / Re-source person	Performance level	Signature of Supervisors
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Key for performance of the candidates:

Attended – A

Presented himself – PH



































**SECTION L: SUMMARY RECORDS: PAY 1**

Events	Performed					Signature of the year – manager 1
	Block 1	Block 2	Block 3	Block 4	Total	
A) Case records (POMR)						
B) Procedures						
C) OPD consultation						
D) Specialized diagnostic set up						
E) Emergency encountered						
F) Journal Clubs						
G) Case presentation in clinical meeting, grand & ward round						
H) Presentation/ attendance in seminars, symposium / workshop, conferences						
I) Lectures attended						
J) Data Interpretations						

**SECTION M: SUMMARY RECORDS: PAY 2**

Events	Performed					Signature of the year – manager 2
	Block 1	Block 2	Block 3	Block 4	Total	
A) Case records (POMR)						
B) Procedures						
C) OPD consultation						
D) Specialized diagnostic set up						
E) Emergency encountered						
F) Journal Clubs						
G) Case presentation in clinical meeting, grand & ward round						
H) Presentation/ attendance in seminars, symposium / workshop, conferences						
I) Lectures attended						

J) Data Interpretations						
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**SECTION N: SUMMARY RECORDS: PHASE A COMPLETION**

Events	Performed			Signature of the Course coordinator
	PAY 1	PAY 2	Total	
A) Case records (POMR)				
B) Procedures				
C) OPD consultation				
D) Specialized diagnostic set up				
E) Emergency encountered				
F) Journal Clubs				
G) Case presentation in clinical meeting, grand & ward round				
H) Presentation/ attendance in seminars, symposium / workshop, conferences				



I) Lectures attended				
J) Data Interpretations				

**SECTION O: CERTIFICATE OF ACCURACY**

I certify that the information contained in the LOGBOOK (Daily Training Record) is a true and accurate record of my training experiences.

Trainee's signature..... Date.....

Section P: CERTIFICATION of satisfactory completion of the logbook

I, to the best of my knowledge, certify that

Dr. ....

has satisfactory completed this logbook as required by the university.

.....  
 Signaure of the Course coordinator

Name:

Discipline:

Date:

