

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA



LOGBOOK FOR SUBSPECIALTY OF NEUROLOGY

FACULTY OF PAEDIATRICS

APPROVED BY THE SENATE ON 1<sup>ST</sup> DECEMBER, 2022

DR F. A. AROGUNDADE, MD FMCP  
COLLEGE REGISTRAR

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA  
FACULTY OF PAEDIATRICS



PAEDIATRIC NEUROLOGY SUB-SPECIALTY TRAINING LOG BOOK FOR RESIDENTS

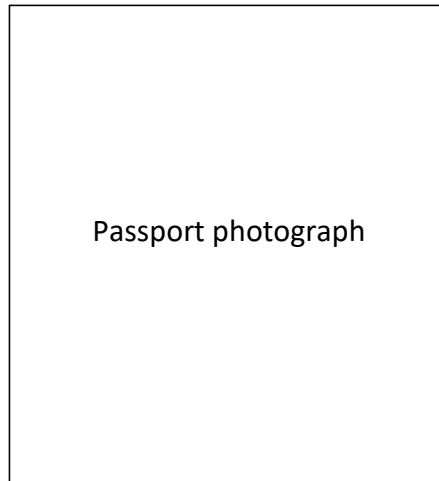
NAME .....

TRAINING INSTITUTION .....

DATE OF COMMENCEMENT OF TRAINING .....

SEPTEMBER, 2022

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA  
FACULTY OF PAEDIATRICS



PAEDIATRIC NEUROLOGY SUB-SPECIALTY TRAINING LOG BOOK FOR RESIDENTS

Name .....

Date passed Part I examination .....

Date of Commencement of Training .....

Proposed Examination Date .....

## **Preamble**

The Paediatric Neurology sub-specialty training commences after a successful completion of the junior paediatric residency training. The junior residency rotations preceding the Part I Examination in Paediatrics provide a solid platform for any resident who is interested in the sub-specialty of paediatric neurology to pursue sub-specialty training in the discipline. After the Part I examination, any resident who is interested in sub-specialty Paediatric Neurology shall undergo additional three years in the residency training programme before the final Fellowship examination.

A candidate shall maintain a log book of operations (observed/assisted/performed) during the training period, certified by the concerned post graduate teacher/Head of Department / Senior Consultant. A copy of the curriculum provides the details of the requirements

This log book shall be made available to the Board of Examiners for their perusal at the time of the final examination.

The log book should show evidence that the required tasks were covered (with dates and the name of trainer. The candidate will maintain a record of all academic activities undertaken by him/her in log book .

A duly completed log book is a pre-requisite for obtaining a clearance to sit the final examination

## SCALE OF PERFORMANCE GRADES

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

The minimum accepted performance score is Grade B in each of the tasks.

### AFFECTIVE DOMAINS FOR ASSESSMENT:

1. Workplace attendance
2. Punctuality
3. Prompt delivery of assignments
4. Group work and interaction
5. Obeying instructions
6. Respect for patient care

## ***TRAINING STRUCTURE***

	<b>Posting</b>	<b>Duration</b>
1.	General Paediatrics including Emergency Paediatrics, Neonatology and other elective rotations	12 months
2.	Paediatric Neurology I	6 months
3.	Adult Neurology	2 months
4.	Paediatric Neurosurgery	2 months
5.	Neuroradiology I	1 month
6.	Neuropathology	1 month
7.	Neurophysiology-** EEG -adult & Paediatric	3 months
8.	Paediatric Neurology II	6 months
9.	Child & Adolescent Psychiatry	1 month
10.	Make up rotations/preparation for final exams	2 months
	<b>TOTAL</b>	<b>36 months</b>

## PAEDIATRIC NEUROLOGY ROTATION I

Duration : 6 months

Date of commencement ..... Date of completion .....

Supervising Consultant(s).....

### Attendance at Lectures

	Title of Lecture	Resource Person	Signature & Date
1.	Basic Neuroanatomy of the brain and spinal cord		
2.	Normal Child Development & Developmental Assessment		
3.	Intracranial infections		
4.	Developmental disorders – CP, ADHD		
5.	Neuropathology - Brain response to injury		
6.	Headache in children		
7.	Muscular dystrophies		
8.	Seizures in Children – Febrile seizures, Childhood Epilepsies		
9.	Peripheral Neuropathies		
10.	Muscular Dystrophies		
11.	Diseases of the anterior horn cell		
12.	Autism spectrum disorders		
13.	Intellectual disabilities		
14.	Paediatric strokes		
15.	Disorders of vision in children		
16.	Paediatric brain tumours		
17.	Congenital brain malformations		
18.	Neurocutaneous syndrome		
19.	Neurological emergencies		
20.	Movement Disorders		

## CASES PRESENTED AND MANAGED IN THE PAEDIATRIC NEUROLOGY UNIT

Minimum = 20

	Date	Cases	Grade	Supervising Consultant	Signature
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					

\* A variety of cases must be presented. There should be no more than 2 cases with the same condition



**CNS EXAMINATION PERFORMANCE OBSERVED BY TRAINER (S)**

**Minimum = 15**

	<b>Date</b>	<b>CNS Findings</b>	<b>Grade</b>	<b>Supervising Consultant</b>	<b>Signature</b>
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					

**CNS EXAMINATION PERFORMED INDEPENDENTLY**

**Minimum = 20**

	<b>Date</b>	<b>Cases</b>	<b>CNS Findings</b>	<b>Supervising Consultant</b>	<b>Signature</b>
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					

**PROCEDURES PERFORMED (1)**

**Lumbar Punctures (Minimum = 20)**

	<b>Date</b>	<b>Procedure</b>	<b>Grade</b>	<b>Supervising Consultant</b>	<b>Signature</b>
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					

**PROCEDURES PERFORMED (2)**

	Date	Procedure	Grade	Supervising Consultant	Signature
<b>Subdural tap (Minimum =4)</b>					
1					
2					
3					
4					
5					
6					
<b>Ventricular tap (Minimum = 4)</b>					
1					
2					
3					
4					
5					
6					
<b>Partial Exchange Blood Transfusions / Plasmapheresis (Minimum =5)</b>					
1					
2					
3					
4					
5					
6					
<b>Other Procedures (e.g. Transcranial Doppler, USS-guided brain abscess drainage, etc)</b>					
1					
2					
3					

\* Minimum total number of procedures = 30

**PAEDIATRIC NEUROLOGY ROTATION II**

Duration : 6 months

Date of commencement ..... Date of completion .....

Supervising Consultant (s) .....

**Attendance at Lectures**

	<b>Title of Lecture</b>	<b>Resource Person</b>	<b>Signature &amp; Date</b>
1	Neonatal neurology		
2	Paediatric Neuroimaging		
3	Paediatric Electroencephalography		
4	Sleep and Sleep Disorders		
5	Diseases of the neuromuscular junction		
6	Traumatic brain injuries		
7	Diseases of the cerebellum		
8	Hearing and speech disorders in children		
9	Raised intracranial pressure		
10	Epileptic Encephalopathies		

**SEMINAR PRESENTATIONS IN PAEDIATRIC NEUROLOGY**  
(Minimum = 6)

	<b>Date</b>	<b>Title of Presentation</b>	<b>Grade</b>	<b>Supervising Consultant</b>	<b>Signature</b>
1					
2					
3					
4					
5					
6					
7					
8					

**ADULT NEUROLOGY ROTATION**

Duration : 2 months

Date of commencement ..... Date of completion .....

Supervising Consultant (s) .....

**CASES PRESENTED AND MANAGED (Minimum = 10)**

	Date	Cases	Grade	Supervising Consultant	Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Endorsement for satisfactory completion of the posting:

Supervising Consultant ..... Date .....

Head of Department ..... Date .....

**PAEDIATRIC NEUROSURGERY ROTATION**

Duration : 2 months

Date of commencement ..... Date of completion .....

Supervising Consultant (s) .....

**CASES MANAGED/ASSISTED AT SURGERY (Minimum = 8)**

	Date	Cases	Grade	Supervising Consultant	Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Endorsement for satisfactory completion of the posting:

Supervising Consultant ..... Date .....

Head of Department ..... Date .....



**NEURORADIOLOGY ROTATION**

Duration : 1 month

Date of commencement ..... Date of completion .....

Supervising Consultant (s) .....

**CRANIAL CT IMAGES AND BRAIN MRI IMAGES REPORTED (Minimum = 8)**

	Date	Clinical Diagnosis	Radiological Diagnosis	Grade	Supervising Consultant	Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**CASES PRESENTED AT THE NEURORADIOLOGY MEETING (Minimum = 3)**

	Date	Cases	Grade	Supervising Consultant	Signature
1					
2					
3					
4					

Endorsement for satisfactory completion of the posting:

Supervising Consultant ..... Date .....

Head of Department ..... Date .....

**NEUROPATHOLOGY ROTATION**

Duration : 1 month

Date of commencement ..... Date of completion .....

Supervising Consultant (s) .....

**CASES OBSERVED AT THE BRAIN CUT-UP SESSIONS (Minimum = 2)**

	Date	Clinical Diagnosis	Final Diagnosis	Grade	Supervising Consultant	Signature
1						
2						
3						
4						

Endorsement for satisfactory completion of the posting:

Supervising Consultant ..... Date .....

Head of Department ..... Date .....

**NEUROPHYSIOLOGY ROTATION : ELECTROENCEPHALOGRAPHY**

Duration : 3 months

Date of commencement ..... Date of completion .....

Supervising Consultant (s) .....

**MODULE I: ELECTRODE PLACEMENT AND ACQUISITION OF ROUTINE INTER-ICTAL EEGs  
(Minimum = 12)**

	Date	Age & gender of patient	Indication for EEG	Grade	Supervising Consultant	Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

**NEUROPHYSIOLOGY ROTATION : ELECTROENCEPHALOGRAPHY**

Duration : 3 months

Date of commencement ..... Date of completion .....

Supervising Consultant (s) .....

**MODULE II: REPORTING OF PAEDIATRIC EEGs (Minimum = 12)**

	Date	Age & gender of patient	EEG Diagnosis	Grade	Supervising Consultant	Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

\* The full EEG report must be submitted before endorsement by the supervising consultant.

\*Attendance at a Local/International Paediatric EEG Course with due certification is mandatory

Course attended .....

Date of Certification ..... (Attach evidence of certification)

**CHILD/ADOLESCENT PSYCHIATRY ROTATION**

Duration : 1 month

Date of commencement ..... Date of completion .....

Supervising Consultant (s) .....

**CASES PRESENTED (Minimum = 8)**

	Date	Cases	Grade	Supervising Consultant	Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Endorsement for satisfactory completion of the posting:

Supervising Consultant ..... Date .....

Head of Department ..... Date .....

**PRESENTATION AT JOURNAL CLUB MEETINGS**  
(Minimum = 5)

	<b>Date</b>	<b>Article citation</b>	<b>Grade</b>	<b>Supervising Consultant</b>	<b>Signature</b>
1					
2					
3					
4					
5					
6					
7					
8					

**Attendance at Conferences/Child Neurology Update Courses/Workshops**  
(Please indicate dates and attach Certificate of attendance)

	<b>Programme attended</b>	<b>Date</b>	<b>Location</b>	<b>Local/International</b>
1				
2				
3				
4				

**Examples (but not limited to):**

**Child Neurology Society of Nigeria Conference**

**Nigerian Society of Neurological Sciences Conference**

**Nigerian Stroke Society Conference**

**ILAE Conference - Local/International**

**International Paediatric Stroke Organisation Conference**

**British Paediatric Neurology Association Conference**

**TUTORIALS/LECTURES TO UNDERGRADUATE MEDICAL STUDENTS/INTERNS**  
(Minimum = 7)

	<b>Date</b>	<b>Title of Lecture/Tutorial</b>	<b>No. of participants</b>	<b>Mode of delivery</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

\* Mode of delivery: Virtual/Physical



ENDORSEMENT BY HEAD, PAEDIATRIC NEUROLOGY UNIT

NAME.....

Signature .....

Date .....

ENDORSEMENT BY HEAD OF DEPARTMENT

NAME.....

Signature .....

Date .....