

# FACULTY OF INTERNAL MEDICINE

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA



FELLOWSHIP PROGRAMME IN INTERNAL MEDICINE

## JUNIOR RESIDENT'S LOG BOOK

First compiled 1993, Reviewed 1996, 2009 & Revised 2014

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RESIDENT'S NAME:.....

INSTITUTION OF TRAINING:.....

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## FOREWORD

This Fellowship Training of the Faculty of Internal Medicine seeks to train specialists in Internal Medicine capable of clinical and academic practice at the secondary and tertiary levels of health care anywhere in the world. To this end heavy emphasis is placed on a strong theoretical background and more importantly adequate clinical and practical exposure to the various areas of Internal Medicine.

The principal aim of this log book is to keep and make an objective assessment of the training which residents have been exposed to. It is important to pass the examination but great emphasis will be paid to the training process itself.

The following points should be noted:

- A. This log-book can only be sold to Associate-Fellows of the College in the Faculty of Internal Medicine
- B. The guidelines to the Residency Training Programme in Internal Medicine should be read before completing this log-book
- C. Upon entering the programme (after a pass/exemption at the primary examinations) the resident internist should obtain a copy of the log-book from the faculty secretary/or College Registrar and start to complete the relevant parts
- D. All prerequisite procedures, attendance etc must be certified by the supervising consultants(s)
- E. For each requirement, there is a minimum number (specified in the resident's handbook) below which entry into the examinations may be denied.
- F. The log-book must accompany the application forms for the Part I examination
- G. Certifications (signatures) in log-book should be done as soon as the task is accomplished (block signatures unacceptable)
- H. The requirement contained herein is the minimum demanded by the programme. Institutions with the facilities should set the pace higher and these should be included in the blank spaces

# EXPLANATORY NOTES

**RATING:** Where required should be as follows

**CASE REPORTS:** These should be completed according to the number of postings and need not serially entered. These are to be written up as in Journal case reports and scored by the supervising consultant. Extra sheets may be attached. Case reports are required for all compulsory postings and optional in other postings.

**MANDATORY POSTING:** Some postings are mandatory: See the Resident's handbook.

**CASES MANAGED:** At least 10 cases per posting during compulsory clinical postings and three in Psychiatry. These should be cases in which the resident has been actively involved in the management.

**COURSES:** A junior resident must attend at least ONE REVIEW COURSE AND ONE UPDATE COURSE approved by the Faculty Board within the preceding twelve months of appearance at the Part 1 FMCP examination.

**IN-COURSE ASSESSMENT:** Must be done for all posting and gradually inserted into the log-book and endorsed by the supervising Consultants.

**PROCEDURES:** The prerequisite number of procedures satisfactorily done/performed, observed or interpreted must be appropriately designated and signed up by the Consultant (insert "P" for performed, "O" for observed/watched and "I" for interpreted).

**CASE PRESENTATION:** This applies to all compulsory postings (see resident's handbook). There should be a minimum of 3 from the other postings and at least one each from the elective posting.

**EXAMINATION RESULTS:** This is to be entered and endorsed by the faculty secretary after each examination.

**CERTIFICATE OF TRAINING:** This should be granted by the consultants under whom posting was done in addition to the certificate of training issued by the training institution.

# **SUMMARY OF JUNIOR RESIDENCY TRAINING**

**DATE PASSED PRIMARY FMCP.....**

**DATE PASSED FMCP PART I .....**

**NAME.....**

**SIGNATURE.....**

**DATE.....**

- To be completed at the end of Junior Residency Training

## SUMMARY OF POSTINGS IN USUAL HOSPITAL

NO	POSTING TITLE	DATE	REMARKS	CONSULTANT'S NAME AND SIGNATURE
1.	Cardiology			
2.	Respiratory Medicine			
3.	Endocrinology/Metabolism			
4.	Gastroenterology			
5.	Nephrology			
6.	Neurology			
7.	Dermatology & Genitourinary			
8.	Emergency Medicine			
9.	Intensive Care Medicine			
10.	Haematology/Blood Transfusion			
11.	Radiology			
12.	Chemical Pathology			
13.	Microbiology & Parasitology			
14.	Histopathology			
15.	Psychiatry			
16.	Clinical Pharmacology			
17.	Clinical Haematology/Oncology			
18.	Sports Medicine			
19.	Immunology			
20.	Infectious diseases			
21.	Geriatrics			
22.	Rheumatology			

## SUMMARY OF POSTINGS IN OTHER HOSPITAL/S

NO	POSTING TITLE	DATE	REMARKS	CONSULTANT'S NAME AND SIGNATURE
1.	Cardiology			
2.	Respiratory Medicine			
3.	Endocrinology/Metabolism			
4.	Gastroenterology			
5.	Nephrology			
6.	Neurology			
7.	Dermatology & Genitourinary			
8.	Emergency Medicine			
9.	Intensive Care Medicine			
10.	Haematology/Blood Transfusion			
11.	Radiology			
12.	Chemical Pathology			
13.	Microbiology & Parasitology			
14.	Histopathology			
15.	Psychiatry			
16.	Clinical Pharmacology			
17.	Clinical Haematology/Oncology			
18.	Sports Medicine			
19.	Immunology			
20.	Infectious diseases			
21.	Geriatrics			
22.	Rheumatology			

# CARDIOLOGY

## PATIENT MANAGEMENT

INSTITUTION:.....

No	Hospital No.	Age/Gender	Date	Diagnosis	Consultant's Name & Sign.
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# DERMATOLOGY & GENITOURINARY

## PATIENT MANAGEMENT

INSTITUTION:.....

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# ENDOCRINOLOGY & METABOLISM

## PATIENT MANAGEMENT

INSTITUTION:.....

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# CLINICAL HAEMATOLOGY/ONCOLOGY

## PATIENT MANAGEMENT

INSTITUTION:.....

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# GASTROENTEROLOGY

## PATIENT MANAGEMENT

INSTITUTION:.....

No	Hospital No.	Age/Gender	Date	Diagnosis	Consultant's Name & Sign.
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# NEPHROLOGY

## PATIENT MANAGEMENT

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# NEUROLOGY

## PATIENT MANAGEMENT

INSTITUTION:.....

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# EMERGENCY MEDICINE

## PATIENT MANAGEMENT

INSTITUTION:.....

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# RESPIRATORY MEDICINE

## PATIENT MANAGEMENT

INSTITUTION:.....

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# GERIATRICS

## PATIENT MANAGEMENT

INSTITUTION:.....

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**RHEUMATOLOGY**  
**PATIENT MANAGEMENT**  
 INSTITUTION:.....

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**INFECTIOUS DISEASE**  
**PATIENT MANAGEMENT**  
 INSTITUTION:.....

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# CLINICAL PHARMACOLOGY

## PATIENT MANAGEMENT

INSTITUTION:.....

No	Hospital No.	Age/Gender	Date	Diagnosis	Consultant's Name & Sign.
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**ALLIED: PSYCHIATRY, HAEMATOLOGY & BLOOD TRANSFUSION  
AND INTENSIVE CARE  
PATIENT MANAGEMENT  
INSTITUTION:.....**

No	Hospital No.	Age/Gender	Date	Diagnosis	Consultant's Name & Sign.
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**SPECIAL POSTING: CASE REPORTS  
CARDIOLOGY**

INSTITUTION:.....

No	Date	Patient's diagnosis	Score/ratings	Consultant's Name & Sign.
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**INTENSIVE CARE MEDICINE**

INSTITUTION:.....

No	Date	Patient's diagnosis	Score/ratings	Consultant's Name & Sign.
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**SPECIAL POSTING: CASE REPORTS  
DERMATOLOGY & GENITOURINARY**

INSTITUTION:.....

No	Date	Patient's diagnosis	Score/ratings	Consultant's Name & Sign.
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**ENDOCRINOLOGY & METABOLISM**

INSTITUTION:.....

No	Date	Patient's diagnosis	Score/ratings	Consultant's Name & Sign.
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**SPECIAL POSTING: CASE REPORTS  
GASTROENTEROLOGY**

INSTITUTION:.....

No	Date	Patient's diagnosis	Score/ratings	Consultant's Name & Sign.
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**NEPHROLOGY**

INSTITUTION:.....

No	Date	Patient's diagnosis	Score/ratings	Consultant's Name & Sign.
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**SPECIAL POSTING: CASE REPORTS  
NEUROLOGY**

INSTITUTION:.....

No	Date	Patient's diagnosis	Score/ratings	Consultant's Name & Sign.
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**RESPIRATORY MEDICINE**

INSTITUTION:.....

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**SPECIAL POSTING: CASE REPORTS  
CLINICAL HAEMATOLOGY/ONCOLOGY**

INSTITUTION:.....

No	Date	Patient's diagnosis	Score/ratings	Consultant's Name & Sign.
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**RHEUMATOLOGY**

INSTITUTION:.....

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**SPECIAL POSTING: CASE REPORTS  
INFECTIOUS DISEASE**

INSTITUTION:.....

No	Date	Patient's diagnosis	Score/ratings	Consultant's Name & Sign.
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**CLINICAL PHARMACOLOGY**

INSTITUTION:.....

No	Date	Patient's diagnosis	Score/ratings	Consultant's Name & Sign.
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**SPECIAL POSTING: CASE REPORTS  
HAEMATOLOGY AND BLOOD TRANSFUSION**

INSTITUTION:.....

No	Date	Patient's diagnosis	Score/ratings	Consultant's Name & Sign.
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**PSYCHIATRY**

INSTITUTION:.....

No	Date	Patient's diagnosis	Score/ratings	Consultant's Name & Sign.
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## SPECIAL POSTING: CASE REPORTS GERIATRICS

INSTITUTION:.....

No	Date	Patient's diagnosis	Score/ratings	Consultant's Name & Sign.
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## OTHER POSTING

INSTITUTION:.....

No	Date	Patient's diagnosis	Score/ratings	Consultant's Name & Sign.
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# PROCEDURE

## MINIMUM NUMBER TO BE PERFORMED

NO	Procedure	Minimum Number
1	Abdominal paracentesis	20
2	Allergic skin testing and interpretation	5
3	Arterial blood gases	5
4	Blood culture (aerobic)	35
5	Blood culture (anaerobic)	10
6	Skin snips for microfilaria	5
7	Blood examination for microfilaria	5
8	Blood film preparation and interpretation	20
9	Blood grouping and cross matching	20
10	Blood marrow aspiration and examination	5
11	Urinalysis	50
12	Blood glucose estimation using glucometer	30
13	Creatinine clearance participation and interpretation	5
14	Proteinuria 24 hour quantification (Esbach's)	5
15	Urine microscopy performance	20
16	Urine culture participation	10
17	Basic life support	10
18	Advanced life support	5
19	Central venous line placement (observed)	5
20	Venous cut down	5
21	ECG recording performed	20
22	ECG result interpreted	50
23	Echocardiography observed	10
24	Echocardiography report interpreted	10
25	EEG observed	10
26	EEG interpreted	10
27	Cardioversion	5
28	Endotracheal tube placement	5
29	Management of mechanical ventilation	5
30	Spirometry/Vitalogram performed	10
31	Spirometry/Vitalogram interpreted	20
32	Thoracocentesis	20

33	Tuberculos skin testing performed	20
34	Tuberculos skin testing interpreted	20
35	Exercise stress testing participated	10
36	Exercise stress testing results interpreted	20
37	Peritoneal dialysis participated	5
38	Haemodialysis participated	40
39	Placement of arterial catheter	5
40	Percutaneous renal biopsy	5
41	IVU participated	10
42	IVU interpreted	20
43	Barium radiological studies participation	10
44	Barium radiological studies interpreted	10
45	Oesophagastroduodenoscopy participated	5
46	Lower GI endoscopy	5
47	Abdominal ultrasound observed	10
48	Abdominal ultrasound interpreted	10
49	Chest X-ray performance and participation	10
50	Chest X-ray interpretation	50
51	Post mortem examination participation (where possible)	10
52	Histopathology slide preparation	10
53	Histopathology slide examination	10
54	Blood film for malaria parasite preparation (thick and thin films)	20
55	Sputum: ZN stain performance and examination	10
56	Sputum: Gram stain performance and examination	10
57	Skin biopsy performance	10
58	Skin scraping	10
59	Skin snips	10
60	Liver biopsy performance (observed)	5
61	Liver aspiration performance (observed)	5
62	Joint aspiration (observed)	5
63	Joint injection (observed)	5
64	Haemoglobin electrophoresis: performance	5
65	Haemoglobin electrophoresis interpreted	10
66	Serum protein electrophoresis: performed	5
67	Serum protein electrophoresis: interpreted	20
68	RBC sickling test: performance and interpretation	10
69	Stool microscopy: performance and interpretation	10
70	Lumba puncture: Performance and manometry	10

71	CSF interpretation	10
72	Holter monitoring observed	5
73	Holter monitoring interpretation	5
74	Temporary venous pacemaker insertion	5
75	Glucose tolerance testing	5
76	Glucose tolerance test interpretation	10
77	Endocrine function test performance	10
78	Endocrine function test interpretation	10
79	Urethral catheterization	20
80	Fundoscopy	50
81	N-G Tube insertion	20



# PROCEDURE

## ABDOMINAL PARACENTESIS

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## **ALLERGIC SKIN TEST (INTERPRETATION)**

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## **ARTERIAL PUNCTURE FOR BLOOD GASES**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## BLOOD CULTURE (AEROBIC)

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### **BLOOD CULTURE (ANAEROBIC)**

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### **SKIN SNIP FOR MICROFILARIA**

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## **BLOOD EXAMINATION FOR MICROFILARIA**

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## **BLOOD FILM PREPARATION AND INTERPRETATION**

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## **BLOOD GROUPING AND CROSS MATCHING**

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### **BONE MARROW ASPIRATION AND EXAMINATION**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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### **URINALYSIS (STRIPS)**

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## BLOOD GLUCOSE ESTIMATION (GLUCOMETER)

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## URINE MICROSCOPY

No	Date	Indication	P/O/I	Consultant's Name & Signature
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### **URINE CULTURE**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## **BASIC LIFE SUPPORT PERFORMANCE**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## **ADVANCED LIFE SUPPORT**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## **CENTRAL VENOUS CATHETER INSERTION**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## **VENOUS CUT DOWN**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## ECG RECORDING PERFORMED

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## ECG RECORDING INTERPRETED

No	Date	Indication	P/O/I	Consultant's Name & Signature
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### **ECHOCARDIOGRAPHY PERFORMED**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## ECHOCARDIOGRAPHY REPORT INTERPRETED

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## EEG RECORDING OBSERVED

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## EEG RECORDING INTERPRETED

No	Date	Indication	P/O/I	Consultant's Name & Signature
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### **CARDIOVERSION PERFORMED**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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### **ENDOTRACHEAL TUBE PLACEMENT**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## MANAGEMENT OF MECHANICAL VENTILATION

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## SPIROMETRY/VITALOGRAPH PERFORMANCE

No	Date	Indication	P/O/I	Consultant's Name & Signature
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# **SPIROMETRY/VITALOGRAPH INTERPRETATION**

# **RESULT**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## THORACOCENTESIS

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## TUBERCULOSIS SKIN TESTING

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## TUBERCULOSIS SKIN TESTING INTERPRETED

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## **EXERCISE STRESS TESTING PARTICIPATED**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## EXERCISE STRESS TESTING RESULT INTERPRETED

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## **PERITONEAL DIALYSIS PARTICIPATED**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## **HAEMODIALYSIS PARTICIPATED**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## **ARTERIAL CANNULATION PERFORMED**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## **PERCUTANEOUS RENAL BIOPSY (OBSERVED)**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## IVU PARTICIPATION

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## IVU INTERPRETATION

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## **BARIUM STUDIES PARTICIPATED**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## **BARIUM STUDIES INTERPRETED**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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### **OESOPHAGOGASTRODUODENOSCOPY (OBSERVED)**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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### **LOWER G I ENDOSCOPY (OBSERVED)**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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### **ABDOMINAL ULTRASOUND (OBSERVED)**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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### **ABDOMINAL ULTRASOUND REPORT INTERPRETED**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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### **CHEST X-RAY PARTICIPATED**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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**CARDIOPULMONARY RESUSCITATION (Basic Life Support)**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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**CARDIOPULMONARY RESUSCITATION (Advance Life Support)**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## CHEST X-RAY INTERPRETED

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## POST MORTEM PARTICIPATION

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## HISTOPATHOLOGY SLIDE PREPARATION

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## HISTOPATHOLOGY SLIDE EXAMINATION

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## **BLOOD FILM FOR MALARIA PARASITE**

### **(THICK AND THIN FILM)**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## **ZN STAIN SPUTUM**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## **GRAM STAIN SPUTUM**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## SKIN BIOPSY

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## SKIN SNIPS

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## SKIN SCRAPINGS

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## LIVER BIOPSY

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## LIVER ASPIRATION

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## INTRA ARTICULAR INJECTIONS

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## JOINT ASPIRATION

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## HAEMOGLOBIN ELECTROHORESIS INTERPRETATION

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## HAEMOGLOBIN ELECTROPHORESIS PERFORMANCE

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## SERUM PROTEIN ELECTROPHORESIS PERFORMED

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## SERUM PROTEIN ELECTROPHOSIS INTERPRETATION

No	Date	Indication	P/O/I	Consultant's Name & Signature
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### **RED BLOOD CELL SICKLING PERFORMANCE & INTERPRETATION**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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### **STOOL MICROSCOPY PERFORMANCE & INTERPRETATION**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## LUMBAR PUNCTURE WITH MANOMETRY

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## INTERPRETATION OF CSF FINDINGS

No	Date	Indication	P/O/I	Consultant's Name & Signature
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### **HOLTER MONITORING OBSERVED**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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### **HOLTER MONITORING INTERPRETATION**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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### **PACEMAKER INSERTION (TEMPORARY)**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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### **PACEMAKER INSERTION (PERMANENT)**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## GLUCOSE TOLERANCE TEST

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## GLUCOSE TOLERANCE INTERPRETATION

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## FUNDOSCOPY

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## N-G TUBE INSERTION

No	Date	Indication	P/O/I	Consultant's Name & Signature
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**OTHER ENDOCRINE FUNCTION TEST PERFORMANCE(e.g TFT, Baseline endocrine tests, Dynamic endocrine tests, etc)**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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**OTHER ENDOCRINE FUNCTION TEST INTERPRETATION (e.g TFT, Baseline endocrine tests, Dynamic endocrine tests, etc)**

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## URETHRAL CATHETERISATION

No	Date	Indication	P/O/I	Consultant's Name & Signature
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## CASE AND TOPIC REVIEW PRESENTATIONS

No	Posting	Title of case review	Score	Consultant's Sign /date
1.	Cardiology			
2.				
3.				
4.				
1.	Clinical Haematology/Oncology			
2.				
3.				
4.				
1.	ICU			
2.				
3.				
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1.	Gastroenterology			
2.				
3.				
4.				
1.	Nephrology			
2.				
3.				
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1.	Respiratory			
2.				
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4.				
1.	Geriatrics			
2.				
3.				
4.				

## CASE AND TOPIC REVIEW PRESENTATIONS

No	Posting	Title of case review	Score	Consultant's Sign/date
1.	Accident & emergency			
2.				
3.				
4.				
1.	Neurology			
2.				
3.				
4.				
1.	Endocrinology			
2.				
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1.	Psychiatry			
2.				
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1.	Infectious disease			
2.				
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1.	Rheumatology			
2.				
3.				
4.				
1.	Clinical Pharmacology			
2.				
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4.				
1	Others			
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## **COURSES/CONFERENCE AFTER PRIMARY EXAMINATION**

No	Date	Title of course/Venue	Name/sign of Director
1.			
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**IN-COURSE ASSESSMENT(S)**

No	Unit	Score (A-E)	Consultant's Name & Signature
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**MISCELLANEOUS INFORMATION**

**ENTER HERE ANY OTHER INFORMATION RELEVANT TO YOUR JUNIOR RESIDENCY TRAINING INCLUDING AWARDS AND PRIZES**

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**PART I EXAMINATION RESULTS**

Attempt	Dates	Results	Signature of Faculty Secretary
First			
Second			
Third			
Fourth			
Fifth			
Comment			