

**LOG BOOK FOR THE SENIOR RESIDENCY TRAINING IN
REPRODUCTIVE MEDICINE IN THE FACULTY OF OBSTETRICS
AND GYNAECOLOGY**

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA

NAME:

INSTITUTION:

DATE PASSED PART 1:

LOG BOOK/LEVEL OF COMPETENCY FOR REPRODUCTIVE MEDICINE SENIOR RESIDENCY TRAINING PROGRAMME IN OBSTETRICS AND GYNAECLOGY.

LEVEL OF COMPETENCY	DEFINITION
1	Learner only observes modelled behaviour, because they do not have the skills or knowledge to perform a specific EPA, even with full supervision
2	Learner practice the EPA under controlled circumstances with full supervision
3	Learner practice the EPA with supervision on demand
4	Unsupervised practice is allowed, with the caution that learners will seek help when their capabilities are insufficient to competently complete the task
5	Able to supervise others and teach them through entrusting

A. GENERAL OBSTETRICS/GYNAECOLOGY POSTING

1. ANTENATAL ADMISSIONS MANAGED

S/NO	DIAGNOSIS	OUTCOME	LEVEL OF COMPETENCE	SUPERVISED BY	DATE	HOSP NO
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						

24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						

2. POSTPARTUM COMPLICATIONS/CONDITIONS MANAGED

S/NO	DIAGNOSIS	OUTCOME	LEVEL OF COMPETENCE	SUPERVISED BY	DATE	HOSP NO
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						

29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						

3. NORMAL LABOUR/DELIVERIES SUPERVISED

S/NO	DIAGNOSIS	OUTCOME	LEVEL OF COMPETENCE	SUPERVISED BY	DATE	HOSP NO
1						
2						

3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						

34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						

4. BREECH AND MULTIPLE DELIVERIES CONDUCTED (10 EACH)

S/NO	DIAGNOSIS	OUTCOME	LEVEL OF COMPETENCE	SUPERVISED BY	DATE	HOSP NO
1						
2						
3						
4						
5						
6						
7						
8						
9						

10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

5. CAESAREAN SECTIONS PERFORMED (10 ELECTIVES, 20 EMERGENCIES – HALF OF THE EMERGENCY CASES MUST BE FOR OBSTRUCTED LABOUR)

S/NO	DIAGNOSIS	OUTCOME	LEVEL OF COMPETENCE	SUPERVISED BY	DATE	HOSP NO
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						

14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

6. COMMON GYNAECOLOGICAL CASES/ADMISSIONS MANAGED INCLUDING MANUAL VACUUM ASPIRATION

S/NO	DIAGNOSIS	OUTCOME	LEVEL OF COMPETENCE	SUPERVISED BY	DATE	HOSP NO
1						
2						
3						
4						
5						
6						
7						

8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

7. MAJOR GYNAECOLOGICAL SURGERIES PERFORMED

S/NO	DIAGNOSIS	OUTCOME	LEVEL OF COMPETENCE	SUPERVISED BY	DATE	HOSP NO
-------------	------------------	----------------	----------------------------	----------------------	-------------	----------------

1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

8. FAMILY PLANNING COUNSELLING/PROCEDURES PERFORMED

S/NO	DIAGNOSIS	OUTCOME	LEVEL OF COMPETENCE	SUPERVISED BY	DATE	HOSP NO
1						
2						
3						
4						

5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

CERTIFICATION BY THE HEAD OF DEPARTMENT

DATE COMMENCED _____

DATE ENDED _____

SIGNATURE _____

NAME _____

DATE _____

OFFICIAL STAMP _____

POSTINGS/PROCEDURES/SURGERIES SPECIFIC TO RM

Patient Counselling

S/no	Hosp no	Nature of case	Outcome	Level of competence	Supervised by	Date	Remark /sign
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

Laparoscopic Surgeries

S/no	Hosp no	Nature of case	Outcome	Level of competence	Supervised by	Date	Remark /sign
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

Hysteroscopic Procedures

S/no	Hosp no	Nature of case	Outcome	Level of competence	Supervised by	Date	Remark /sign
------	---------	----------------	---------	---------------------	---------------	------	--------------

1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

26							
27							
28							
29							
30							

Embryo transfer

S/no	Hosp no	Nature of case	Outcome	Level of competence	Supervised by	Date	Remark /sign
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

Egg Retrieval

S/no	Hosp no	Nature of case	Outcome	Level of competence	Supervised by	Date	Remark /sign
1							
2							
3							
4							

5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Early Pregnancy complications

S/no	Hosp no	Nature of case	Outcome	Level of competence	Supervised by	Date	Remark /sign
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							

12							
13							
14							
15							

Intrauterine Insemination

S/no	Hosp no	Nature of case	Outcome	Level of competence	Supervised by	Date	Remark /sign
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							

18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

Minimum = 30

Intracytoplasmic Sperm injection(ICSI)

S/no	Hosp no	Nature of case	Outcome	Level of competence	Supervised by	Date	Remark /sign
1							
2							
3							
4							
5							

6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Diagnostic laparoscopy

S/no	Hosp no	Nature of case	Outcome	Level of competence	Supervised by	Date	Remark /sign
1							
2							
3							

4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							

29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							

Semen Preparation(IUI/IVF)

S/no	Hosp no	Nature of case	Outcome	Level of competence	Supervised by	Date	Remark /sign
1							
2							
3							
4							
5							
6							
7							
8							

9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							

34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							

Seminal Fluid analysis

S/no	Hosp no	Nature of case	Outcome	Level of competence	Supervised by	Date	Remark /sign
1							
2							
3							
4							

5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							

30							
----	--	--	--	--	--	--	--

Minimum = 30

Insertion and Removal of IUCD

S/no	Hosp no	Nature of case	Outcome	Level of competence	Supervised by	Date	Remark /sign
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							

20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

BILATERAL TUBAL LIGATION

S/no	Hosp no	Nature of case	Outcome	Level of competence	Supervised by	Date	Remark /sign
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

Insertion and Removal of Contraceptive implants

S/no	Hosp no	Nature of case	Outcome	Level of competence	Supervised by	Date	Remark /sign
1							
2							
3							
4							
5							
6							
7							

8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

CERTIFICATION BY THE HEAD OF DEPARTMENT

DATE COMMENCED _____

DATE ENDED _____

SIGNATURE_____

NAME _____

DATE _____

CERTIFICATION BY THE HEAD OF DEPARTMENT

DATE COMMENCED _____

DATE ENDED _____

SIGNATURE_____

NAME _____

DATE _____

OFFICIAL STAMP _____

OFFICIAL STAMP _____