

# LOGBOOK

Residency training program – Phase A  
For  
----- years training program in

Department of Paediatric Surgery  
Faculty of Surgery  
Bangabandhu Sheikh Mujib Medical University  
Shahbagh, 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 :

Date of Birth :

Father's Name :

Mother's Name :

Address for communication :

Permanent address :

Telephone No. :

Email :

Nationality :

National ID No. :

Passport No. (for foreign student):

Academic Qualification:

<b>Degree</b>	<b>Year</b>	<b>Board/ University</b>	<b>Division/ Results</b>
S.S.C/ equivalent degree			
H.S.C/ equivalent degree			
M.B.B.S/ equivalent degree			

**Profile of the teachers/ supervisors**

Name	Designation	Discipline	Specimen signature	Specimen initial

## **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 A 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 log book 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 log book safe and secured.
7. Entries in the log book will be block-wise.

## **OVERALL OBJECTIVES OF THE RESIDENCY COURSE**

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

1. Provide optimum health care to the Paediatric Patients needs surgical care.
2. Teach and train undergraduate medical student and junior doctors in Paediatric Surgery in Medical College and other Institutions.
3. Carry out and guide research to improve the practice of the art and science of surgery.
4. Develop his/ her knowledge, skill and attitude of his/her areas on interest and become specialists in allied specialities.
5. Organize and work effectively as a member of the health team in the event of natural and man made disaster.

## **SPECIFIC OBJECTIVES**

After qualifying final MS, the candidate should be able to function as a junior specialist in Paediatric Surgery.

So at the end of MS course candidate shall

1. have thorough knowledge of theoretical aspects of Paediatric Surgery including recent advances also includes basic science as applicable to Paediatric Surgery.
2. be able to assess the patients seeking surgical treatment by obtaining patient history, eliciting physical findings, formulating provisional diagnosis, deciding whether patient needs hospitalization or not.
3. manage the patients – by organizing appropriate investigations; when required perform specified surgical 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 surgical specialities.
6. be able to carry out research and publish the findings, moreover, he/ she shall be able to carry out research and publish the findings, moreover, he/she shall be able to critically evaluate recent medical literature and update his knowledge. Also exhibit awareness of surgical audit .
7. To knowledge of ethics and medico-legal aspects related to the practice of Paediatric Surgery .
8. Acquire necessary skills of teaching and training his junior colleagues and Medical students.

## Objective of the training program: Phase-A

The aim of the training in phase A of the residency program is to guide the students to acquire broad based knowledge, skill and attitude on

- (a) basic surgical principles, minimal access surgery, endoscope procedures in different surgical sub specialties and surgical emergencies and traumatology.
- (b) evaluation of a surgically ill, neonate, infant and children.
- (c) basic principles of neonatal ICU and Paediatric anaesthesia

before entering the final part (part B) of the respective speciality.

- (i) acquire knowledge of common surgical problems, congenital abnormalities, neonatal and paediatric emergencies & rehabilitation
- (ii) acquire skills on diagnostic, clinical and decision making regarding paediatric surgical problems.
- (iii) develop attitude in respect to caring, learning & ethical aspect of paediatric surgery.

The components of the objectives are as follows:

In respect to knowledge 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 working 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 lying with the patients
  - to know the cardinal features of disorders commonly encountered in clinical practice.
  - plan investigations and interpret them
  - decide and implement suitable treatment
  - maintain follow up of patients
  - present the patient's clinical data in both detailed and salient from highlighting the problems(s).
  - competent and confident enough to handle common emergencies and common chronic condition 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 procedure

1. Hand wash
2. Gown and gloves wearing
3. Drapping of the patients
4. Positioning, painting and drapping of the patient
5. Trolley preparation
6. Positioning of the patients
7. Incision and closing of the abdomen surgery
8. Minor surgical procedures like
  - i. I/D of abscess
  - ii. Excision of small cyst, lipoma, ganglion, papilloma
  - iii. Lymphnode Biopsy
  - iv. Herniotomy and herniorrhaphy
  - v. Hydrocele operation
  - vi. Vascular access
  - vii. Catheterization, NG tube introduction
  - viii. Proctoscopy
  - ix. DRE
  - x. Surgical knotting
  - xi. Identification and proper handling of instruments
  - xii. Assist the senior surgeon
9. Identification of the different parts of the colonoscope
10. Colonoscopy
11. I/D of perineal abscess
12. Hamorrhoidectomy
13. Lateral sphincterotomy
14. Rectal biopsy
15. Rectal Polypectomy
16. Circumcision, meotomy, meotoplasty
17. Identification of different part of handling of cystoscope, ureteroscope
18. Cystoscopic examination
19. Vesicostomy
20. Nephrostomy
21. Ureterostomy
22. Supra pubic cystostomy/ puncture
23. Bar hole operation
24. Ventricular tapping
25. Identification handling of neurosurgical instruments related to paediatric surgery
26. Aspiration of cephal haematomy
27. Primary measurement of head injury



28. Plaster of TEV
29. Plaster of common paediatric surgical fracture
30. Traction of fracture
31. Excision of bony exostosis
32. Fasciotomy
33. Polydactyle/ Syndactyle
34. I/D of different palmar abscess
35. Primary management of burn patient
36. Burn dressing
37. Skin grafting
38. Identification and use of instruments related to paediatric surgery
39. Endoscopic examination of upper GIT
40. Identification and proper handling of Laparoscopic instruments
41. E.R.C.P
42. Proper handling of CUSA

- **Resident should able to interpret the following lab data and investigation reports:**

1. CBC
2. Liver function test
3. Renal function test
4. Urine for R/M/E
5. E.C.G
6. X-ray
7. Ultrasonography
8. CT scan
9. MRI
10. ERCP
11. Radionucleotide study
12. IVU
13. MCU
14. Upper GI contrast x-ray
15. Contrast enema
16. Sinography/ fistulogram

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

- Ward duties
- Emergency duties
- OPD duties
- Academic sessions: Journal Club, clinical meeting, Grand round, Case presentation session, Morbidity/ mortality review meeting/ medical audit
- Seminar, Conference, workshops
- Lectures
- Bed side teaching
- Tutorials

## Rotation for MS Residency in Paediatric Surgery

Total duration: 24 months

- Last 3 months of the part 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.	Paediatric Surgery	3 months
2.	Neonatology	1 month
	General Paediatrics	1 month
	ICU & Anaesthesia	1 month
3.	General Surgery	3 months
4.	Traumatology/ Emergency	3 months
5.	Urology	3 months
6.	Colorectal surgery	3 months
7.*	Orthopaedics	3 months
8*	Plastic Surgery and Burn	3 months
9*	Neurosurgery	3 months
10.*	Hepatobiliary Surgery	3 months

\* The Resident will select any one of the block from 7, 8, 9, 10 for 3 months.

**Section A: Case records (POMR) of the patients managed by the resident**

Block -----

Supervisor -----

Sl. no.	Date	Name of Patient (age & sex)	Date of admission with hospital Reg. no., ward & Bed no	Diagnosis	Grading	Signature of supervisor
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

Grading: Excellent: 4, Good: 3, Satisfactory: 2, unsatisfactory: 1

## Section B: Procedures

Block -----

Supervisor -----

Sl. no.	Date	Name of Patient (age & sex)	Diagnosis / Indication	Procedure performed	Performance of the candidate	Signature of supervisor
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

### Key for performance of the candidates:

Observer status – O

Assistant status – A

Performance under supervision – PS

Performed independently – PI

### Section C: OPD consultation

Block.....

Supervisor.....

Date	Consultation	Problem/ diagnosis	No	Signature of the supervisor

### Section D: Emergency encountered

Block.....

Supervisor .....

Sl. no.	Date	Name of the patients (age & sex), Ward, Bed, PIN	Problem/ Diagnosis	Outcome	Signature of the supervisor
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

## Section E: Journal Clubs

Block .....

Supervisor .....

Sl. no.	Date	Topic/ article	Source/ Re-source person	Performance level	Signature of Supervisor
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

### Key for performance of the candidates:

Attended – A

Presented himself – PH



**Section F: Case presentation in clinical meeting, grand and ward round**

Block .....

Supervisor .....

Sl. no.	Date	Patient's name (age & sex) ward/ bed, PIN	Diagnosis/ Problem	Level of performance	Signature of Supervisor
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

**Key for performance of the candidates:**

Attended – A

Presented himself – PH

**Section G: Presentation / attendance in seminars, symposium/  
workshops, conferences**

Block .....

Supervisor .....

Sl. no.	Date	Topic / article	Source/ Re-source person	Performance	Signature of supervisor
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

**Key for performance of the candidates:**

Attended – A

Presented himself – PH





### Section J: Leave record

Duration	From	To	Reason	Signature of supervisor

### Section K: Summary Records: PAY 1

Event	Performed					Signature of the year manager 1
	Block 1	Block 2	Block 3	Block 4	Total	
A. Case records (POMR)						
B. Procedure						
C. OPD consultation						
D. Emergency encountered						
E. Journal Clubs						
F. Case presentation in clinical meeting, grand & ward round						
G. Presentation / attendance in seminars, symposium/ workshop, conference						
H. Lectures attended						
I. Data Interpretations						

Section L: Summary Records: PAY 2

Event	Performed					Signature of the year manager 1
	Block 1	Block 2	Block 3	Block 4	Total	
A. Case records (POMR)						
B. Procedure						
C. OPD consultation						
D. Emergency encountered						
E. Journal Clubs						
F. Case presentation in clinical meeting, grand & ward round						
G. Presentation / attendance in seminars, symposium/ workshop, conference						
H. Lectures attended						
I. Data Interpretations						

Section M: Summary Records: PAY 3 (If applicable)

Event	Performed					Signature of the year manager 1
	Block 1	Block 2	Block 3	Block 4	Total	
A. Case records (POMR)						
B. Procedure						
C. OPD consultation						
D. Emergency encountered						
E. Journal Clubs						
F. Case presentation in clinical meeting, grand & ward round						
G. Presentation / attendance in seminars, symposium/ workshop, conference						
H. Lectures attended						
I. Data Interpretations						



**Section N: Summary Records: Phase A completion**

Event	Performed				Signature of the year manager 1
	PAY 1	PAY 2	PAY 3	Total	
A. Case records (POMR)					
B. Procedure					
C. OPD consultation					
D. Emergency encountered					
E. Journal Clubs					
F. Case presentation in clinical meeting, grand & ward round					
G. Presentation / attendance in seminars, symposium/ workshop, conference					
H. Lectures attended					
I. Data Interpretations					

## **Section O. Certificate of Accuracy**

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: