

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA



INTERVENTIONAL RADIOLOGY LOGBOOK

FACULTY OF RADIOLOGY

APPROVED BY THE SENATE ON 13TH JUNE, 2024

A handwritten signature in blue ink, consisting of several loops and flourishes, is positioned above the name of the Registrar.

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

FACULTY OF RADIOLOGY

INTERVENTIONAL RADIOLOGY (IR) SUBSPECIALTY SENIOR RESIDENCY LOGBOOK

INTRODUCTION:

The Interventional Radiology (IR) Residents Training Log Book is a book format designed to record and keep track of events in the Candidate's rotational postings in the 36 months of IR Senior Residency Training Program. It is a verified record of the progression of the Candidate, documenting the acquisition of the requisite knowledge, skills, attitude and competence. This Log Book which will further serve as a supporting document to the candidate's curriculum in Interventional radiology, will also ensure that all information regarding all postings are recorded in a logical manner. It represents a 'Student-Teacher interface' during the training period.

RULES:

- Candidate should always write directly into the Log book (No loose scraps)
- Candidate should submit Log book immediately at the end of each posting/rotation to the Supervising Consultant for verification and signature.

SUPERVISING CONSULTANT'S REMARK:

This is a subjective assessment of the overall performance and Log book records of the candidate during the postings. It shall be assessed as follows:

- **Satisfactory:** Candidate has shown excellent Skill performance and has achieved the minimum requirements in above 70% of the procedures in the Log book records presented.
- **Average:** Candidate has shown average/Good Skill performance and has achieved the minimum requirements in 45% - 69% of the procedures in the Log book records presented.
- **Poor:** Candidate has shown Poor/Fair Skill performance and has only achieved the minimum requirements in less than 45% of the procedures in the Log book records presented.

YEAR 3

Name of Candidate -----

Institution -----

Procedure	Minimum Nos. Exam to be Observed	Minimum Nos of Exam to be Performed /Assisted/ Reported Under Supervision	Minimum Nos. of Exam to be Independently Performed / Reported Without Supervision	Date	Supervising Consultant's Remarks	Supervising Consultant's Name & Signature
Radiology Emergency Posting 1. Emergency Ultrasonography Scans (Fast Scan) 2. CT Scan Emergencies Reporting & Guided Procedures 3. Reporting & Interpretation of Emergency radiographic procedures	50 40 -	20 10 100	10 5 50			

Cardiology & Cardiothoracic Posting						
1. Cardiac Ultrasound	20	15	10			
2. Cardiac Echo	20	15	10			
3. Chest Tube Insertions	10	10	5			
4. Venous Lines	5	5	3			
5. Chest Radiography and CT Reporting	50	30	20			
GIT/Hepatobiliary						
1. Endoscopy	10	5	Nil			
2. Case Review Sessions	30	20	5			
3. Film reporting & Interpretation	40	20	10			

Pathology/Postmortem Review Sessions						
1. Cut-Up Sessions	20	5	2			
2. FNA Procedures	30	10	10			
3. Slides Preparation and Fixing	50	20	10			
4. Microscopic Diagnostic Sessions	20	10	10			
Urology Postings						
1. Cystoscopy	20	20	Nil			
2. Urethral Catheterization	40	30	20			
3. Trans-Rectal Ultrasonography	20	10	20			
4. Surgical procedures	20	10	Nil			
Anesthesia Posting			-			
1. Surgical Procedures requiring General Anesthesia	20	20	Nil			
2. Surgical Procedures requiring Local Anesthesia	20	20	20			
3. Spinal Anesthesia	30	20	5			

Neurosurgery Posting						
1. Surgical Sessions	20	15	Nil			
2. CT Review Sessions	50 50	30 30	30 30			
3. MRI Review Sessions	5	5	Nil			
4. Brain Cut-Up Sessions						

YEAR 3 CLINICAL PRESENTATIONS/ SEMINARS, JOURNAL CLUBS, TUTORIALS

Activity	Minimum Number to Observe	Minimum Number to Participate	Minimum Number to Lead Discussion
Clinical Presentations		10	6
Seminars/Dept. Meetings		2	2
Specialized Rotations/Postings Outside Department	20	10	4
Journal Club Meetings .			2
Tutorial Sessions .		8	6

YEAR 4

Name of Candidate -----

Institution -----

Procedure	Minimum Nos. Exam to be Observed	Minimum Nos of Exam to be Performed /Assisted/ Reported Under Supervision	Minimum Nos. of Exam to be Independently Performed / Reported Without Supervision	Date	Supervision Consultant's Remarks	Supervision Consultant's Name & Signature
USS GUIDED BIOPSY OF MASSESS 1. CHEST 2. ABDOMEN (Liver, Pancreas, Spleen, Kidneys Intestines) 3. OTHERS (Small parts, Joints, Pelvis, Peripherals, Spine)		- 7 7 7	- 10 10 10			

CT GUIDED BIOPSY OF MASSESS 1 CHEST 2. ABDOMEN (Liver, Pancreas, Spleen, Kidneys Intestines) 3. OTHERS (Small parts, Joints, Pelvis, Peripherals, Spine)	Nil Nil NIL	- 6 6 6	- 8 8 8			
USS GUIDED DRAINAGE 1. CHEST 2. ABDOMEN (Liver, Pancreas, Spleen, Kidneys Intestines) 3. OTHERS (Small parts, Joints, Pelvis, Peripherals, Spine)	Nil Nil Nil	- 6 6 4	- 8 8 8			

CT GUIDED DRAINAGE 1 CHEST 2. ABDOMEN (Liver, Pancreas, Spleen, Kidneys Intestines) 3. OTHERS (Small parts, Joints, Pelvis, Peripherals, Spine)		- 5 5 5	- 10 10 10			
USS GUIDED ASPIRATION 1 CHEST 2. ABDOMEN (Liver, Pancreas, Spleen, Kidneys Intestines) 3. OTHERS (Small parts, Joints, Pelvis, Peripherals, Spine)		- 5 5 5	- 10 10 10			

CT GUIDED ASPIRATION 1 CHEST 2. ABDOMEN (Liver, Pancreas, Spleen, Kidneys Intestines) 3. OTHERS (Small parts, Joints, Pelvis, Peripherals, Spine)	0	- 6	- 8			
USS GUIDED FINE NEEDLE ASPIRATION CYTOLOGY (FNAC) 1. Thyroid, Salivary, Lymph nodes	0	- 7	- 10			
EMBOLIZATION 1. Head/Neck 2. Chest/Heart 3. Abdomen 4. Spinal 5. Peripherals	0	- 5 5 5 5 5	- 6 6 6 6 6			

ANGIOPLASTY	0	-	-			
1. Head/Neck		5	6			
2. Chest/Heart		5	6			
3. Abdomen		5	6			
4. Spinal		5	6			
5. Peripherals		5	6			

Thrombolysis	-	-	-			
1. Head/Neck	1	5	6			
2. Chest/Heart	1	5	6			
3. Abdomen	1	5	6			
4. Spinal	1	5	6			
5. Peripherals	1	5	6			
Central Venous Access	- 3	- 3	10			
ABLATION	-	-	-			
1. Non-Vascular	1	2	3			
2. Vascular	1	1	3			

MRI GUIDED BREAST BIOPSIES	- 2	- 2	2			
RADIOACTIVE SEED LOCALIZATION	-	-				
Ultrasound Guided	1	1	1			
Mammography Guided	1	1	1			

YEAR 4 CLINICAL PRESENTATIONS/ SEMINARS, JOURNAL CLUBS, TUTORIALS

Activity	Minimum Number to Observe	Minimum Number to Participate	Minimum Number to Lead Discussion
Clinical Presentations		10	6
Seminars/Dept. Meetings		2	3
Journal Club Meetings .		1	2
Tutorial Sessions .		8	6

YEAR 5

Name of Candidate

Institution

Procedure	Minimum Nos. Exam to be Observed	Minimum Nos of Exam to be Performed /Assisted/ Reported Under Supervision	Minimum Nos. of Exam to be Independently Performed / Reported Without Supervision	Date	Supervision Consultant's Remarks	Supervision Consultant's Name & Signature
USS GUIDED BIOPSY OF MASSESS 1 CHEST 2. ABDOMEN (Liver, Pancreas, Spleen, Kidneys Intestines) 3. OTHERS (Small parts, Joints, Pelvis, Peripherals, Spine)	0	- 7 7 7	- 10 10 10			

CT GUIDED BIOPSY OF MASSESS 1 CHEST 2. ABDOMEN (Liver, Pancreas, Spleen, Kidneys Intestines) 3. OTHERS (Small parts, Joints, Pelvis, Peripherals, Spine)	0	-	-			
CT GUIDED DRAINAGE 1 CHEST 2. ABDOMEN (Liver, Pancreas, Spleen, Kidneys Intestines) 3. OTHERS (Small parts, Joints, Pelvis, Peripherals, Spine)		-	-			

USS GUIDED ASPIRATION		-	-			
	1 CHEST	5	10			
	2. ABDOMEN (Liver, Pancreas, Spleen, Kidneys Intestines)	5	10			
3. OTHERS (Small parts, Joints, Pelvis, Peripherals, Spine)	5	10				

CT GUIDED ASPIRATION		-	-			
	1 CHEST	6	8			
	2. ABDOMEN (Liver, Pancreas, Spleen, Kidneys Intestines)	6	8			
3. OTHERS (Small parts, Joints, Pelvis, Peripherals, Spine)	7	8				

USS GUIDED FINE NEEDLE ASPIRATION CYTOLOGY (FNAC) 1. Thyroid, Salivary, Lymph nodes		- 7	- 10			
EMBOLIZATION 6. Head/Neck 7. Chest/Heart 8. Abdomen 9. Spinal 10. Peripherals		- 5 5 5 5 5	- 6 6 6 6 6			
ANGIOPLASTY 6. Head/Neck 7. Chest/Heart 8. Abdomen 9. Spinal 10. Peripherals		- 5 5 5 5 5	- 6 6 6 6 6			

Thrombolysis	-	-	-			
6. Head/Neck	1	5	6			
7. Chest/Heart	1	5	6			
8. Abdomen	1	5	6			
9. Spinal	1	5	6			
10. Peripherals	1	5	6			
Central Venous Access	3	3	10			
ABLATION	-	-	-			
3. Non-Vascular	1	2	3			
4. Vascular	1	1	3			
MRI GUIDED BREAST BIOPSIES	- 2	- 2	2			
RADIOACTIVE SEED LOCALIZATION	-	-				
Ultrasound Guided	1	1	1			
Mammography Guided	1	1	1			

YEAR 5 CLINICAL PRESENTATIONS/ SEMINARS, JOURNAL CLUBS, TUTORIALS

Activity	Minimum Number to Observe	Minimum Number to Participate	Minimum Number to Lead Discussion
Clinical Presentations			30
Seminars/Dept. Meetings		20	30
Dissertation: Pre-Ethical & Full Work Prior to Submission for Final (Part II) Fellowship Examination.			1
Journal Club Meetings .		15	20
Tutorial Sessions .	90	50	30

N/B: Please submit your Log Book for verification and Signatures after each posting