

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA



POSTGRADUATE DIPLOMA LOGBOOK FOR
HEALTH SYSTEM MANAGEMENT

FACULTY OF PUBLIC HEALTH AND
COMMUNITY MEDICINE

APPROVED BY THE SENATE ON 1ST DECEMBER,
2022

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COLLEGE REGISTRAR



**FACULTY OF PUBLIC HEALTH AND COMMUNITY MEDICINE
NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA
(NPMCN)**

FIELD INTERNSHIP LOGBOOK
FOR POSTGRADUATE DIPLOMA

IN

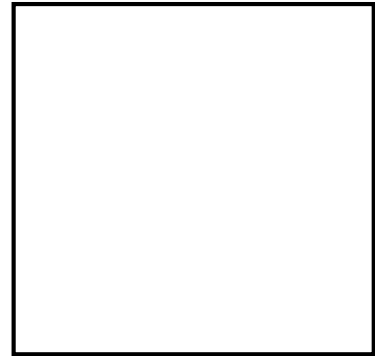
HEALTH SYSTEM MANAGEMENT

2022

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STUDENT INFORMATION



TRAINEE'S PASSPORT PHOTO

NAME:

SEX:

SESSION:

MATRICULATION NO:

COURSE OF STUDENT:

TELEPHONE:

E-MAIL ADDRESS:

HOW TO USE THE INTERNSHIP LOGBOOK

This book is to assist the student to keep accurate records of the internship activities and the Departments, Units, or Organisations where the internship was undertaken to assess the student's performance.

1. Students must complete the information on the profile of the department, unit, or organization where the internship was undertaken
2. The student must record the activities completed daily.
3. The students should present the logbook to the Supervisors at the Internship site at the end of each full month of training (4 weeks) for assessment and comments on their progress.
4. The student should present the Logbook to the Faculty of Public Health and Community Medicine for assessment as part of the capstone project as appropriate

CODE OF CONDUCT FOR STUDENTS

1. Report on time at the place of Internship with the letter of Introduction.
2. Be punctual to all activities, and work until the official closing time at the Internship site.
3. Take instructions from the designated supervisor in charge of your internship at the site.
4. Observe the rules and regulations of the organization, departments, or units to which you are attached.
5. Be a good team member.

ORGANIZATIONS PROFILE

NAME OF ESTABLISHMENT.....

.....

LOCATION.....

.....

STATE.....

YEAR OPERATION STARTED / COMMENCEMENT OF WORK

.....

.....

PRINCIPAL AREAS OF OPERATION AND ACTIVITIES:

Areas of Operation	Activities
1.	1.
2.	2.
3.	3.
1.	1.
2.	2.
3.	3.
1.	1.
2.	2.
3.	3.
1.	1.
2.	2.
3.	3.
1.	1.
2.	2.
3.	3.
1.	1.
2.	2.
3.	3.

HISTORY AND STRUCTURE OF ORGANIZATION (ATTACH ORGANOGRAM)

DAILY RECORD OF ACTIVITIES

WEEK.....

DAY	NATURE OF ACTIVITIES	ROLE OF STUDENT
MON		
TUES		
WED		
THUR		
FRI		

DAILY RECORD OF ACTIVITIES

WEEK.....

DAY	NATURE OF ACTIVITIES	ROLE OF STUDENT
MON		
TUES		
WED		
THUR		
FRI		

DAILY RECORD OF ACTIVITIES

WEEK.....

DAY	NATURE OF ACTIVITIES	ROLE OF STUDENT
MON		
TUES		
WED		
THUR		
FRI		

DAILY RECORD OF ACTIVITIES

WEEK.....

DAY	NATURE OF ACTIVITIES	ROLE OF STUDENT
MON		
TUES		
WED		
THUR		
FRI		

**MONTHLY EVALUATION OF STUDENT INTERNSHIP EXPERIENCE
PERFORMANCE RATING (To be completed by the supervisor)**

Criteria	Outstanding	Very Good	Satisfactory	Below average
1. Regularity at work				
2. Ability to work in a team				
3. Inter-personal relationship				
4. Conscientiousness				
5. Ability to work with minimal supervision				
6. Punctuality				
7. Interest and willingness to perform				
8. Quality of work				
9. Innovativeness				

Additional Comments if any:

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Name of Supervisor

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Designation.....

Signature and Date

With Official Stamp

DAILY RECORD OF ACTIVITIES

WEEK.....

DAY	NATURE OF ACTIVITIES	ROLE OF STUDENT
MON		
TUES		
WED		
THUR		
FRI		

DAILY RECORD OF ACTIVITIES

WEEK.....

DAY	NATURE OF ACTIVITIES	ROLE OF STUDENT
MON		
TUES		
WED		
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DAILY RECORD OF ACTIVITIES

WEEK.....

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DAILY RECORD OF ACTIVITIES

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8. Quality of work				
9. Innovativeness				

Additional Comments if any:

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Name of Supervisor

.....

Designation.....

Signature and Date

With Official Stamp

ASSESSMENT OF STUDENTS (Office use only)

DATE OF SUBMISSION OF BOOKLET _____

GRADING.....

COMMENTS.....

.....

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NAME OF ASSESSOR.....

SIGNATURE OF ASSESSOR AND DATE.....