

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA



**LOGBOOK FOR SUBSPECIALTY OF PAEDIATRIC
PULMONOLOGY**

FACULTY OF PAEDIATRICS

APPROVED BY THE SENATE ON 2ND MARCH, 2023

**DR F. A. AROGUNDADE, MD FMCP
COLLEGE REGISTRAR**

**NATIONAL POSTGRADUATE MEDICAL
COLLEGE OF NIGERIA
(NPMCN)**

FACULTY OF PAEDIATRICS

LOGBOOK

FOR

**PAEDIATRIC PULMONOLOGY SUB
SPECIALTY**

GUIDELINES FOR USE

1. Following registration as a post part 1 Resident in Paediatric Pulmonology in Residency Programme, each Resident must obtain a copy of this logbook. It is his/her responsibility to ensure that it is kept safe and intact throughout his period of training. This logbook serves as a record of training and a property of the candidate. It is however the duty of the candidate to make a copy available to the faculty on demand, at any time during the period of training.

2. It is the resident’s responsibility to enter each case/activity he/she manages into the appropriate session of this logbook.
3. The Consultant will then assess the resident and complete the appropriate column in respect of his own judgment as to the level of knowledge and competence demonstrated by the resident and sign his name in the assigned column.
4. It is important that the assessment exercise takes place at the time the procedures are being performed throughout the posting. Both Resident and Consultant must avoid a situation where this log book is completed in a rush in the last days of the posting/training.
5. If there are competency areas identified, taught and assessed in a particular training institution that are not contained in the printout ,the programme coordinator should feel free to add on such areas as an attachment to this document.

Faculty Officers, Trainers and Trainees, have a responsibility to be scrupulously conscientious in the use of this logbook in monitoring our training to ensure that future generations of Specialists in Paediatric pulmonology are well trained .

Thank you for your cooperation.

DR.....

DR.....

Chairman, Faculty Board

Secretary, Faculty Board

GRADING OF RESIDENTS' PERFORMANCES

Performance will be graded on 5-point scale as follows:

GRADES OF PERFORMANCE SCORES

PERFORMANCE GRADE	DESCRIPTION
A	Adequate knowledge; Performs skill without supervision; can reproduce skill on request; five –six points on Affective domain.
B	Adequate knowledge; performs skill with minimal supervision; reproduces skill with minimal guidance; four -five points on Affective domain.
C	Adequate knowledge; performs skill with supervision; barely reproduces skill; 3-4points on Affective domain.
D	Inadequate knowledge; performs skill with supervision; Unable to reproduce skill; 2-3 Points on Affective domain.
E	Grossly inadequate knowledge; unable to perform task; unable to reproduce skill; 1-2 points on Affective domain.

AFFECTIVE DOMAINS FOR ASSESSING CANDIDATES DURING TRAINING

- a. Workplace attendance
- b. Punctuality
- c. Prompt delivery of assignments
- d. Group work and interaction
- e. Obeying instructions
- f. Respect for patient care

- **The procedures are assessed as per candidate's performance unless stated otherwise.**
- **The minimum accepted performance score is Grade B in each of the tasks or item assessed at any time during the training.**

SUMMARY OF POSTINGS/ROTATIONS

TOTAL DURATION OF TRAINING: 24 MONTHS

A) PAEDIATRIC RESPIRATORY UNIT (PRU) 12MONTHS

SN	ROTATION/POSTING	DURATION OF POSTING	COMPETENCE TO BE ACQUIRED
1	<p>PAEDIATRIC RESPIRATORY UNIT (PRU)POSTING</p> <p>Including Ward(in-patient and ward rounds), out- patient clinic, Children emergency room, respiratory laboratory and all departmental academic activities</p>	<p>12 months</p> <p>The first 6 months of the Paediatric respiratory medicine training (PRM) should start from the PRU AND the last 6 months of the 24 months in PRM training must be spent in PRU.</p>	<p>Pulmonary /lung function laboratory practices and clinical procedures such as Spirometry and vitallography ,including flow-volume curves, Peak expiratory flow rate variability determinations, exercise testing, bronchial challenge tests, exhaled nitric oxide ,Body box determination/Gas dilution studies. Case presentation during ward rounds, seminar presentations, clinico-pathologic conference preparation and presentation, Journal review, proposal presentation, dissertation presentation ,</p>

B) SUMMARY OF ELECTIVE POSTING (COMPULSORY)

SN	ROTATION/POSTING	DURATION OF POSTING	COMPETENCE TO BE ACQUIRED
1	NEONATOLOGY	2 MONTHS	Recognition and management of Newborn respiratory disorders and congenital pulmonary diseases Neonatal intubation, oxygen therapy, neonatal respiratory support and ventilation.
2	Critical care medicine-Paediatric intensive care unit,(PICU)or intensive care unit(ICU)& anaesthesiology .	1MONTH	Blood gas determination, use of CPAP, mechanical ventilator, direct laryngoscopy, video laryngoscopy, intubation, Blood gas determination, Oxygen therapy, intubation including rapid sequence intubation.
3	CARDIOLOGY	I MONTH	Observation of ECG Tracings and interpretations, cardiac diagnostic and therapeutic procedures including Echocardiography, Management of Congenital and acquired cardiac conditions including heart failure in children.

4	CARDIOTHORACIC SURGERY	1MONTH	Bronchoscopy (both rigid and flexible) broncho- alveolar lavage(BAL)/Bronchial washing Chest tube insertion Observation of relevant respiratory related diagnostic/therapeutic procedures including removal of foreign body from the airway.
5	EAR, NOSE AND THROAT SURGERY	1 MONTH	Observation/performance of the following: Direct laryngoscopy, video laryngoscopy, intubation. Laryngeal foreign body removal, Observation of the following: Tracheostomy, Tonsillar and adenoidal surgeries. Other therapeutic /diagnostic procedures of the nose, ear and sinuses
6	RADIOLOGY	1MONTH	Observation of review sessions of x-ray films, chest CT and chest MRI. Perform interpretation and review of x-ray films, chest CT and chest MRI. Participate in radiological diagnostic/therapeutic procedures.
7	PATHOLOGY: MORBID ANATOMY INCLUDING AUTOPSY DEMONSTRATIONS	2MONTHS	PATHOLOGY including observations of autopsy demonstrations AND participate in Microbiological procedures/tests including Microbiological samples collection, staining and culturing including sensitivity testing.

	AND MICROBIOLOGICAL PROCEDURES/TESTS		
8	PHYSIOTHERAPY	2 MONTHS	Participate in Chest physiotherapy, in the management of chest infection and management of chronic suppurative chest infections like Bronchiectasis

9	COUNSELLING UNIT IN THE FACULTY OF EDUCATION IN THE UNIVERSITY.	1MONTH	Medical counselling skills: To communicate effectively with, and educate patients during counseling sessions and communicate effectively with, colleague.
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PERFORMANCE EVALUATIONS.

These performance evaluations are performed at least every 6 months or at the end of each block or attachment or clinical rotation. Outcome must be discussed with the candidate and a copy given to him or her. The evaluation may be reviewed by the head of unit or department. Several copies of this page may be attached.

Name of Fellow:	Date of Evaluation:
Head of Training Unit:	Head of Department:
Date of Appointment of Fellow:	
Period of Evaluation:	Service Position:

1	Date	CLINICAL ABILITY	COMPETENCE GRADE
		HISTORY TAKING AND PHYSICAL EXAMINATION	
		APPROPRIATE USE OF SPECIAL INVESTIGATIONS/PROCEDURES	
		CASE PRESENTATIONS	

		SEMINAL PRESENTATION	
2		PERSONAL CHARACTERISTICS	
		THOROUGHNESS AND RELIABILIGTY	
		INTEGRITY	
		INTERPERSONAL RELATIONSHIPS	
		EMPATHY WITH CHILD AND FAMILY	
3		WARD MANAGEMENT	
4		KNOWLEDGE AND EXPERIENCE OF PULMONOLOGY	
5		TEACHING SKILLS	
6		PARTICIPATION IN UNIT RESEARCH ACTIVITIES	

7		OVERALL IMPRESSION	
		COMMENT	

Signature

Supervising Consultants: _____

Head of Unit: _____

Head of Department: _____

CONFERENCES/COURSES ATTENDED

Attach copies of certificates of attendance/training for courses/conferences (Includes conferences /courses/ workshops/ pre-conference workshops organized by relevant professional bodies, institutions and ministries of health, both local and international e.g PAN, PATS, NTS,ERS,ATS etc.,) (**minimum of 2**)

S/N	Date	Course/Conference	Name and Signature of course/conference Co-ordinator
1.			
2.			
3.			
4.			
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6.			

PAN-Paediatic Association of Nigeria; PATS-Pan African Thoracic Society; NTS- Nigerian thoracic society;
ERS-European respiratory Society; ATS- American Thoracic Society.

**PRESENTATION AT DEPARTMENTAL
MEETINGS AND CONFERENCES (MINIMUM 5)**

S/no.	Date	Topic	Venue/location	Grade	Signature
1					
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15					

Supervising Consultant _____

Signature and date _____

CASES OF ACUTE SEVERE ASTHMA MANAGED (MINIMUM OF 5)

S/No.	Name of patient/Age/Sex	Hospital No.	Clinical Diagnosis	Outcome	Date	Grade	Signature
1.							
2.							
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Supervising Consultant _____

Signature and Date _____

CASES OF OTHER RESPIRATORY EMERGENCIES MANAGED (MINIMUM 5)

S/No.	Name of patient/Age/Sex	Hospital No.	Clinical Diagnosis	Outcome	Date	Grade	Signature
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Supervising Consultant _____

Signature and Date _____

PATIENTS SEEN AND PRESENTED IN PAEDIATRIC OUT - PATIENT CLINIC (minimum 10)

S/No.	Name of patient/Age/Sex	Hospital No.	Clinical Diagnosis	Date	Outcome	Grade	Signature
1							
2							
3							
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22							

Supervising Consultant _____

Signature and Date _____

RECORD OF CASES PRESENTED DURING WARD ROUNDS (minimum 10)

S/No.	Name of patient /Age/Sex	Hospital No.	Clinical Diagnosis	Outcome	Date presented	Grade	Signature
1							
2							
3							
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Supervising Consultant _____

Signature and Date _____

RECORD OF SPECIAL/DIFFICULT CASES MANAGED IN THE WARD (MINIMUM 2)

S/No.	Name of patient/Age/Sex	Hospital No.	Clinical Diagnosis	Special features	Outcome	Date	Signature
1.							
2.							
3.							
4.							
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Supervising Consultant _____

Signature and Date _____

DEPARTMENTAL CLINICOPATHOLOGIC CONFERENCE (CPC) PRESENTATIONS (Minimum of 2)

S/No.	Name of patient/Age/Sex	Hospital No.	Clinical Diagnosis	Special features of case presented	Date	Grade	Signature
1							
2							
3							
4							
5							

Supervising Consultant _____

Signature and Date _____

DEPARTMENTAL JOURNAL REVIEW PRESENTATIONS (Minimum of 2)

S/No.	Name of Journal	Journal Details(yr/vol)	Editor- in -chief	Relevant articles reviewed	Date	Grade	Signature
1							
2							
3							
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Supervising Consultant _____

Signature and Date _____

LUNG FUNCTION AND CLINICAL PROCEDURES

(In the respiratory lab and in the ward)

1. FLOW VOLUME CURVES (spirometry) (MINIMUM OF 5)

S/No.	Name of patient/Age/Sex	Hospital No.	Clinical Diagnosis	Outcome	Date	Grade	Assessor's Signature
1							
2							
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Supervising Consultant _____

Signature and Date _____

2. EXERCISE STUDIES/TEST IN ASTHMA DIAGNOSIS (MINIMUM 10)

(In the respiratory laboratory and ward)

S/No.	Name of patient/Age/Sex	Hospital No.	Clinical Diagnosis	Outcome/Report	Diagnosis	Date	Grade	Signature.
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Supervising Consultant _____

Signature and Date _____

3. PEFR VARIABILITY DETERMINATION (Minimum of 5)
(In the respiratory laboratory and ward)

S/No.	Name of patient/Age/Sex	Hospital No.	Clinical Diagnosis	Outcome	Date	Grade	Signature
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PEFR= PEAK EXPIRATORY FLOW RATE

Supervising Consultant _____

Signature and Date _____

**4. HISTAMINE/METACHOLINE CHALLENGE IN ASTHMA
DIAGNOSIS (OPTIONAL) (In the respiratory laboratory)**

S/No.	Name of patient/Age/Sex	Hospital No.	Clinical Diagnosis	Outcome/Report	Date	Grade	Signature
1							
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Supervising Consultant _____

Signature and Date _____

5. EXHALED NITRIC OXIDE (OPTIONAL) (In the respiratory laboratory)

S/No.	Name of patient/Age/Sex	Hospital No.	Clinical Diagnosis	Outcome /Report	Date	Grade	Signature
1							
2							
3							
4							

Supervising Consultant _____

Signature and Date _____

f) PLEURAL/TRANSTHORACIC NEEDLE ASPIRATION PARTICIPATED IN (MINIMUM 5)
(In the ward, radiology unit or theatre)

S/No	Name of patient/Age/Sex	Hospital No.	Clinical Diagnosis	Lab Findings	Diagnosis	Date	Grade	Signature
1								
2								
3								
4								
5								

Supervising Consultant _____

Signature and Date _____

g) BODY BOX DETERMINATION /DIFFUSION STUDIES (OPTIONAL)

(In the Respiratory laboratory)

S/No.	Name of patient/Age/Sex	Hospital No.	Clinical Diagnosis	Outcome /Report	Date	Grade	Signature
1							
2							
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6							

Supervising Consultant _____

Signature and Date _____

ELECTIVE POSTING/ROTATIONS.

For your own records please describe the work environment (e.g., Name and type of hospital, wards, nature of patient seen there), your responsibilities in the management of patient/clients and running of the hospital/units.

To be signed by consultant/head of units after each block posting. However, there should be feedback to candidate.

A) NEONATOLOGY POSTING (2 months)

From	To (Date)	Hosp./Ward/Firm/Number/Type of Patient	Consultant Signature and Date
		Hospital: Area of Specialization: Type of Patient seen: Supervising Consultant(s):	

Supervising Consultants: _____

Head of Unit: _____

Head of Department: _____

RECORD OF PATIENTS MANAGED DURING NEONATOLOGY POSTING (MINIMUM 10)

DURATION: From(Date):------To(Date)-----.

S/No.	Name of patient/Age/Sex	Hospital No.	Clinical Diagnosis	Outcome	Date	Grade	Signature
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Supervising Consultant _____

Signature _____

RECORD OF PROCEDURES PERFORMED DURING NEONATOLOGY POSTING (MINIMUM 10)

DURATION: From(Date):-----To(Date)-----.

S/No.	Name of patient/Age/Sex	Hospital No.	Name of procedure	Indication	outcome	Date	Grade	Signature
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Supervising Consultant _____

Signature _____

**B CRITICAL CARE MEDICINE (INTENSIVE CARE UNIT & ANAESTHESIOLOGY)
(DURATION OF 1 MONTH)**

From	To (Date)	Hosp./Ward/Firm/Number/Type of Patient	Consultant Signature and Date
		Hospital: Area of Specialization: Type of Patient seen: Supervising Consultant(s):	

Supervising Consultants: _____

Head of Unit: _____

Head of Department: _____

BLOOD GAS ANALYSIS (MINIMUM 2)

S/No.	Name of patient/Age/Sex	Hospital No.	Clinical Diagnosis	Outcome /Report	Date	Grade	Signature
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Supervising Consultant _____

Signature and Date _____

RECORD OF PATIENTS MANAGED DURING ICU & ANAESTHESIOLOGY POSTING (MINIMUM 10)

DURATION: From(Date):-----To(Date)-----.

S/No.	Name of patient/Age/Sex	Hospital No.	Clinical Diagnosis	Outcome	Date	Grade	Signature
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Supervising Consultant _____

Signature and Date _____

PATIENTS INITIATED AND FOLLOWED-UP ON MECHANICAL VENTILATOR IN ICU (MINIMUM 2)

DURATION: From(Date):------To(Date):------.

S/No.	Name of patient/Age/Sex	Hospital No.	Clinical Diagnosis	Outcome	Date	Grade	Signature
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Supervising Consultant _____

Signature and Date _____

PATIENTS INITIATED AND FOLLOWED-UP ON CPAP IN ICU (MINIMUM 5)

DURATION: From(Date):-----To(Date)-----.

S/No.	Name of patient/Age/Sex	Hospital No.	Clinical Diagnosis	Outcome	Date	Grade	Signature
1							
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CPAP= CONTINOUS POSITIVE AIRWAY PRESSURE

Supervising Consultant _____

Signature and Date _____

**RECORD OF INTUBATIONS, DIRECT LARYNGOSCOPY AND ARTERIAL BLOOD COLLECTION
PERFORMED/OBSERVED DURING ICU&ANAESTHESIOLOGY POSTING
(MINIMUM 10)**

DURATION: From(Date):-----To(Date)-----.

S/No.	Name of patient/Age/Sex	Hospital No.	Name of procedure	Indication	outcome	Date	Grade	Signature
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12.								

Supervising Consultant _____

Signature _____

C CARDIOLOGY(DURATION OF 1 MONTH)

From	To (Date)	Hosp./Ward/Firm/Number/Type of Patient	Consultant Signature and Date
		Hospital: Area of Specialization: Type of Patient seen: Supervising Consultant(s):	

Supervising Consultants: _____

Head of Unit: _____

Head of Department: _____

RECORD OF PATIENTS MANAGED DURING CARDIOLOGY POSTING (MINIMUM 5)

DURATION: From(Date):-----To(Date)-----.

S/No.	Name of patient/Age/Sex	Hospital No.	Clinical Diagnosis	Outcome	Date	Grade	Signature
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Supervising Consultant _____
Signature and Date _____

RECORD OF PROCEDURES OBSERVED DURING CARDIOLOGY POSTING (MINIMUM 5)

DURATION: From(Date):-----To(Date)-----.

S/No.	Name of patient/Age/Sex	Hospital No.	Name of procedure	Indication	outcome	Date	Grade	Signature
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12.								

Supervising Consultant _____

Signature _____

D) CARDIOTHORACIC SURGERY (CTU) POSTING (DURATION OF 1 MONTH)

From	To (Date)	Hosp./Ward/Firm/Number/Type of Patient	Consultant Signature and Date
		Hospital: Area of Specialization: Type of Patient seen: Supervising Consultant(s):	

CTU-CARDIOTHORACIC UNIT

Supervising Consultants: _____

Head of Unit: _____

Head of Department: _____

NUMBER OF BRONCHOSCOPY PERFORMED

DURING CTU POSTING) (In the theatre, bronchoscopy suite and in the ward)

(MINIMUM 2)

S/No.	Name of patient/Age/Sex	Hospital No.	Clinical Diagnosis	Findings	Diagnosis	Date	Grade	Signature
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15								

Supervising Consultant _____

Signature and Date _____

CHEST TUBE INSERTION PERFORMED DURING CTU POSTING (MINIMUM OF 2)

S/No.	Name of patient/Age/Sex	Hospital No.	Clinical	Findings	Final Outcome	Date	Grade	Signature
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			Diagnosis					
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12								

Supervising Consultant _____

Signature _____

**BRONCHOALVEOLAR LAVAGE & BRONCHIAL WASHING (MINIMUM 5)
(DURING CTU POSTING)**

S/No.	Name of patient/Age/Sex	Hospital No.	Clinical Diagnosis	Lab Findings	Diagnosis	Date	Grade	Signature
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CTU-CARDIOTHORACIC UNIT

Supervising Consultant _____

Signature and Date _____

OTHER PROCEDURES OBSERVED DURING CARDIOTHORACIC SURGERY POSTING (MINIMUM 5) DURATION: **From(Date): -----To(Date)-----.**

S/No.	Name of patient/Age/Sex	Hospital No.	Name of procedure	Indication	Date	Grade	Signature
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Supervising Consultant _____

Signature and Date _____

E) EAR NOSE AND THROAT SURGERY(ENT)POSTING (DURATION OF 1 MONTH)

From	To (Date)	Hosp./Ward/Firm/Number/Type of Patient	Consultant Signature and Date
		Hospital: Area of Specialization: Type of Patient seen: Supervising Consultant(s):	

Supervising Consultants: _____

Head of Unit: _____

Head of Department: _____

**TRACHEOSTOMY OBSERVED/PARTICIPATED IN DURING ENT POSTING
(MINIMUM 2)**

S/No.	Name of patient/Age/Sex	Hospital No.	Clinical Diagnosis	Outcome	Date	Grade	Signature
1							
2							
3							
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5							
6							

Supervising Consultant _____

Signature and Date _____

**DIRECT LARYNGOSCOPY (MIN. 10) & VIDEO LARYNGOSCOPY (MINIMUM 5)
(DURING BOTH ICU AND ENT POSTINGS)**

S/No.	Name of patient/Age/Sex	Hospital No.	Clinical Diagnosis	Outcome	Date	Grade	Signature
1							
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13							
14							
15							

Supervising Consultant _____

Signature _____

OTHER PROCEDURES OBSERVED DURING ENT POSTING (MINIMUM 5)

DURATION: From (Date):-----To(Date)-----.

S/No.	Name of patient/Age/Sex	Hospital No.	Name of procedure	Indication	Date	Grade	Signature
1							
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6							
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9							
10							

Supervising Consultant _____

Signature and Date _____

F) RADIOLOGY POSTING (DURATION OF 1 MONTH)

From	To (Date)	Hosp./Ward/Firm/Number/Type of Patient	Consultant Signature and Date
		Hospital: Area of Specialization: Type of Patient seen: Supervising Consultant(s):	

Supervising Consultants: _____

Head of Unit: _____

Head of Department: _____

SPECIAL X-RAY FILMS, CHEST USS, CT & MRI REVIEWED DURING RADIOLOGY POSTING (minimum of 10)

DURATION: From (Date):-----To(Date)-----.

S/No	Name of patient/Age/Sex	Hospital No.	Clinical Diagnosis	X- ray/ CT/ MRI/ USS findings	Diagnosis	Date	Grade	Signature
1								
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13								
14								

USS- Ultra Sound Scan, CT- Computer Tomography, MRI- Magnetic Resonance Imaging

Supervising Consultant _____

Signature _____

PROCEDURES OBSERVED DURING RADIOLOGY POSTING (MINIMUM 5)

DURATION: From (Date): -----To (Date)-----.

S/No.	Name of patient/Age/Sex	Hospital No.	Name of procedure	Indication	Date	Grade	Signature
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Supervising Consultant _____

Signature and Date _____

G) PATHOLOGY (MORBID ANATOMY AND MICROBIOLOGY) POSTING (DURATION OF 2 MONTHS)

From	To (Date)	Hosp./Ward/Firm/Number/Type of Patient	Consultant Signature and Date
		Hospital: Area of Specialization: Type of Patient seen: Supervising Consultant(s):	

Supervising Consultants: _____

Head of Unit: _____

Head of Department: _____

RECORD OF SPECIMEN/SAMPLES COLLECTED AND LABORATORY PROCEDURES PARTICIPATED IN DURING MICROBIOLOGY POSTING (MINIMUM 5)

DURATION: From (Date):-----To (Date) -----.

S/No.	Name of patient/Age/Sex	Hospital No.	Clinical Diagnosis	Lab findings	Date	Grade	Signature
1.							
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6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							

Supervising Consultant _____

Signature _____

RECORD OF AUTOPSY DEMONSTRATIONS OBSERVED DURING POSTING (MINIMUM 2)

DURATION: From (Date):-----To(Date)-----.

S/No.	Name of patient/Age/Sex	Hospital No.	Indication	Findings/outcome	Date	Grade	Signature
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							

Supervising Consultant _____

Signature _____

H) PHYSIOTHERAPY POSTING (DURATION OF 2 MONTHS)

From	To (Date)	Hosp./Ward/Firm/Number/Type of Patient	Consultant Signature and Date
		Hospital: Area of Specialization: Type of Patient seen: Supervising Consultant(s):	

Supervising Consultants: _____

Head of Unit: _____

Head of Department: _____

**CHEST PHYSIOTHERAPY AND OTHER PROCEDURES PARTICIPATED IN
/OBSERVED DURING PHYSIOTHERAPY POSTING (MINIMUM 10)**

<i>S/No.</i>	<i>Name of patient/Age/Sex</i>	<i>Hospital No.</i>	<i>Clinical Diagnosis</i>	<i>Outcome</i>	<i>Date</i>	<i>Grade</i>	<i>Signature</i>
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Supervising Consultant _____

Signature and Date _____

**I) COUNSELLING UNIT IN EDUCATION DEPARTMENT POSTING (COMMUNICATION SKILLS)
(DURATION OF 1 MONTH)**

From	To (Date)	Institutional information	Supervisor's Signature and Date
		Name of Institution: Department/Unit: Type of activities: Name of supervisor: Name of Head of unit:	

Supervising Consultants: _____

Head of Unit: _____

Head of Department: _____

RECORD OF COUNSELLING SKILL ACTIVITIES

S/N	ACTIVITIES	DATE	SUPERVISORS' SIGNATURES
1			
2			
3			
4			
5			
6			

Name of supervisor _____

Signature and Date _____

RESEARCH

(A)

RESEARCH REPORT

Title: _____

Supervisors _____

IMPORTANT STAGES	PROPOSED DATE	COMPLETION DATE	SUPERVISOR'S SIGNATURE
Proposal submitted to departmental review committee			
Proposal accepted by departmental review committee			
Proposal accepted by Ethics Committee			
Data analysis completed			
Proposal presented			
Data collection commenced			
Data collection ended			
Book presented to department			
Book submitted to the College			

PROPOSAL PRESENTATION SEMINAR

PROPOSAL SEMINAR	Date	Introduction	Rationale	Study design	References	Mastery Of subject	Audience management	Communication skills	Cumulative Grade	Assessor Signature
SCORES										

Supervising Consultant _____

Signature and Date _____

DISSERTATION PRESENTATION/DEPARTMENTAL MOCK EXAMINATION

MOCK DISSERTAT ION DEFENCE	Date	Summary	Introduction and literature Review	Objecti ve and study design	Presentati on and discussion of results	Refere nces	Mastery Of subjec T	Audience managemen t	Commu nication skills	Cumul ative Grade	Assessor Signature
SCORES											

Supervising Consultant _____

Signature and Date _____

(B) ORIGINAL ARTICLES/CASE REPORTS/TOPIC REVIEWS SUBMITTED (OPTIONAL)

S/N	TITLE	DATE COMPLETED	SUPERVISORS' SIGNATURES
1			
2			
3			

(C) RESEARCH TRAINING

Document any courses attended e.g. Research methods, research ethics, proposal writing, statistics, understanding journal articles, meta-analysis, systemic review etc.

Attach certificate of attendance (MINIMUM 2)

COURSE	DATE

DECLARATION OF COMPLETION OF TRAINING

(A) I,.....hereby declare that all information contained in this document is a true and accurate record of my professional experience, education and training from..... to representing the period of training for the FMCPaed (Pulmonology) qualification.

Signature of candidate:.....

Name of candidate:

Date.....

(B)I,..... hereby declare that.....
has acquired sufficient professional experience, education and training from..... to, the period
of training for the FMCPaed (Pulmonology) qualification, and I recommended him/her as a candidate for the
Fellowship examination in pulmonology sub specialty.

Signature of Supervisor:.....

Name of Supervisor:.....

Date.....

Academic/Professional Qualification:.....

HOD Name:.....

HOD Signature:.....

Academic/Professional Qualification.....

DEPARTMENTAL STAMP