



LOG BOOK

Residency training program- Phase A
(2 YEARS)

of

M.D. TRANSFUSION MEDICINE

Under
Faculty of Medicine
Bangabandhu Sheikh Mujib Medical University
Shahbag, Dhaka.

Table of contents

Page No

Essential Information on using this Log book		03
Trainee's Personal Details		05
Supervisor's/Trainers Particulars		06
I.	Patient Management (Case) Log	07
	Patients Case Log (Inpatient)	07
	Patients Case Log (Outpatient)	08
	Patients Case Log (Emergency)	09
II	Clinical Sessions	10
III	List of Procedures and Level of Competence	11
1	Recording and Interpretation of ECG	13
2	ETT	14
3	Interpretation of Echocardiography	15
4	Insertion of CVP Line	16
5	Arterial puncture and ABG analysis	17
6	Pritoneal Aspiration	18
7	Nasogastric Intubation	19
8	Use of Infusion pump	20
9	Interpretation of Liver Biopsy	21
10	Foetal sampling	22
11	Iron chelation	23
12	Abdominal Ultrasound	24
13	Pleural Aspiration	25
14	Endotracheal Intubation	26
15	Pleural Biopsy	27
16	Bronchoscopy	28
17	Urethral Catheterization	29
18	Coagulation study	30
19	Hemodialysis	31
20	Lumber puncture	32
21	Interpretation of CT scan of head	33
22	Joint Aspiration	34
23	Bone Marrow aspiration & Biopsy Interpretation	35
24	Protein Electrophoresis	36
25	Hb-Electrophoresis	37
26	Nebulization technique & O2 inhalation	38
27	Spirometry	39
28	CT/MRI Interpretation	40
29	Exchange Transfusion Technique	41
30	Complete Blood Count (CBC) & PBF.	42
31	Use of Glucometer	43
32	Insulin Technique	44
IV	Academic activities	45
	Lectures attended	46
	Journal club presentations	47
	Morbidity-Mortality conference presentations	48
	Grand Round/clinical meeting presentations	49
	Mandatory courses/Workshops attended	50
	Conference/seminar/symposium attended	51
	Papers/Posters presented in conferences	52
	Papers/abstracts published in BMRC approved journals	53
V	Leave Record	54
VI	Summary-A. Training Rotation	55
	Summary-B. In-Patient, Out-patient, Emergency, C. Out patient Clinic	56
	Summary-D. Investigation and procedures	57
	Summary E. Academic Activities	59
VII	Certification of Completion of Phase-A training	60

Essential Information for Using this Logbook

Objectives of the Logbook:

The purpose of the logbook is to provide one source of evidence for the University that a trainee has attained the desired level of competency required to sit for the MD (Transfusion Medicine) Phase A Final Examination. It is the record where Residents are going to document experiences and skills they will attain during their training. Residents should use a logbook to maintain records of their experience in bedside diagnostic and therapeutic procedures and attendance at educational activities. The Supervisors will periodically review the Logbooks to assess training progress and remedial action where appropriate.

Instructions to the Residents:

Personal Information:

Please fill all your personal information required. This will help the University to process your Logbook by the Course Director before sitting for the final exam. Your Photograph should be attached to the logbook and you should sign the personal information page.

Registration with BSMMU:

Before starting training you have to be registered with the Registration Department of BSMMU.

Clinical Case Log:

1. You will find a list of clinical problems to be managed during your training period. Your level of competence/ performance in each case will be determined by your supervisor.
2. Patient name is not required. You need to mention the provisional or final diagnosis or the problems the patient had.
3. For each case write the date of the admission.
4. Each case entry should be signed by your supervisor. His signature is the proof of your actual participation.

Procedures, Log:

1. The logbook contains tables for required procedures to be done during different stages of training and the level of desired competency/performance at each stage.
2. Your supervisor should sign each procedure to document the event.

Academic Activities:

1. Academic activities that must be documented in the logbook are journal clubs, morbidity and mortality Review Meetings and workshops or other conferences attended.
2. It is preferable that you and your supervisor determine the scientific content of the journal club based on your learning needs.
3. You are to record Mandatory Courses/Workshops and Conferences/Seminar/ Symposium where you will record your CME activities whether inside or outside the training centre. Any attended activity must be signed by the workshop or conference organizer/coordinator.

Rotation/Block Training:

Faculty of Medicine of BSMMU has determined specific training rotations that you must go through during the training period (see your curriculum for details). After you finish each rotation make it signed by the Supervisor and countersigned by the Course Coordinator and chairman of the department.

Leave record:

Every leave application when forwarded should be entered in the leave record section of the book.

Assessment of Logbook Activities:

1. Your supervisor will assess your logbook monthly to assess training progression and provide verbal or written feedback.
2. Your supervisor will send progress report of training every 6 months to the Course Director.

Important notice:

- It is your responsibility to maintain an accurate logbook and to regularly update your records.
- Shall you meet any difficult, you must contact your supervisor/Course Coordinator or the Course Director?
- Unsatisfactory completion of the logbook would lead to delay of training progression.
- Unsatisfactory logbook at the end of training will prevent you from entering the Phase A final examination.
- It is the responsibility of the resident to keep the logbook safe and secured.

Guidelines for the Supervisors:

1. The logbook is a day to day record of the clinical and academic work done by the Resident.
2. It is responsibility of the supervisor to identify and inform the Resident of the area in which he/she is lacking and provide opportunities to improve the competence.
3. Supervisors or his/her designated consultant/trainer should sign the completed events on that particular day in the appropriate column of the logbook.

Levels of Competence/Performance:

The level of competence/performance at which a skill is performed by the trainee should be recorded in the given column of the Logbook.

For Patient Management:

Level 1: Assisted

Level 2: Managed under supervisor

Level 3: Managed independently.

For Procedures:

Level 1: Observed

Level 2: Assisted

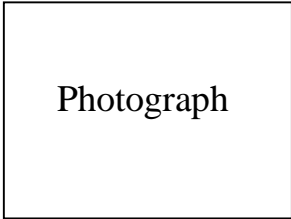
Level 3: Performed under supervisor.

Level 4 Performed independently.

Note:

All entries in the Logbook should be verifiable and the Course Director reserves the right to demand evidence in the form of hospital records in order to verify the data provided in the record sheets.

Trainee's Personal Details



Name: Date of Birth:

Father's Name:Mother's Name:.....

Address:.....
.....

Telephone:E-mail:.....

Nationality:.....National ID No:.....Passport No:.....

BMDC Registration No:..... Valid upto:.....

Academic Data:

Graduation (MBBS):Year:..... Institution:.....

Date of Registration:Resident's ID No:.....

Date of commencement of the Program:.....

Signature:.....

SECTION-1

BLOCK-

Patient Management Log.

A. In-patient management Log.

(Managed Independently-Level 3)

Sl. No	Date	Reg. No. Age/Sex	Diagnosis/Problems	Supervisor's signature

SECTION-II:

BLOCK-

Clinic Sessions
Attendance in different clinic sessions.

Date	Clinic attended	Level of performance	Supervisor's Signature

SECTION-III

Investigations and procedures Log

Number of Investigations/Procedures and level competence/performance to be attained during the Training program.

Investigation/Procedures	Level of Competence	Minimum number to be performed
1. Recording and Interpretation of ECG		
2. ETT		
3. Interpretation of Echocardiography		
4. Insertion of CVP Line		
5. Arterial puncture and ABG analysis		
6. Peritoneal Aspiration		
7. Nasogastric Intubation		
8. Use of Infusion pump		
9. Interpretation of Liver Biopsy		
10. Foetal Sampling		
11. Iron chelation		
12. Abdominal Ultrasound		
13. Pleural Aspiration		
14. Endotracheal Intubation		
15. Pleural Biopsy		

16. Bronchoscopy		
17. Urethral Catheterization		
18. Coagulation study		
19. Hemodialysis		
20. Lumber puncture		
21. Interpretation of CT scan of Head		
22. Joint Aspiration		
23. Bone Marrow Aspiration & Biopsy Interpretation		
24. Protein Electrophoresis.		
25. Hb-Electrophoresis		
26. Nebulization Technique & O2 inhalation		
27. Spirometry		
28. CT/MRI Interpretation		
29. Exchange Transfusion Technique		
30. Complete blood count (CBC) & PBF		
31. Use of Glucometer		
32. Insulin Technique		

2. Exercise ETT Testing

Sl. No	Date	Reg. No. Age/Sex	Interpretation	Level of Performance	Supervisor's signature

5. Arterial Puncture and ABG analysis

Sl. No	Date	Reg. No. Age/Sex	Interpretation	Level of Performance	Supervisor's signature

6. Pertoneal Aspiration

Sl. No	Date	Reg. No. Age/Sex	Interpretation	Level of Performance	Supervisor's signature

7. Nasogastric Intubation

Sl. No	Date	Reg. No. Age/Sex	Interpretation	Level of Performance	Supervisor's signature

8. Use of Infusion pump

Sl. No	Date	Reg. No. Age/Sex	Interpretation	Level of Performance	Supervisor's signature

9. Interpretation of Liver Biopsy

Sl. No	Date	Reg. No. Age/Sex	Interpretation	Level of Performance	Supervisor's signature

10. Foetal Sampling

Sl. No	Date	Reg. No. Age/Sex	Interpretation	Level of Performance	Supervisor's signature

11. Iron Chelation

Sl. No	Date	Reg. No. Age/Sex	Interpretation	Level of Performance	Supervisor's signature

12. Abdominal Ultrasound

Sl. No	Date	Reg. No. Age/Sex	Interpretation	Level of Performance	Supervisor's signature

14. Endotracheal Intubation

Sl. No	Date	Reg. No. Age/Sex	Interpretation	Level of Performance	Supervisor's signature

15. Pleural Biopsy

Sl. No	Date	Reg. No. Age/Sex	Interpretation	Level of Performance	Supervisor's signature

17. Urethral Catheterization

Sl. No	Date	Reg. No. Age/Sex	Interpretation	Level of Performance	Supervisor's signature

18. Coagulation study

Sl. No	Date	Reg. No. Age/Sex	Interpretation	Level of Performance	Supervisor's signature

20. Lumber Puncture

Sl. No	Date	Reg. No. Age/Sex	Interpretation	Level of Performance	Supervisor's signature

22. Joint Fluid Aspiration

Sl. No	Date	Reg. No. Age/Sex	Interpretation	Level of Performance	Supervisor's signature

23. Bone Marrow Aspiration & Biopsy Interpretation

Sl. No	Date	Reg. No. Age/Sex	Interpretation	Level of Performance	Supervisor's signature

24. Protein Electrophoresis

Sl. No	Date	Reg. No. Age/Sex	Interpretation	Level of Performance	Supervisor's signature

25. Hb-Electrophoresis

Sl. No	Date	Reg. No. Age/Sex	Interpretation	Level of Performance	Supervisor's signature

26. Nebulisation Technique & O2 inhalation

Sl. No	Date	Reg. No. Age/Sex	Interpretation	Level of Performance	Supervisor's signature

27. Spirometry

Sl. No	Date	Reg. No. Age/Sex	Interpretation	Level of Performance	Supervisor's signature

28. CT/MRI Interpretation

Sl. No	Date	Reg. No. Age/Sex	Interpretation	Level of Performance	Supervisor's signature

30. Complete blood count (CBC) & PBF

Sl. No	Date	Reg. No. Age/Sex	Interpretation	Level of Performance	Supervisor's signature

32. Insulin Technique

Sl. No	Date	Reg. No. Age/Sex	Interpretation	Level of Performance	Supervisor's signature

SECTION IV

Academic Activities: Minimum Requirements:

Events	Minimum number required
Lectures Attended	70% of schedule lecture
Tutorials/small group teaching attended	70% of the schedule
Journal Club Presentations	30
Mortality/Morbidity meeting Presentations	70% of the schedule
Grand Round/clinical meeting Presentations	20
Clinical Audit	70% of the schedule
Mandatory Courses/Workshops Attended*	
Conferences/Seminars/Symposium/ Workshop/CME Attended*	
Papers/Posters Presented in conferences/Seminars/Symposium	
Papers/abstracts published in BMDC approved Journals	

* Certificate of attendance and active participation has to be produced.

B. Journal Club Presentation

(Only those journal club meeting need to be mentioned in which the trainee presented a paper)

Date	Full reference of the article discussed	Supervisor's signature

B. Summary of Patient Management Log.

Period:

Sl. No.	Events/Tasks	Minimum requisite number for the training period	Number Performed
1.	In-patient Management	150	
2.	Out-patient Management	100	
3.	Emergency Patient Management	50	

C. Outpatient Clinic Session Log:

Period:

Clinic	Min requisite No for the training period	Number performed

Trainee's signature: Date:

Trainee's Name: ID NO:

D. Investigations and Procedures:

Period:

Investigation/Procedures	Level of Competence	Minimum number to be performed	Total Number Performed
1. Recording and Interpretation of ECG			
2. ETT			
3. Interpretation of Echocardiography			
4. Insertion of CVP Line			
5. Arterial puncture and ABG analysis			
6. Peritoneal Aspiration			
7. Nasogastric Intubation			
8. Use of Infusion pump			
9. Interpretation of Liver Biopsy			
10. Foetal Sampling			
11. Iron chelation			
12. Abdominal Ultrasound			
13. Pleural Aspiration			
14. Endotracheal Intubation			
15. Pleural Biopsy			

16. Bronchoscopy		
17. Urethral Catheterization		
18. Coagulation study		
19. Hemodialysis		
20. Lumber puncture		
21. Interpretation of CT scan of Head		
22. Joint Aspiration		
23. Bone Marrow Aspiration & Biopsy Interpretation		
24. Protein Electrophoresis.		
25. Hb-Electrophoresis		
26. Nebulization Technique & O2 inhalation		
27. Spirometry		
28. CT/MRI Interpretation		
29. Exchange Transfusion Technique		
30. Complete blood count (CBC) & PBF		
31. Use of Glucometer		
32. Insulin Technique		

E. Academic Activities:

Period:

Events	Minimum number required	No. Performed/ % performed
Lectures Attended	70% of schedule lecture	
Tutorials/small group teaching attended	70% of the schedule	
Journal Club Presentations	30	
Mortality/Morbidity meeting Presentations	70% of the schedule	
Grand Round/clinical meeting Presentations	20	
Clinical Audit	70% of the schedule	
Mandatory Courses/Workshops Attended*		
Conferences/Seminars/Symposium/ Workshop/CME Attended*		
Papers/Posters Presented in conferences/Seminars/Symposium		
Papers/abstracts published in BMDC approved Journals		

Resident's signature: Date:

Resident's Name : ID No:

CERTIFICATION of satisfactory completion of the Phase-A Training.

I, to the best of my knowledge, certify that

Dr.

has satisfactorily completed this log book as required by the university.

.....
Signature of the Course coordinator

Name:

Discipline:

Date: