

PHILOSOPHY BEHIND, AND GUIDELINES FOR, THE USE OF THIS LOG BOOK

The central philosophy of the log book is to direct clinical skills acquisition by trainees in a structured quantifiable manner. The onus is on the trainee and his/her trainers not only to perfect the stated skills but also to study around the underlying principles. This log book is designed to document and monitor the clinical skills competencies of trainees during the prescribed period of training prior to presenting for the Part 1 Fellowship examination in Paediatrics.

The log book is based on the contents of the Curriculum. It is the responsibility of training institutions seeking accreditation for training to provide facilities that will ensure that trainees are exposed to all the contents of the log book. Availability of a minimum number of the resources and facilities for procedures included in this log book will guide the accreditation status to be attained by training institutions.

All members of the Faculty, including Fellows, Trainers and Trainees must ensure that this log book is conscientiously utilized to monitor the progress and training of Residents in order to achieve excellence in our chosen specialty. **The use of the log book is guided by the principles of honesty, openness, accountability and transparency. Its abuse, as a mere 'access document' or object of patronage of residents by Consultants, must be avoided by all concerned. It could also be used to monitor the appropriateness of assessment by trainers.** Properly used, the log book should be a guide to both residents and consultants on the progress and state of preparedness of the individual resident at any point in time, and the collective effectiveness of the programme in the particular institution, over a given period. *Regular formative evaluation (observation of performance and specific feedback) of clinical skills should be an integral part of resident's clinical postings. This will ensure that the residents' ultimate performance at summative examinations will correctly reflect the trainer's assessment grades as documented in the log book.* Activities should be graded as soon as possible after performance to ensure accurate assessment.

1. Upon commencement of residency training, each Resident must obtain the log book. It is the responsibility of the Resident to ensure that it is kept safe and intact throughout the period of training.
2. It is the Resident's responsibility to document acquired skills in the log book.
3. When he thinks he has acquired a requisite level of knowledge and competence in each subject area, it is the responsibility of the Resident to present himself to the Consultant/Trainer for Assessment.

4. The Consultant will then assess the Resident and complete the necessary column in respect of his own judgment as to the level of competence demonstrated by the Resident and sign his/her name in the appropriate column.
5. It is important that the assessment takes place continuously 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.
6. Depending on the institution's accreditation status, it is expected that if a procedure is not available in your department you should arrange to have it done, assessed and signed up elsewhere.
7. If there are competency areas identified, taught and assessed in a particular training institution that is not contained in the log book, the Programme Coordinator could add on such areas in the blank pro-forma.
8. The log book will therefore serve as evidence of training and will be used in determining the readiness of a resident for examinations. Thus, using the guidelines for grading / scoring, the trainee and his/her trainers should be able to assess the logbook for themselves ever before submission.
9. It is expected that the logbook should be submitted to College along with the examination form.
10. Residents are advised to collect and start filling another logbook after submission of the first one.

NOTE TO SUPERVISING CONSULTANTS

Resident's clinical postings are viewed holistically, from the points of view of the learner, the patient, other health professionals in the Health team, the training institutions, the teachers, the assessors (examiners) and the Faculty/ College. Please rate the performance of the trainee for the procedure(s) or competencies carried out under your supervision **fairly** and **sincerely**. Kindly use the prescribed rating below. This involves an assessment of the trainee's knowledge of the principles and practice of an index procedure, as well as the competence and dexterity of the trainee in carrying out the procedure. Five levels of grading are recommended. These grades are also applicable to the sections involving formal assessment:

SCORING OF COMPETENCIES

A=Performance impeccably meets standards (Excellent)

B=Performance is very good (Very good)

C=Performance meets standards (Good)

D= Performance below standards (Below average)

E= Performance well below standards (Poor)

VALIDITY PERIOD: The completed log book will remain valid for a period of 24 months from date of submission.

Secretary, Faculty Board of Paediatrics

CORE LEVELS OF COMPETENCES TO BE EVALUATED. The core levels of competence to be evaluated in this log book include:

- A. PROFICIENCY IN HISTORY TAKING SKILLS
- B. PROFICIENCY IN PHYSICAL EXAMINATION IN DIFFERENT CONTEXTS
- C. CLINICAL SUMMARY MAKING
- D. CLINICAL REASONING
- E. MANAGEMENT ORDERING AND INSTRUCTIONS
- F. LEGIBLE DOCUMENTATION
- G. UNIT CASE PRESENTATION
- H. PRACTICAL PROCEDURES AND INVESTIGATIONS
- I. DIAGNOSTIC PROCEDURES
- J. THERAPEUTIC PROCEDURES
- K. ESSAYS
- L. ACADEMIC ACTIVITIES

A. Proficiency in History Taking Skills, with particular emphasis on;

- a. Courtesy to subject / persons involved in history taking.
- b. Mastery of, and compliance with, the sequence of history taking.
- c. Thoroughness and timeliness in enquiry of each aspect of history.
- d. Appropriateness and congruence of affect to the context of history taking.
- e. In-process appreciation of the value of information obtainable from each aspect of history.
- f. Explanation of the need for, and value of direct questioning for review of systems.

| | SPECIFIC ASPECTS OF HISTORY | Score | Supervisor's Name | Signature |
|------|--|--------------|--------------------------|------------------|
| i | Subjects Identity [Bio-social data] | | | |
| ii | Presenting Complaints [PC] | | | |
| iii | History of Presenting Complaints [HPC] | | | |
| iv | Treatment History | | | |
| v | Past Medical History | | | |
| vi | Pregnancy and Delivery History | | | |
| Vii | Neonatal History | | | |
| viii | Nutritional History | | | |
| ix | Immunization History | | | |
| x | Developmental History | | | |
| xi | Pre-morbid Personality | | | |
| xii | Family and Social History | | | |
| xiii | Review of Systems | | | |
| xiv | Totality of History | | | |

B. Proficiency in Performance of Physical Examination in different Contexts: ability to:

- a. Exhibit appropriate courtesy to subject / persons involved in the physical examination
- b. Obtain informed consent for skill performance
- c. Sequentially and correctly perform a gentle flowing examination
- d. Be thorough and timely in the performance of each segment of examination
- e. Exhibit appreciation of the value of information obtainable from each aspect of examination

| | SPECIFIC EXAMINATION AS DESIRED | Score | Supervisor's Name | Signature |
|-------|---|-------|-------------------|-----------|
| i | General examination only | | | |
| ii | Central Nervous System only | | | |
| iii | Cardiovascular system only | | | |
| iv | Digestive System only | | | |
| v | Endocrine system only | | | |
| vi | Genitourinary system only | | | |
| Vii | Haematologic system only | | | |
| viii | Musculoskeletal system only | | | |
| ix | Respiratory system only | | | |
| x | Combined Digestive and Genitourinary systems (Abdomen) | | | |
| xi | Combined Cardiovascular and Respiratory systems (Chest) | | | |
| xii | Combined Central nervous and Musculoskeletal systems | | | |
| xiii | Combined Endocrine and Haematologic systems | | | |
| xiv | Body Regions, Head, Neck, Mouth | | | |
| xv | Body Regions, Spine | | | |
| xvi | Body Regions, Perineum | | | |
| xvii | Body Regions, Limbs | | | |
| xviii | Body Organs, Ear (including Auroscopy), Nose, Throat | | | |
| xix | Body Organs, Eye (including Ophthalmoscopy) | | | |
| xx | Body Organs, Heart | | | |
| xxi | Body Organs, Liver | | | |
| xxii | Body Organs, Kidneys | | | |
| xxiii | Body Organs, Spleen | | | |
| xxiv | Body Organs, Skin | | | |
| xxv | Body Organs, Lymph nodes | | | |
| xxvi | Abnormal Masses, Solid, Cystic, | | | |
| xxvii | Developmental assessment | | | |

C. Proficiency in Cohesive, Clinical Summary making

| SPECIFIC ASPECT OF SUMMARY | Score | Supervisor's Name | Signature |
|--|--------------|--------------------------|------------------|
| Identify and quantify all symptoms obtained from presenting complaints, history of presenting complaints and review of systems | | | |
| Identify and quantify all other aspects of history obtained | | | |
| Identify and quantify all signs elicited | | | |
| Identify and interpret all bedside investigations carried out | | | |
| Discuss all or any part of the information immediately, at the bedside, or elsewhere | | | |
| Use the structured clinical summary and reasoning protocol | | | |

D i. Group Clinical Reasoning Meetings

| | CASE PRESENTED AND ANALYSED | DATE | RESIDENT'S SCORE | SUPERVISOR | SIGNATURE |
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Dii. Scoring of Individual Resident's use of the Clinical Summary and Reasoning protocol in Group Clinical Reasoning Meetings

| REASONING SEQUENCE | Case no. 1 | Case no. 2 | Case no. 3 | Case no. 4 | Case no. 5 | Case no. 6 |
|---------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Patient's Name (Initials) | | | | | | |
| Hospital number | | | | | | |
| Date | | | | | | |
| Number of Symptoms | | | | | | |
| Other Aspects of History | | | | | | |
| Number of Signs | | | | | | |
| Bedside Investigations | | | | | | |
| Systems Involved | | | | | | |
| Pathologic Processes | | | | | | |
| Structural Abnormalities | | | | | | |
| Functional Abnormalities | | | | | | |
| Functional Diagnosis | | | | | | |
| Anatomic Diagnosis | | | | | | |
| Pathologic Diagnosis | | | | | | |
| Required Investigations | | | | | | |
| Aetiologic Diagnosis | | | | | | |
| Differential Diagnosis | | | | | | |
| Required Treatment | | | | | | |
| Other Interventions | | | | | | |
| Preventive Measures | | | | | | |
| Cumulative Score | | | | | | |
| Consultant's Name | | | | | | |
| Consultant's Signature | | | | | | |

Diii. Proficiency in Clinical Reasoning in different contexts

| SPECIFIC ASPECT OF CLINICAL REASONING | Score | Supervisor's Name | Signature |
|--|--------------|--------------------------|------------------|
| Identify all important (positives first, significant negatives last) information obtained. | | | |
| Immediately appreciate the "big picture" (system & pathologic process) involved in disease | | | |
| Apply symptoms and signs to identify specific abnormal system or organ structure | | | |
| Apply symptoms and signs to identify specific abnormal system or organ function | | | |
| Relate identified abnormalities to known pathologies in diseased system ("big picture" in mind). | | | |
| Identify appropriate investigations that will confirm or exclude any relationships between obtained symptoms and signs | | | |
| Use epidemiologic knowledge to associate identified abnormality or pathology to aetiologic agents/factors | | | |
| Evaluate the correctness of the conclusions drawn by matching clinical evidence with diagnosis | | | |
| Project on the possible outcome of any interventions instituted | | | |
| Consider the Level of Prevention applicable for the case in view. | | | |

E MANAGEMENT ORDERING AND INSTRUCTIONS

| SPECIFIC INSTRUCTIONS | Score 1 | Score 2 | Supervisor 1 | Supervisor 2 | Signature 1 | Signature 2 |
|---|----------------|----------------|---------------------|---------------------|--------------------|--------------------|
| Blood transfusion (2) | | | | | | |
| Exchange blood transfusion (2) | | | | | | |
| Intravenous fluids for severe dehydration (2) | | | | | | |
| Peritoneal dialysis (2) | | | | | | |
| Monitoring in acute/chronic renal failure (2) | | | | | | |
| Nutritional instructions in kwashiorkor (2) | | | | | | |
| Monitoring in an unconscious child (2) | | | | | | |

F. LEGIBLE, ACCURATE, TIMELY, AND APPROPRIATE WRITTEN DOCUMENTATION.

| SPECIFIC DOCUMENTATIONS | Score 1 | Score 2 | Supervisor 1 | Supervisor 2 | Signature 1 | Signature 2 |
|--------------------------------------|----------------|----------------|---------------------|---------------------|--------------------|--------------------|
| Full clerking (2) | | | | | | |
| Clinical summary/reasoning sheet (2) | | | | | | |
| Discharge summary (2) | | | | | | |
| Referral letter writing (2) | | | | | | |
| Response to referral letter (2) | | | | | | |
| Mortality reports (2) | | | | | | |

G. UNIT CASE PRESENTATION

| | CASE PRESENTED AND ANALYSED | DATE | SCORE | SUPERVISOR | SIGNATURE |
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H. PRACTICAL PROCEDURES AND INVESTIGATIONS

1. By the end of the training period, trainees should be able to perform the following procedures confidently and competently and request the appropriate investigations. Trainees will:

- a. Know the appropriate indications for practical procedures and investigations.
- b. Know the contraindications and complications of procedures.
- c. Know the guidelines for obtaining informed consent.
- d. Know the guidelines for undertaking investigations and procedures.
- e. Know the guidelines for providing sedation and pain relief for practical procedures.
- f. Know the relevant anatomical markers for procedures.
- g. Know and practice scrupulous aseptic techniques.
- h. Be aware of safety issues for patients and staff in relation to investigations of body fluids and radiation.
- i. Be able to interpret results and respond appropriately.
- j. Be able to record results and document procedures legibly and accurately.
- k. Be able to give appropriate medical information when requesting investigations.
- l. Know that results should be requested for and retrieved promptly.
- m. Understand common age-appropriate normal ranges or appearances.
- n. Be able to use all equipment required to undertake common procedures and investigations.
- o. Be able to explain the investigation results to the parents and/or the child.
- p. Be aware of the role of complex investigations e.g. Computerised Axial Tomography or Magnetic Resonance Imaging & their potential complications.
- q. Be aware of the factors that are likely to influence the anxiety of the child, parent and doctor and know how to enlist the help of nursing and other staff (e.g. social workers) as well as more senior paediatric staff when necessary.
- r. Be receptive to feedback from the patients and caregivers on the effect of medication/treatment.
- s. Understand the importance of post mortem investigations and appreciate the socio-cultural factors at play in the local practice setting.
- t. Know the guidelines for obtaining consent for post mortems.

2 Proficiency/Exposure in Investigative Procedures and Specimen Collection; ability to

- a. Perform task correctly.
- b. Interpret results correctly for self, parents and child.
- c. Identify and discuss common points of error and indications for repeat testing.
- d. Identify resources for quality control and verification of competence.
- e. Discuss applications for general paediatrics, including analysis of strengths, limitations and costs.

| | INVESTIGATIVE PROCEDURES AND SPECIMEN COLLECTION | Proficiency Required | Exposure Needed | Score | Supervisor' Name | Signature |
|--------|--|-----------------------------|------------------------|--------------|-------------------------|------------------|
| | Collection techniques and proper handling for: | | | | | |
| i | Abscess fluid | X | | | | |
| ii | Blood culture | X | | | | |
| iii | Complete blood count with differentials | X | | | | |
| iv | Conjunctival scraping | | X | | | |
| v | Conjunctival swab,bacterial | X | | | | |
| vi | Growth Hormone assay | | X | | | |
| vii | Hair collection (tinea) | X | | | | |
| viii | Joint fluid | X | | | | |
| ix | Nasal smear for PMNs and Nasopharyngeal wash | X | | | | |
| x | Newborn blood screen (PKU) | X | | | | |
| xi | Pleural fluid | X | | | | |
| xii | Rectal swab | X | | | | |
| xiii | Sexual assault specimens | X | | | | |
| xiv | Skin scrapings, fungal, scabies, | X | | | | |
| xv | Spinal fluid | X | | | | |
| xvi | Throat swab | X | | | | |
| xvii | Tracheal aspirate (including child with tracheostomy) | | X | | | |
| xviii | Thyroid function tests | | X | | | |
| xix | Urethral culture, adolescent male | X | | | | |
| xx | Vaginal and cervical cultures | X | | | | |
| | Perform and interpret: | | | | | |
| xxi | Complete blood count with automated equipment & print out | | X | | | |
| xxii | Complete blood count with differentials - with manual method | X | | | | |
| xxiii | Smear for RBC morphology | X | | | | |
| xxiv | Wright stain for WBC and platelets | X | | | | |
| xxv | CSF cell count | X | | | | |
| xxvi | Haematocrit and ESR | X | | | | |
| xxvii | Gram stain: CSF, Urethral smear, Urine | X | | | | |
| xxviii | KOH preparation: hair, skin, vaginal | X | | | | |
| xxix | Nasal smear for PMNs | X | | | | |

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| xxx | Rapid tests: Group A strep antigen, Mononucleosis, Pregnancy, | X | | | | |
| xxxi | Stool tests: occult blood, Wright stain for PMNs, ova, Pin worm, | | | | | |
| xxxii | Throat culture, selective media for Group A presumptive diagnosis | X | | | | |
| xxxiii | Urinalysis, dipstick and microscopic, Urine culture colony count | X | | | | |
| xxxiv | HIV screening (rapid test) | X | | | | |

I. DIAGNOSTIC PROCEDURES

By the end of the training period trainees should be able to perform the following diagnostic procedures independently:

Proficiency or Exposure to Diagnostic and Screening Procedures, implying ability to

- Perform task correctly.
- Interpret results for self, parents and child.
- Identify and discuss common sources of error and indications for repeat testing.
- Discuss applications for general paediatrics, including analysis of strengths, limitations and costs.

| | DIAGNOSTIC AND SCREENING PROCEDURES | Proficiency Required | Exposure Needed | Score | Supervisor's Name | Signature |
|------|---|-----------------------------|------------------------|--------------|--------------------------|------------------|
| I | Attention Deficit Hyperkinetic Disorder; home & school questionnaires | X | | | | |
| li | Anthropometric Assessment | X | | | | |
| lii | Behavioural screening questionnaire (Eyberg Child Behaviour Inventory) | X | | | | |
| lv | Blood pressure measurement, -Doppler, -Sphygmomanometer | X | | | | |
| V | Blood Glucose estimation by glucometer | X | | | | |
| Vi | Developmental Screening test | X | | | | |
| vii | Language screening test (e.g., Early Language Milestone Screening Test) | X | | | | |
| viii | Lung function tests (Peak Flow Rate) | X | | | | |
| lx | GIT endoscopy | | X | | | |
| X | Gynaecologic examination, pre-pubertal, post-pubertal | X | | | | |
| Xi | Hearing screening, general, pure tone audiometry | X | | | | |
| xii | Interpretation of endocrine function tests | X | | | | |
| xiii | Jejunal biopsy | | X | | | |
| xiv | Oral Glucose Tolerance Test | X | | | | |
| xv | Percutaneous liver biopsy | | X | | | |
| xvi | Pleural biopsy | | X | | | |

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|-------|----------------------------------|---|---|--|--|--|
| xvii | Renal biopsy | | X | | | |
| xviii | Skin fold thickness measurement | X | | | | |
| xix | Tuberculin Skin Test | X | | | | |
| xx | Tympanometry | | X | | | |
| xxi | Urethral catheterisation | X | | | | |
| xxii | Urine for reducing substances | X | | | | |
| xxiii | Visual Screening, Acuity, Colour | X | | | | |

J. THERAPEUTIC PROCEDURES

By the end of the training period trainees should be able to perform the following therapeutic procedures independently: **The objectives for therapeutic technical skills include:**

1 **Proficiency in Life Saving Skills**

- a. Paediatric Advanced Life Support (Faculty certification required)
- b. Neonatal Advanced Life Support (Faculty certification required)

2 **Proficiency in, or Exposure to, Therapeutic and Technical Procedures implies ability to:**

- a. Perform task correctly
- b. Counsel subjects and caregivers about indications, contraindications and complications
- c. Obtain informed consent for invasive procedures and sedation
- d. Provide developmentally appropriate pain management, as needed
- e. Discuss ethical, legal and financial issues
- f. Provide accurate, timely, and appropriate written documentation.

| | THERAPEUTIC PROCEDURES: GENERAL PAEDIATRICS | Proficiency Required | Exposure Needed | Score | Supervisor's Name | Signature |
|------|---|-----------------------------|------------------------|--------------|--------------------------|------------------|
| i | Abscess, Aspiration | X | | | | |
| ii | Abscess, Simple Incision & Drainage | X | | | | |
| iii | Arterial puncture | X | | | | |
| iv | Central Venous line, Set up, use, care | X | | | | |
| v | Cerumen removal | X | | | | |
| vi | Cut down | X | | | | |
| vii | Heimloch manoeuvre | X | | | | |
| viii | Injection / Medication delivery, endo-tracheal, IM, SC, ID, IT, rectal, aerosol | X | | | | |

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|------|---|---|--|--|--|--|
| ix | Intravenous line placement | X | | | | |
| x | Intraosseous line placement | X | | | | |
| xi | Liquid nitrogen treatment for molluscum / warts | X | | | | |
| xii | Subungal haematoma, drain | X | | | | |
| xiii | Universal precautions | X | | | | |
| xiv | Venipuncture | X | | | | |
| xv | Wound care (simple) | X | | | | |
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| | THERAPEUTIC PROCEDURES: EMERGENCY PAEDIATRICS | Proficiency Required | Exposure Needed | Score | Supervisor's Name | Signature |
|-----|--|-----------------------------|------------------------|--------------|--------------------------|------------------|
| i | Rehydration therapy | X | | | | |
| ii | Oxygen delivery systems, Select and use | X | | | | |
| iii | Cardiopulmonary resuscitation | X | | | | |
| iv | Burn, Management of 1st. & 2nd;degree | X | | | | |
| v | Burn, Acute stabilisation of major burn | | X | | | |
| vi | Use of the nebulizer | X | | | | |
| vii | Seizure management | X | | | | |

| | THERAPEUTIC PROCEDURES: NEONATOLOGY | Proficiency Required | Exposure Needed | Score | Supervisor's Name | Signature |
|------|--|-----------------------------|------------------------|--------------|--------------------------|------------------|
| i | Breast pump use | X | | | | |
| ii | Circumcision, with EMLA, penile block | | X | | | |
| iii | Exchange transfusion | X | | | | |
| iv | Newborn resuscitation | X | | | | |
| v | Umbilical artery catheterisation | X | | | | |
| vi | Umbilical vein catheterisation | X | | | | |
| vii | Tracheal intubation | | | | | |
| viii | Naso-gastric intubation | | | | | |
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| | THERAPEUTIC PROCEDURES: ANAESTHESIA | Proficiency Required | Exposure Needed | Score | Supervisor's Name | Signature |
|-----|--|-----------------------------|------------------------|--------------|--------------------------|------------------|
| i | Anaesthesia, Conscious sedation | | X | | | |
| ii | Anaesthesia, Digital blocks | | X | | | |
| iii | Anaesthesia, Local | X | | | | |
| iv | Anaesthesia, Topical | X | | | | |
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| | THERAPEUTIC PROCEDURES: CARDIOLOGY | Proficiency Required | Exposure Needed | Score | Supervisor's Name | Signature |
|-----|--|-----------------------------|------------------------|--------------|--------------------------|------------------|
| i | Cardiogram (Electro) Perform | | X | | | |
| ii | Cardiogram (Electro) Interpret | X | | | | |
| iii | Cardioversion / Defibrillation | | X | | | |
| iv | Pericardiocentesis | | X | | | |
| v | Physiologic monitoring, automated, cardiac, BP, TPR, | X | | | | |
| vi | Pulse oximetry | X | | | | |

| | THERAPEUTIC PROCEDURES: NEUROLOGY | Proficiency Required | Exposure Needed | Score | Supervisor's Name | Signature |
|-----|--|-----------------------------|------------------------|--------------|--------------------------|------------------|
| i | Cervical spine immobilisation | X | | | | |
| ii | Lumbar puncture | X | | | | |
| iii | Ventriculo- peritoneal shunt external taps | | X | | | |
| iv | Subdural tap | X | | | | |
| v | Ventricular tap | X | | | | |

| | THERAPEUTIC PROCEDURES: DIGESTIVE SYSTEM | Proficiency Required | Exposure Needed | Score | Supervisor's Name | Signature |
|-----|--|-----------------------------|------------------------|--------------|--------------------------|------------------|
| i | Gastric suction / Lavage | X | | | | |
| ii | Gastric tube placement, Oro-gastric / naso-gastric | X | | | | |
| iii | Gastrostomy tube replacement | | X | | | |
| iv | Inguinal and umbilical hernia, simple reduction | X | | | | |
| v | Paracentesis abdominis | X | | | | |
| vi | Tooth, temporary reinsertion | | X | | | |
| vii | Electrogastrography | | X | | | |

| | THERAPEUTIC PROCEDURES: MUSCULO-SKELETAL SYSTEM | Proficiency Required | Exposure Needed | Score | Name of supervisor | Signature |
|------|--|-----------------------------|------------------------|--------------|---------------------------|------------------|
| i | Arthrocentesis, Large knee effusion, Large ankle effusion | | X | | | |
| ii | Immobilisation techniques for common fractures and sprains | X | | | | |
| iii | Ingrown toe nail treatment | | X | | | |
| iv | Paronychia incision & drainage | X | | | | |
| v | Reduction of nursemaid elbow | | X | | | |
| vi | Reduction of phalangeal dislocation | | X | | | |
| vii | Skin scraping | X | | | | |
| viii | Wood's lamp examination of the skin, UV light 3600 3800A | X | | | | |
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| | THERAPEUTIC PROCEDURES: EAR, NOSE AND THROAT | Proficiency Required | Exposure Needed | Score | Supervisor's Name | Signature |
|----|--|-----------------------------|------------------------|--------------|--------------------------|------------------|
| i | Foreign body removal (simple), Nose, Ear, Conjunctival | X | | | | |
| ii | Suctioning, nares, oropharynx, trachea, tracheostomy, | X | | | | |
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| | THERAPEUTIC PROCEDURES: OPHTHALMOLOGY | Proficiency Required | Exposure Needed | Score | Supervisor's Name | Signature |
|-----|--|-----------------------------|------------------------|--------------|--------------------------|------------------|
| i | Contact lens removal | X | | | | |
| ii | Eye irrigation, Lid eversion, Patch | X | | | | |
| iii | Fluorescein eye exam | | X | | | |
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| | THERAPEUTIC PROCEDURES: IMMUNOLOGY | Proficiency | Exposure | Score | Supervisor's | |
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| | | Required | Needed | | Name | Signature |
|---|---|----------------------|-----------------|-------|-------------------|-----------|
| i | Allergy shot, Administration | | X | | | |
| ii | Immunisation administration (PO,SC,IM) | X | | | | |
| THERAPEUTIC PROCEDURES: RESPIRATORY SYSTEM | | | | | | |
| | | Proficiency Required | Exposure Needed | Score | Supervisor's Name | Signature |
| i | Chest tube placement | X | | | | |
| li | Endotracheal intubation | X | | | | |
| iii | Inhalation equipment, clinic aerosol, nebulizer, metered dose | X | | | | |
| iv | Pneumatic otoscopy | X | | | | |
| v | Pulmonary Pressure Detector, place and read | X | | | | |
| vi | Pulmonary function tests, peak flow meter, spirometry | X | | | | |
| vii | Thoracocentesis | X | | | | |
| viii | Tracheostomy tube, replacement | X | | | | |
| ix | Ventilation, bag-valve-mask | X | | | | |
| x | Ventilation support, initiation | X | | | | |

| | | Proficiency Required | Exposure Needed | Score | Supervisor's Name | Signature |
|--|--|----------------------|-----------------|-------|-------------------|-----------|
| THERAPEUTIC PROCEDURES: UROGENITAL SYSTEM | | | | | | |
| i | Bladder Catheterisation | X | | | | |
| ii | Bladder, Suprapubic aspiration | X | | | | |
| iii | Genital wart treatment | | X | | | |
| iv | Paraphimosis reduction | X | | | | |
| v | Peritoneal dialysis | | X | | | |
| vi | Haemodialysis | | X | | | |
| vii | Sexual abuse, examination and evaluation | X | | | | |

K. ESSAYS WRITING - Essays on contemporary clinical and social issues. Essay topics will be sent to training institutions periodically. Residents are to submit to their supervising consultants who will assess and send same to the Faculty Training Coordinator. Residents are to come to the examinations with bound copy of the essays which will be submitted at the start of the oral examination.

| | ESSAY TOPIC | DATE | Score | ASSESSOR | SIGNATURE |
|----|-------------|------|-------|----------|-----------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

L. OTHER ACADEMIC ACTIVITIES

| | ACTIVITY | Minimum number of activity | Actual attendance/ Presentation | Score | Supervisor | Signature |
|---|--|----------------------------|---------------------------------|-------|------------|-----------|
| 1 | Weekly Clinical Meetings – attendance | 72 | | | | |
| | Weekly Clinical Meetings – presentation | 6 | | | | |
| 2 | Mortality Meetings – attendance | 72 | | | | |
| | Mortality Meetings – presentation | 6 | | | | |
| 3 | Management of Unit Statistics (Compilation, Analysis, Presentation, Submission and Filing of Admission and other patient data) | 16 | | | | |
| 4 | Journal Club Meetings – attendance | 16 | | | | |
| | Journal Club Meetings – presentation | 4 | | | | |
| 5 | Clinical Practice Audit Sessions – attendance | 6 | | | | |
| | Clinical Practice Audit Sessions – presentation | 1 | | | | |

CERTIFICATION

We hereby certify that the documentation contained in this log book is correct.

DEPARTMENTAL STAMP



| Resident Doctor's Name | Signature | Date |
|------------------------|-----------|------|
| | | |

| Head of Department's Name | Signature | Date |
|---------------------------|-----------|------|
| | | |

COLLEGE / FACULTY RECEPTION AND VERIFICATION

| Name of Receiving Officer | Designation | Signature | Date |
|---------------------------|-------------|-----------|------|
| | | | |
| Name of Verifying Officer | Designation | Signature | Date |
| | | | |