

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA



POSTGRADUATE DIPLOMA LOGBOOK FOR  
POPULATION AND REPRODUCTIVE HEALTH

FACULTY OF PUBLIC HEALTH AND COMMUNITY  
MEDICINE

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

A handwritten signature in blue ink, appearing to read 'F. A. Arogundade', is positioned above the name of the Registrar.

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



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

***FIELD INTERNSHIP LOGBOOK***  
**FOR POSTGRADUATE DIPLOMA**

**IN**

***POPULATION AND REPRODUCTIVE HEALTH***

**2022**

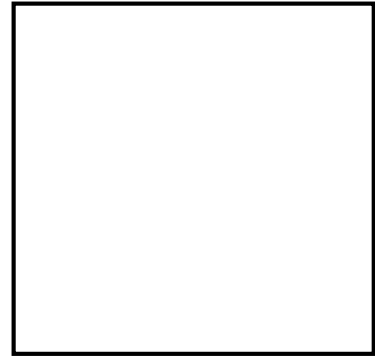
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POSTGRADUATE DIPLOMA IN POPULATION AND REPRODUCTIVE HEALTH

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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**

NATIONAL POSTGRADUATE MEDICAL COLLEGE, FACULTY OF PUBLIC HEALTH AND COMMUNITY MEDICINE  
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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 internship period for assessment and comments on their Performance.
4. The student should present the Logbook to the Faculty of Public Health and Community Medicine for assessment as part of the 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**

NATIONAL POSTGRADUATE MEDICAL COLLEGE, FACULTY OF PUBLIC HEALTH AND COMMUNITY MEDICINE  
POSTGRADUATE DIPLOMA IN POPULATION AND REPRODUCTIVE HEALTH

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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.

**HISTORY AND STRUCTURE OF ORGANIZATION (ATTACH ORGANOGRAM)**

**DAILY RECORD OF ACTIVITIES**

WEEK.....

<b>DAY</b>	<b>NATURE OF ACTIVITIES</b>	<b>ROLE OF STUDENT</b>
MON		
TUES		
WED		
THUR		
FRI		

## DAILY RECORD OF ACTIVITIES

WEEK.....

<b>DAY</b>	<b>NATURE OF ACTIVITIES</b>	<b>ROLE OF STUDENT</b>
MON		
TUES		
WED		
THUR		
FRI		



## DAILY RECORD OF ACTIVITIES

WEEK.....

<b>DAY</b>	<b>NATURE OF ACTIVITIES</b>	<b>ROLE OF STUDENT</b>
MON		
TUES		
WED		
THUR		
FRI		

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<b>DAY</b>	<b>NATURE OF ACTIVITIES</b>	<b>ROLE OF STUDENT</b>
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<b>TUES</b>		
<b>WED</b>		
<b>THUR</b>		
<b>FRI</b>		

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<b>DAY</b>	<b>NATURE OF ACTIVITIES</b>	<b>ROLE OF STUDENT</b>
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TUES		
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THUR		
FRI		

---

## DAILY RECORD OF ACTIVITIES

WEEK.....

<b>DAY</b>	<b>NATURE OF ACTIVITIES</b>	<b>ROLE OF STUDENT</b>
<b>MON</b>		
<b>TUES</b>		
<b>WED</b>		
<b>THUR</b>		
<b>FRI</b>		

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**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:**

.....  
 .....  
 .....

**Name of Supervisor**

.....

**Designation**.....

**Signature and Date** .....

**With Official Stamp**

ASSESSMENT OF STUDENTS (Office use only)

DATE OF SUBMISSION OF BOOKLET \_\_\_\_\_

GRADING.....

COMMENTS.....

.....

.....

.....

NAME OF ASSESSOR.....

SIGNATURE OF ASSESSOR AND DATE.....