

LOGBOOK
FOR
PHASE – B
MS RESIDENCY PROGRAMME

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

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PERSONAL DETAILS OF THE RESIDENT

Name :

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:

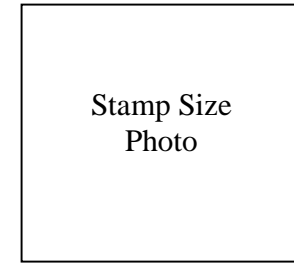
Telephone No.

E-mail:

Nationality:

National ID No:

Passport No. (For foreign student)



INSTITUTION WHERE TRAINING HAS BEEN DONE

NAME OF INSTITUTION:

TOTAL NUMBER OF BEDS:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	NO. OF BEDS IN SPECIALITY:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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UNITS WHERE TRAINING HAS BEEN DONE

Name of Units	Duration of training	Head of the Unit
Infertility		
Gynae Oncology		
Feto Maternal Medicine		
General Obs & Gynae		

DEPARTMENT AND UNIT DATA (YEARLY)

Name of Units	No. of OPD Attendance	No. of Admissions
Infertility		
Gynae Oncology		
Feto Maternal Medicine		
General Obs & Gynae		

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 final 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**
- 8. If the pages are inadequate in number the candidate may insert extra photocopied sheets**

OBJECTIVES OF THE RESIDENCY COURSE

OVERALL OBJECTIVES:

The aim of the course is to develop human resources in the field of Obstetrics & Gynaecology 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 through 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.

**Academic Calendar For Phase – B, MS Obs & Gynae Residency Programme
Total Duration – 3 Years**

1st Year	2nd Year	3rd Year
Infertility - 4 months	General Obs & Gynae	Department of Obs & Gynae
Gynae Oncology – 4 months		
Feto maternal medicine – 4 months		

INSTRUCTION FOR TRAINEES

1. This log book has to be maintained by all trainees preparing for Phase B in Obstetrics & Gynaecology.
2. Trainees are advised to make the required entries on the same day of the event. All entries must be signed by the immediate supervisor on the day of the event.
3. The trainee is required to maintain the log book throughout the training period.
4. The log book will form a part of the application for appearing in Phase B/ final examination.
5. Summary of Gynaecological experience has to be filled and signed at the end of every two months.

GUIDELINES FOR SUPERVISORS

1. The log book is a day record of the clinical and academic work done by the trainee.
2. Its purpose is to assess the overall training of the candidate and to determine deficiencies if any so that they may be corrected.
3. Supervisors should ascertain that the entries in the log book are made soon after the procedure/seminar/case presentation is completed and then certify it by signing the appropriate column.
4. The head of the unit shall authenticate the entries by signing the certificate. It is suggested that the heads of the unit check the log books at least once a month. So that they can spot any deficiencies or otherwise in the training (e.g. the trainee has not rotated through a sub-speciality which he/she should have)

OBJECTIVES OF THE TRAINING PROGRAMME FOR MS PHASE B IN OBSTETRICS & GYNAECOLOGY

At the end of the training for MS Phase B in Obstetrics & Gynaecology a candidate should be able to:

1. Initially assess patients with symptoms related to female genital tract by:
 - a) Obtaining patient history

- b) Performing physical examinations correctly
- c) Formulating a working diagnosis
- d) Planning an enquiry strategy, ordering appropriate investigations and interpreting results.
- e) Deciding whether the patient requires:
 - ambulatory care or hospitalization
 - referral to other health professionals

2. Manage skillfully pregnant women from conception to postnatal period by:

- a) Counseling individuals in the preconception period.
- b) Examining the pregnant women at appropriate intervals
- c) Detecting pre-existing problems in the pregnant women
- d) Detecting and treating any complication occurring during the course of pregnancy, which may be hazardous to the health of the mother or child
- e) Conducting the delivery at the most appropriate time and by the most appropriate method keeping in view the best interests of both mother and child.
- f) Dealing with the problems of mother and child occurring in the post-natal period.
- g) Advising mothers regarding child spacing and family limitation.
- h) Maintaining follow up and records of patients including summarization and indexing.

3. Undertake research and publish findings.

4. Acquire new information, assess its utility and make appropriate applications.

5. Recognize the role of teamwork and function as an effective member/leader of the team.

Note:

Acquiring competences related to advising the community on promoting health and preventing disease and training health professionals is relevant and desirable. However, it cannot be included at present as an objective as the facility for such training is not readily available in most of the institutions. It is recommended that this be reconsidered after two years of implementation of this programme.

The objectives of the training may be achieved through different modes, some of which are listed below:

1. Graded responsibility in patient care e.g.
 - a. Ward duties
 - b. Labour room duties
 - c. Operation theatre duties
 - d. OPD duties
 - e. Emergency duties (including casualty)
2. Morbidity/Mortality review meetings
3. Journal club
4. Seminars, Conferences & Lectures
5. Research projects

The competencies, which a specialist must have, are varied and complex. Complete list will be very long and is not considered necessary for organizing a training programme. Given below are some competencies, which are sub-sample of the whole. **These are taken as guidelines rather than definitive requirements.**

Key to competency level is given below

1. Observer status
2. Assistant status
3. Performed under supervision
4. Performed independently

The candidate shall attain the laid down levels of competence for the following procedures by the end of each year as given on the next page.

OPD ATTENDANCE

Sl. No	Date	Case Varieties	Consultant	Approx. No of cases (Seen by candidate)	Signature of supervisor

OPD ATTENDANCE

Sl. No	Date	Case Varieties	Consultant	Approx. No of cases (Seen by candidate)	Signature of supervisor

OPD ATTENDANCE

Sl. No	Date	Case Varieties	Consultant	Approx. No of cases (Seen by candidate)	Signature of supervisor

Supervised ward round

Sl. No	Date	Case Varieties	Consultant	Approx. No of cases (Seen by candidate)	Signature of supervisor

Supervised ward round

Sl. No	Date	Case Varieties	Consultant	Approx. No of cases (Seen by candidate)	Signature of supervisor

Supervised ward round

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Supervised ward round

Sl. No	Date	Case Varieties	Consultant	Approx. No of cases (Seen by candidate)	Signature of supervisor

Operations

Sl. No	Date	Operation	Indication	Level of participation	Signature of supervisor

Level of participation

- Observer
- Assistant
- Performed under supervision
- Performed independently

OPD ATTENDANCE

Sl. No	Date	Case Varieties	Consultant	Approx. No of cases (Seen by candidate)	Signature of supervisor

Supervised ward round

Sl. No	Date	Case Varieties	Consultant	Approx. No of cases (Seen by candidate)	Signature of supervisor

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Supervised ward round

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Supervised ward round

Sl. No	Date	Case Varieties	Consultant	Approx. No of cases (Seen by candidate)	Signature of supervisor

Operations

Sl. No	Date	Operation	Indication	Level of participation	Signature of supervisor

Level of participation

- Observer
- Assistant
- Performed under supervision
- Performed independently

Operations

Sl. No	Date	Operation	Indication	Level of participation	Signature of supervisor

Operations

Sl. No	Date	Operation	Indication	Level of participation	Signature of supervisor

Operations

Sl. No	Date	Operation	Indication	Level of participation	Signature of supervisor

Operations

Sl. No	Date	Operation	Indication	Level of participation	Signature of supervisor

Operations

Sl. No	Date	Operation	Indication	Level of participation	Signature of supervisor

ACTIVITES IN FETO MATERNAL MEDICINE UNIT (DURATION – 4 MONTHS)

From to

OPD ATTENDANCE

Sl. No	Date	Case Varieties	Consultant	Approx. No of cases (Seen by candidate)	Signature of supervisor

OPD ATTENDANCE

Sl. No	Date	Case Varieties	Consultant	Approx. No of cases (Seen by candidate)	Signature of supervisor

OPD ATTENDANCE

Sl. No	Date	Case Varieties	Consultant	Approx. No of cases (Seen by candidate)	Signature of supervisor

OPD ATTENDANCE

Sl. No	Date	Case Varieties	Consultant	Approx. No of cases (Seen by candidate)	Signature of supervisor

OPD ATTENDANCE

Sl. No	Date	Case Varieties	Consultant	Approx. No of cases (Seen by candidate)	Signature of supervisor

Supervised ward round

Sl. No	Date	Case Varieties	Consultant	Approx. No of cases (Seen by candidate)	Signature of supervisor

Supervised ward round

Sl. No	Date	Case Varieties	Consultant	Approx. No of cases (Seen by candidate)	Signature of supervisor

Supervised ward round

Sl. No	Date	Case Varieties	Consultant	Approx. No of cases (Seen by candidate)	Signature of supervisor

Supervised ward round

Sl. No	Date	Case Varieties	Consultant	Approx. No of cases (Seen by candidate)	Signature of supervisor

Labour room activities

Sl. No	Date	Vaginal Delivery	Result		Level of Participation	Signature of supervisor
			Mother	Baby		

Labour room activities

Sl. No	Date	Vaginal Delivery	Result		Level of Participation	Signature of supervisor
			Mother	Baby		

Labour room activities

Sl. No	Date	Vaginal Delivery	Result		Level of Participation	Signature of supervisor
			Mother	Baby		

Labour room activities

Sl. No	Date	Vaginal Delivery	Result		Level of Participation	Signature of supervisor
			Mother	Baby		

Labour room activities

Date	Total no. of deliveries During duty hours	No. of abnormal obstetric Cases seen e.g. eclampsia, PPH	Signature of supervisor

Labour room activities

Date	Total no. of deliveries During duty hours	No. of abnormal obstetric Cases seen e.g. eclampsia, PPH	Signature of supervisor

Labour room activities

Date	Total no. of deliveries During duty hours	No. of abnormal obstetric Cases seen e.g. eclampsia, PPH	Signature of supervisor

Operations

Sl. No.	Date	Operation	Indication	Level of Participation	Signature of supervisor

Level of participation

- Observer
- Assistant
- Performed under supervision
- Performed independently

Operations

Sl. No.	Date	Operation	Indication	Level of Participation	Signature of supervisor

Operations

Sl. No.	Date	Operation	Indication	Level of Participation	Signature of supervisor

Operations

Sl. No.	Date	Operation	Indication	Level of Participation	Signature of supervisor

ACTIVITIES IN GENERAL OBS & GYNAE

OPD Attendance (Obs)

Sl. No	Date	Antenatal	Post Natal	Consultant	Approx. No of cases	Signature of supervisor

OPD Attendance (Obs)

Sl. No	Date	Antenatal	Post Natal	Consultant	Approx. No of cases	Signature of supervisor

OPD Attendance (Obs)

Sl. No	Date	Antenatal	Post Natal	Consultant	Approx. No of cases	Signature of supervisor

OPD Attendance (Obs)

Sl. No	Date	Antenatal	Post Natal	Consultant	Approx. No of cases	Signature of supervisor

OPD Attendance (Obs)

Sl. No	Date	Antenatal	Post Natal	Consultant	Approx. No of cases	Signature of supervisor

OPD Attendance (Gynae)

Sl. No	Date	Case Varieties	Consultant	Approx. No of cases (Seen by candidate)	Signature of supervisor

OPD Attendance (Gynae)

Sl. No	Date	Case Varieties	Consultant	Approx. No of cases (Seen by candidate)	Signature of supervisor

OPD Attendance (Gynae)

Sl. No	Date	Case Varieties	Consultant	Approx. No of cases (Seen by candidate)	Signature of supervisor

OPD Attendance (Gynae)

Sl. No	Date	Case Varieties	Consultant	Approx. No of cases (Seen by candidate)	Signature of supervisor

OPD Attendance (Gynae)

Sl. No	Date	Case Varieties	Consultant	Approx. No of cases (Seen by candidate)	Signature of supervisor

Supervised Ward Round

Sl. No	Date	Case Varieties	Consultant	Approx. No of cases (Seen by candidate)	Signature of supervisor

Supervised Ward Round

Sl. No	Date	Case Varieties	Consultant	Approx. No of cases (Seen by candidate)	Signature of supervisor

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Supervised Ward Round

Sl. No	Date	Case Varieties	Consultant	Approx. No of cases (Seen by candidate)	Signature of supervisor

Labour room activities

Sl. No	Date	Vaginal Delivery	Result		Level of Participation	Signature of supervisor
			Mother	Baby		

Labour room activities

Sl. No	Date	Vaginal Delivery	Result		Level of Participation	Signature of supervisor
			Mother	Baby		

Labour room activities

Sl. No	Date	Vaginal Delivery	Result		Level of Participation	Signature of supervisor
			Mother	Baby		

Labour room activities

Sl. No	Date	Vaginal Delivery	Result		Level of Participation	Signature of supervisor
			Mother	Baby		

Labour room activities

Sl. No	Date	Vaginal Delivery	Result		Level of Participation	Signature of supervisor
			Mother	Baby		

Labour room activities

Sl. No	Date	Vaginal Delivery	Result		Level of Participation	Signature of supervisor
			Mother	Baby		

Labour room activities

Date	Total no. of deliveries During duty hours	No. of abnormal obstetric Cases seen e.g. eclampsia, PPH	Signature of supervisor

Labour room activities

Date	Total no. of deliveries During duty hours	No. of abnormal obstetric Cases seen e.g. eclampsia, PPH	Signature of supervisor

Labour room activities

Date	Total no. of deliveries During duty hours	No. of abnormal obstetric Cases seen e.g. eclampsia, PPH	Signature of supervisor

Obstetrical Operations (LUCS, Manual removal of placenta and others)

Sl. No.	Date	Operation	Indication	Level of Participation	Signature of supervisor

Obstetrical Operations (LUCS, Manual removal of placenta and others)

Sl. No.	Date	Operation	Indication	Level of Participation	Signature of supervisor

Obstetrical Operations (LUCS, Manual removal of placenta and others)

Sl. No.	Date	Operation	Indication	Level of Participation	Signature of supervisor

Obstetrical Operations (LUCS, Manual removal of placenta and others)

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Sl. No.	Date	Operation	Indication	Level of Participation	Signature of supervisor

Obstetrical Operations (LUCS, Manual removal of placenta and others)

Sl. No.	Date	Operation	Indication	Level of Participation	Signature of supervisor

Obstetrical Operations (LUCS, Manual removal of placenta and others)

Sl. No.	Date	Operation	Indication	Level of Participation	Signature of supervisor

Major Gynaecological Operations

Sl. No.	Date	Operation	Indication	Level of Participation	Signature of supervisor

Major Gynaecological Operations

Sl. No.	Date	Operation	Indication	Level of Participation	Signature of supervisor

Major Gynaecological Operations

Sl. No.	Date	Operation	Indication	Level of Participation	Signature of supervisor

Major Gynaecological Operations

Sl. No.	Date	Operation	Indication	Level of Participation	Signature of supervisor

Major Gynaecological Operations

Sl. No.	Date	Operation	Indication	Level of Participation	Signature of supervisor

Major Gynaecological Operations

Sl. No.	Date	Operation	Indication	Level of Participation	Signature of supervisor

Minor Gynaecological Operations

(D & C, D & E, Suction evacuation, Polypectomy, Vagina / Vulval cystectomy, Mersupialisation)

Sl. No.	Date	Operation	Indication	Level of Participation	Signature of supervisor

Minor Gynaecological Operations

(D & C, D & E, Suction evacuation, Polypectomy, Vagina / Vulval cystectomy, Mersupialisation)

Sl. No.	Date	Operation	Indication	Level of Participation	Signature of supervisor

Family Planning

DATE	PROCEDURE PERFORMED	NO.	Level of Participation	Signature of supervisor

Family Planning

DATE	PROCEDURE PERFORMED	NO.	Level of Participation	Signature of supervisor

Family Planning

DATE	PROCEDURE PERFORMED	NO.	Level of Participation	Signature of supervisor

ACADEMIC ACTIVITIES IN DEPARTMENT

Journal clubs

Sl. No.	Date	Block	Topic / article	Source / Re-source person	Performance level	Signature of Supervisors
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Key for performance of the candidates:

Attended – A

Presented him / her self – PH

Journal clubs

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

Key for performance of the candidates:

Attended – A

Presented him / her self – PH

Journal clubs

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

Key for performance of the candidates:

Attended – A

Presented him / her self – PH

Case presentation in clinical meeting, grand & ward round

Sl. No.	Date	Block	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.						
9.						
10.						
11.						

Key for performance of the candidates:

Attended – A

Presented him / her self – PH

Case presentation in clinical meeting, grand & ward round

Sl. No.	Date	Block	Name of the patients (age & sex), ward, Bed, PIN	Problem / Diagnosis	Level of performance	Signature of Supervisors
1.						
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Key for performance of the candidates:

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Presented him / her self – PH

Case presentation in clinical meeting, grand & ward round

Sl. No.	Date	Block	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.						
9.						
10.						
11.						

Key for performance of the candidates:

Attended – A

Presented him / her self – PH

Presentation / attendance in seminars, symposium / workshops, conferences.

Sl. No.	Date	Block	Topic / article	Source / Re-source person	Performance level	Signature of Supervisors
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Key for performance of the candidates:

Attended – A

Presented him / her self – PH

Presentation / attendance in seminars, symposium / workshops, conferences.

Sl. No.	Date	Block	Topic / article	Source / Re-source person	Performance level	Signature of Supervisors
1.						
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6.						
7.						
8.						
9.						
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Key for performance of the candidates:

Attended – A

Presented him / herself – PH

Presentation / attendance in seminars, symposium / workshops, conferences.

Sl. No.	Date	Block	Topic / article	Source / Re-source person	Performance level	Signature of Supervisors
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Key for performance of the candidates:

Attended – A

Presented him / herself – PH

SUMMARY RECORDS: PHASE B COMPLETION

Events	Performed					Signature of the Supervisor
	Infertility	Gynae - Oncology	Feto maternal medicine	General Obs & gynae	Total	
Procedures						
OPD consultation						
Specialized diagnostic set up						
Emergency encountered						
Journal Clubs						
Case presentation in clinical meeting, grand & ward round						
Presentation/ attendance in seminars, symposium / workshop, conferences						
Lectures attended						

Summary of Practical Procedures:

Period:

SL No	Investigation/Procedures	Level of Competence	Minimum No. required during the training period	Total Number done
1	Ultrasonogram (TA / TVS)	1	30	
2	CTG	3	40	
3	Labour monitoring by partograph	3	50	
4	Conduction of normal vaginal delivery	3	70	
5	Episiotomy repair	3	30	
6	Vaginal breech delivery	3	15	
7	Assisted vaginal delivery (Forceps / Ventouse)	3	25	
8	Manual removal of placenta	3	15	
9	Condom catheterization for PPH	3	5	
10	LUCS	3	25	
11	Essential new born care	3	60	
12	Facilitation of breast feeding	3	40	
13	Endotracheal intubation (Neonate)	1	10	
14	VIA Test	3	60	
15	Pap test	2	30	
16	Colposcopy	2	30	
17	CBE (Clinical Breast Examination)	3	50	
18	D & C / D E & C	3	30	
19	Drainage of abcess / Cystectomy	3	10	
20	Hysterectomy	2	20	
21	Laparotomy	2	15	
22	IUCD Insertion	3	20	

23	Norplant	2	5	
24	Tubectomy	1	20	
25	Vasectomy	1	05	

Level of Participation

1 – Observer

2 – Performed with assistance

3 – Performed independently

Student's signature and Date.....

Student's Name.....

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.....

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.

.....
Signature of the Course Co-ordinator

Name:

Discipline:

Date: