

Log Book

For

Residency Training Program

MS (Neurosurgery)

Phase A two years

Phase B three years

Department of Neurosurgery

Bangabandhu Sheikh Mujib Medical University

Shahbag, Dhaka 1000, Bangladesh

Contents

Page No.

Particulars of the student

Faculty

Instruction to the students

Guideline to the teachers

Objective of the training program Phase A

Course content of Phase A

Objective of the training program Phase B

Course content of Phase B

Rotations of the students

RECORDS OF THE STUDENTS

PHASE A

Basic Science lectures

Clinical Lectures

Problem oriented medical records (POMR)

Procedures

Journal clubs

Case presentation in clinical meeting/ ward round

Presentation in seminar/ symposiums

Contents

Interpretation of Basics of X rays

Interpretation of Basics of CT scan

Interpretation of Basics of MRI

Summary of activities

Certificate of Accuracy

Completion certificate of Phase A

PHASE B

Records of activities phase B

Clinical Lectures

Problem oriented medical records (POMR)

Interpretation of of X rays

Interpretation of of CT scan/ CT Angiogram, 3D CT

Interpretation of of MRI/ MRA/MRV/MRS/MR tractography

Interpretation of Conventional angiogram/ DSA

Interpretation of other investigations

Procedures

Journal clubs

Case presentation in clinical meeting/ ward round

Publication of paper/papers

List of Major procedure

List of Minor Procedure

Summary records of Phase B

Thesis title

Summary records of PAY 1

Summary records of PAY 2

Certificate of Accuracy phase A

Summary records of PBY 1

Summary records of PBY 2

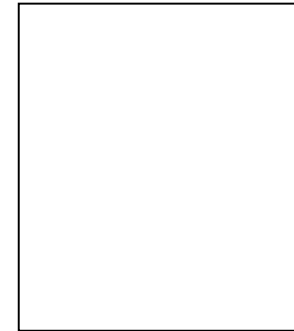
Summary records of PBY 3

Certificate of Accuracy phase B

Completion certificate

Certificate of eligibility for final examination

PARTICULARS OF THE STUDENTS



NAME OF THE STUDENT :

FATHER'S NAME :

MOTHER'S NAME :

ADDRESS OF THE STUDENTS
PRESENT :

PERMANENT :

DATE OF BRITH :

ACADEMIC QUALIFICATION :

REG. NO IN BMDC :

COURSE :

SESSION :

Faculty Department of Neurosurgery

Professors (Unit Heads)

Name	Affiliation to the course	Unit	Signature

Associate professors (Unit Heads)

Name	Affiliation to the course	Unit	Signature

Assistant Professors

Name	Affiliation to the course	Unit	Signature

Signature of the Chairman

Signature of the Course coordinator

Instructions to Students

1. This log book has to be maintained by all students preparing for final part of MS Neurosurgery
2. Students are advised to make the required entries on the same day of the event. All entries must be signed by the immediate supervisor on the day of the event.
3. The students are required to maintain the log book throughout the training period.
4. The log book will form a part of the application for appearing in MS Neurosurgery examination.
5. Students have to apply for their thesis topic within three months of joining the department
6. Within one week of joining the department, the students will receive an orientation and introduction and they will be distributed to specific unit for a specific period and by rotation they will be placed in all the three units.

Guideline for Supervisors
(The Unit Heads will act as supervisors of the students)

1. The log book is a day to day record of the clinical and academic work done by the students.
2. Its purpose is to assess the overall training of the students and to determine deficiencies if any, so that they may be corrected.
3. Supervisors should ascertain that the entries in the log book are made soon after the procedure/seminar/case presentation is completed and then certify it by signing in the appropriate column.
4. The head of the unit shall authenticate the entries by signing the certificate. It is suggested that the heads of the unit check the log book at least once a month. So that they can spot any deficiencies or otherwise in the students (e.g. the trainee has not rotated through a sub-specialty which he/she should have)
5. The respective unit heads will check the log book on the completion of the course and will make a recommendation for the student to appear in the examination.

Objective

Phase A

Duration Two years

During the phase A the students will be

- | | | | |
|----|---|-----------|---------|
| 1. | Oriented about the neurosurgery department | 03 month | Block 1 |
| 2. | Neuroemergency | 03 months | Block 2 |
| 3. | Sent in rotations to surrogate departments | | |
| a. | Neurology | 03 months | Block 3 |
| b. | Neuroimaging | 01 month | Block 4 |
| c. | Cardiology | 01 month | |
| d. | Casualty & Emergency | 01 month | |
| e. | General Surgery | 03 month | Block 5 |
| f. | Orthopaedics | 01 month | Block 6 |
| g. | Anesthesiology | 01 month | |
| h. | ICU | 01 month | |
| i. | Neuroanatomy | 01 month | Block 7 |
| j. | Otolaryngology | 01 month | |
| k. | Ophthalmology | 01 month | |
| l. | Preparation for end of the year examination | 03 months | |

to learn necessary parts designated by the Neurosurgery department

Course Contents of Phase A

ORIENTATION

POMR

Writing investigation in proper forms

Ward round

Patient follow up and fresh order writing

Preparing patient for surgery

Counselling patients

Post operative room follow up

ICU follow up

Assessment tools for neurosurgery

Basics of neuroimaging

NEUROLOGY

Inflammatory disease of the brain and its coverings, meningitides, encephalitis, syphilis of the CNS

Circulatory disturbances and haemorrhages of the brain and coverings, clinical and aetiological aspects.

Extrapyramidal syndromes. Parkinsonism, Chorea, Athetosis, Dystonias.

Metabolic disorders and disturbances of lipid, proteins, carbohydrate, copper metabolism, leukodystrophies.

Neurophysiologic syndromes, speech disorders, dementia.

Degenerative and hereditary degenerative spinal diseases. Motor neuron disease, Spinocerebellar ataxias.

Demyelinating diseases, disseminated sclerosis, acute disseminated encephalomyelitis, neuromyelitis optica, congenital demyelinating diseases.

Epilepsies – pathophysiology, aetiology, classification, diagnosis, treatment.

Course Contents of Phase A

Polyneuropathies, polyradiculities, Gullain-Barre syndrome, Hereditary motor and sensory neuropathies, metabolic, nutritional and toxic polyneuropathies.

Headache and facial pain – Headaches due to vasomotor disturbances, headache due to organic vascular disease, facial neuralgias.

Electrophysiological Studies: EEG, EMG, NSC, Evoked potentials.

CSF studies.

NEUROIMAGING

Interpretation of X-ray of Skull

Interpretation of X-ray of Spine

Interpretation of Chest X-ray

Special skull & Spine x-rays related to Neurosurgery

Basic mechanism of CT & MRI machine

Interpretation of CT scan of head

Interpretation of MRI of Brain

CARDIOLOGY

Basics of ECG

Management of a Cardiac emergency in OR

Cerebral Angiography

Course Contents of Phase A

CASUALTY & EMERGENCY

- Management technique of RTA
- Emergency assessment of an unconscious patient
- Emergency management of an unconscious patient
- Movement strategy of an unconscious/poly trauma patient.
- Management of a poly trauma patient

GENERAL SURGERY

- Basic principle of surgery
- POMR
- Making diagnosis in general surgery
- Examination of a lump
- Examination of Abdomen
- DRE
- Management of an acute abdomen
- Basic skills of surgery
 - Positioning a patient
 - Painting & Draping
 - Giving incision
 - Repairing a surgical wound
- Preparing patient for surgery
- Writing pre/post operative orders

ORTHOPAEDICS

- General management of orthopedic patient
- Management of poly trauma patient

Course Contents of Phase A

Transport of poly trauma patient
Nerve injury in orthopedic patient
Rehabilitation in orthopedic patient
Basic skill for primary management of long bone fracture
Basic skill for management of orthopedic emergency

ANESTHESIOLOGY

Basics of anesthesia
Basics of neuroanesthesia
Pre anesthetic check up
Intubation technique
Extubation technique
Maintanance of anesthesia

ICU

Orientation of ICU equipments
Knowing and handling a ventilator
Interpretation of common terms
 Control mode
 SIMV, CPAP, PEEP, etc
Skill of giving CVP line
Skill of doing tracheostomy
Skill of emergency intubation
ICU patient monitoring
ICU chart
ICU patient assessment tools

Course Contents of Phase A

NEUROANATOMY

Cortical Surface Anatomy

Cadaver dissection

Brain Anatomy

Spinal Cord Anatomy

Spinal Tracts

Spinal cord Vasculature

Cerebrovascular anatomy

Vascular territory

Cerebral arteries & branches

Cerebral venous system

Autonomic Nervous system

The Internal Capsule

The Limbic system

The ventricular system

The Pyramidal system

PHYSIOLOGY

Fluid & Electrolyte balance

Action potential

Synaptic Transmission

Neurotransmission

Visual System

Auditory system

Somatic sensory system

Spinal control of movement

Brain control of movement

Neuro physiologic monitoring

SEP, SSEP, ABR, VEP

EEG, NCV, EMG

Course Contents of Phase A

NEURO OTOLOGY

- Auditory Pathway
- Dizziness
- Meniers Disease
- BPPV
- Vertigo
- Headache related to ENT diseases
- Types of hearing disturbance
- Facial Nerve Palsy
- Anatomy – Internal auditory canal, CP angle

NEURO OPHTHALMOLOGY

- Visual Pathway
- Examination of eye
- Examination of visual acuity
- Examination of visual field
- Examination of fundus
- Interpreting papilledema
- Interpreting Nystagmus
- Alteration of pupillary diameter
- Assessment of raised intraocular pressure
- Extra ocular motor system

HISTOPATHOLOGY

- Basics of histopathology
- Basic staining methods of hispathology
- How to make a slide
- Examination of slides under microscope

Course Contents of Phase A

Histological features for

Astrocytoma Low & highgrade

Meningioma

Pituitary adenoma

Craniopharyngioma

Medulloblastoma

Choroid plexus papilloma

Immunohistochemistry

Electron microscopy

Objective

Phase B

Duration Three years

During the Phase B, The students will work as full time resident in the department of Neurosurgery . After the completion of the phase They will be able to :

1. Initially assess the patients seeking advice for symptoms related to the
 - a. Obtaining Problem oriented medical history (POMR)
 - b. Performing physical examination correctly.
 - c. Formulating a working diagnosis.
 - d. Deciding whether the patient requires
 - manage acute emergency if necessary
 - ambulatory care or hospitalization
 - referral to other specialty service
2. Manage patients requiring treatment by NS specialist :
 - a. Plan an enquiry strategy i. e. order appropriate investigations and interpret the results.
 - b. When required perform surgical procedures under supervision and competently.
 - c. Deal effectively and promptly with any complications, which occur during the course of disease.
 - d. When required arrange for rehabilitation of patients.
 - e. Maintain up to date records of patients.

Objective Phase B

3. Undertake research and publish findings.
4. Acquire new information, assess its utility and make applications
5. Recognize the role of team work and function as an effective member/leader of the team.
6. Train paraprofessionals and other junior members of the team.

To attain these ability they will be assigned to do the following responsibilities under supervision:

1. Graded responsibility in patient care e. g.
 - a. Ward duties
 - b. Operation theatre duties
 - c. Emergency duties
 - d. OPD duties
2. Morbidity/Mortality review meetings Journal club
3. Seminars, conferences and lectures
4. Research projects.
5. Publications (at least one in any journal)
6. Thesis

Course content of Phase B

GENERAL NEUROSURGERY

General Neurosurgical Care

- ICU care

- Fluid & Electrolyte balance

- Neuroanesthesia

- Neuro pharmacology

Neuro Radiology

- Xrays, CT scan, MRI, MRA, 3D CTA, Conventional Angiogram

- SPECT, PET

Coma

- Dx, & Management

- Neurogenic pulmonary edema.

- Herniation

 - Central

 - Uncal

- Brain Death- Dx criteria

Hydrocephalus

- Types

- Evaluation, Dx

- Shunt Procedure

- Shunt Problem

- NPH

- Blindness in HCP

- HCP with pregnancy

Course content of Phase B

DEVELOPMENTAL ANOMALIES

- Normal Development of nervous system
- Craniosynostosis
- Encephalocele
- Chiari malformation
- Dandy Walker malformation
- Aquiductal stenosis
- Neural tube defect
- Klippel Feil Syndrome
- Tethered cord syndrome
- Others

SPINE & SPINAL CORD

- Low Back Pain & Radiculopathy
- Intervertebral Disc Herniation
- Spondylosis, Spondylolisthesis
- Spinal Canal Stenosis
- Spinal AVM
- Spinal Meningeal Cyst
- Syringomyelia
- Spinal epidural hematoma
- Spinal epidural abscess

SPINAL TUMORS

- Extra dural
- Intradural Extramedullary
- Intramedullary
- Metastatic
- Bone tumors

Course content of Phase B

SPINAL AVMs

etiology
Imaging Dx
Management

BRAIN TUMORS

WHO Classification

General Information

Primary Brain tumors

Astrocytoma

Oligodendroglioma

Ependymoma

Ganglioglioma

PNET

CNS Lymphoma

Meningioma

Acoustic Neurinoma

Epidermoid/ Dermoid

Pituitary Adenoma

Craniopharyngioma

Rathke's Cleft Cyst

Colloid Cyst

Haemangioblastoma

Chordoma

Paranglioma

Course content of Phase B

Pineal region Tumors
Choroid plexus Papilloma
Miscellaneous primary brain tumors

Paediatric Brain tumors

Infratentorial

Pilocytic astrocytoma

Medulloblastoma

Ependymoma

Supratentorial

PNET

Benign astrocytoma

Others

Orbital Tumors

Hemangioma

Meningioma

Optic nerve glioma

Osteoma

Etc

Skull Tumors

Osteoma

Hemangioma

Epidermoid/Dermoid

Eosinophilic Granuloma

Others

Foramen Magnum Tumors

Course content of Phase B

Neurocutaneous Diseases

Neurofibromatosis

Tuberous Sclerosis

Sturge Webers syndrome

Empty Sella Syndrome

Carcinomatous meningitis

Pachy meningitis

Tolosa Hunt Syndrome

Secondary (Metastatic) Brain Tumors

Epidemiology

Imaging Dx

Management

VASCULAR NEUROSURGERY

Vascular Anatomy

ICA, ACA, MCA, PCA

Circle of Willis

Anterior circulation

Posterior circulation

Venous system

Cerebral Aneurysm

etiology

Aneurysm by Types

A-com Aneurysm

P-Com Aneurysm

Carotid bifurcation

MCA

Course content of Phase B

Ophthalmic segment

Distal ACA

Posterior circulation

Basilar Top

Angiographic Dx (Conventional, 3D CTA, MRA)

Treatment options for aneurysm

Timing of Aneurysm surgery

General consideration for aneurysm surgery

Unruptured Aneurysm

Multiple aneurysm

Familial Aneurysm

Micotic aneurysm

Giant aneurysm

Vein of Gallen aneuurysm

SAH

Gen. Consideration

Grading

Initial management

Vasospasm

Definition

Characterestics

Pathogenesis

Treatment

SAH of unknown origin

Non aneurysmal SAH

Course content of Phase B

Vascular Malformation

AVM

Grading

Etiology

S/S

Dx, Management

Venous angioma

Cavernous angioma

Dural AVF

Carotido-cavernous fistula

STROKE

Occlusive CVD

Risk factors

S/S

CT Dx, MRI Dx, SPECT, Diffusion MRI

Infarction

Management of TIA, RIND, DIND

Lacunar infarction

Cardiogenic brain embolism

Embolysis

rTPA, Urokinase

Asymptomatic Carotid stenosis

CEA

Emergency CEA

Totally Occluded Carotid

Course content of Phase B

Cerebral arterial dissection

Carotid dissection

Vertebro basilar dissection

EC- IC bypass

Vertebral basilar insufficiency

Dural sinus thrombosis

Haemorrhagic

Etiology

S/S

CT Dx, MRI

Risk factor

ICH in young adult

ICH in new born

CNS INFECTION

General Information

Antibiotics for specific organism

Starting dose in neurosurgery

CSF penetration of antibiotics

Meningitis

S/S, Dx. Management

Shunt Infection

Wound infection

Osteomyelitis of skull

Cerebral abscess

Subdural empyema

Course content of Phase B

- Viral encephalitis
- CJD
- Parasitic infection of CNS
- Fungal Infection of CNS
- Spine infection
 - Spinal epidural abscess
 - Tuberculosis

SEIZURE

- Classification
- Special types of seizure
 - New onset
 - Post traumatic
 - Alcohol withdrawal
 - Febrile seizure
- Anti epileptic drug

HEAD INJURY

- General Information
 - Transfer of head injured patient
 - E/R management
 - ICP monitoring
- Skull Fracture
 - Depressed fracture
 - Basal skull fracture
 - Cranio facial fracture

Course content of Phase B

- Fracture in pediatrics
- Extradural hemorrhage
- Subdural hemorrhage
 - Acute
 - Chronic
 - Spontaneous
 - Traumatic subdural hygroma
 - Extra axial fluid collection in children
 - Chronic subdural hemorrhage in children
- Diffuse axonal injury
- Out come of head trauma
- Gunshot wounds of head
- Penetrating head injury

SPINE INJURY

- Whiplash associated disorder
- Initial management of spinal injury
- Neurological assessment
- Spinal cord injury
 - Complete
 - Incomplete
- Cervical spine fracture
 - Atlanto occipital dislocation
 - A-A dislocation
 - C1 fracture
 - C2 Fracture

Course content of Phase B

C2 body #

Odontoid #

Spinal cord injury without radiological abnormality (SCIWORA)

Management of cervical spine fracture

Thoraco lumber spine #

Gunshot wound of spine

FUNCTIONAL NEUROSURGERY

Parkinson's disease

Spasticity

Torticollis

Neurovascular compression

Hyperhydrosis

PAIN

Causalgia

Craniofacial Pain

Post herpetic neuralgia

Pain Procedure

Chordotomy

Commisural myelotomy

Spinal cord stimulation

DREZ lesion

Course content of Phase B

RADIATION THERAPY

Conventional

 Cranial

 Spinal

 Indication & Doses

SRS

 X- Knife, Gamma Knife

 Indication, Patient selection, Method

Stereotactic surgery

 Brain Biopsy

 ICH aspiration

 Functional.

Rotation plan of the students

May be modified by the course coordinator of the parent department if necessary

Phase A
2 years

Departments	Duration	
	From	to
Neurosurgery (Orientation)		
Neuroemergency		
Neurology		
Neuroimaging		
Cardiology		
Casualty & Emergency		
General Surgery		
Orthopaedics		
Anaesthesiology		
ICU		
Neuroanatomy		
Neurophysiology		
Otolaryngology		
Ophthalmology		

Phase B

3 years

Trainees will be placed in the neurosurgery department in different units

And will work as junior-senior then chief residents. They will perform their activities under supervision, take part in surgeries as assistants or do minor procedures and head injury cases under supervision

Records of the students

Phase A

Summary of activities

Neurosurgery (Phase A)

Events	Performed				Performance status Satisfactory/ need to be completed	Signature of the course coordinator
	Block	Block	Block	Total		
Case Records (POMR)						
Procedures						
OPD attended						
Case presentation						
Journal club						
Presentation in seminar/ conference/ workshop						
surgeries assisted/ performed						
Lectures attended						

CERTIFICATE OF ACCURACY

I certify that the information contained in this logbook is true and accurate records of my training experiences.

Signature of the Trainee

Date

CERTIFICATE OF COMPLETION OF PHASE A TRAINING

I hereby certify that

**Dr.
Has satisfactorily completed the phase “A” training as required by the University**

**Signature
Name
Course coordinator
Department of Neurosurgery, BSMMU**

**Records of the students
Phase B**

Neurosurgery (Phase B) Procedures

Block.....

Supervisor.....

Sl	Date	Patient's name (age & sex)	Diagnosis/ indication	Procedure performed	Performance of the trainee*	Signature of the supervisor

* Observer – O, Assistant-A, performance under supervision- PS, performed independently- PI

Neurosurgery (Phase B) Procedures

Block.....

Supervisor.....

Sl	Date	Patient's name (age & sex)	Diagnosis/ indication	Procedure performed	Performance of the trainee*	Signature of the supervisor

* Observer – O, Assistant-A, performance under supervision- PS, performed independently- PI

Neurosurgery (Phase B) Procedures

Block.....

Supervisor.....

Sl	Date	Patient's name (age & sex)	Diagnosis/ indication	Procedure performed	Performance of the trainee*	Signature of the supervisor

* Observer – O, Assistant-A, performance under supervision- PS, performed independently- PI

**Neurosurgery (Phase B)
Procedures**

Block.....

Supervisor.....

Sl	Date	Patient's name (age & sex)	Diagnosis/ indication	Procedure performed	Performance of the trainee*	Signature of the supervisor

* Observer – O, Assistant-A, performance under supervision- PS, performed independently- PI

Neurosurgery (Phase B) Procedures

Block.....

Supervisor.....

Sl	Date	Patient's name (age & sex)	Diagnosis/ indication	Procedure performed	Performance of the trainee*	Signature of the supervisor

* Observer – O, Assistant-A, performance under supervision- PS, performed independently- PI

Neurosurgery (Phase B) Procedures

Block.....

Supervisor.....

Sl	Date	Patient's name (age & sex)	Diagnosis/ indication	Procedure performed	Performance of the trainee*	Signature of the supervisor

* Observer – O, Assistant-A, performance under supervision- PS, performed independently- PI

**Neurosurgery (Phase B)
Procedures**

Block.....

Supervisor.....

Sl	Date	Patient's name (age & sex)	Diagnosis/ indication	Procedure performed	Performance of the trainee*	Signature of the supervisor

* Observer – O, Assistant-A, performance under supervision- PS, performed independently- PI

Neurosurgery (Phase B)

OPD attended

Block.....

Supervisor.....

Sl	Date	Name of patient age & sex	Assessment & diagnosis	Performance of the trainee	Signature of the supervisor

Neurosurgery (Phase B)

OPD attended

Block.....

Supervisor.....

Sl	Date	Name of patient age & sex	Assessment & diagnosis	Performance of the trainee	Signature of the supervisor

Neurosurgery (Phase B)

OPD attended

Block.....

Supervisor.....

Sl	Date	Name of patient age & sex	Assessment & diagnosis	Performance of the trainee	Signature of the supervisor

Neurosurgery (Phase B)

OPD attended

Block.....

Supervisor.....

Sl	Date	Name of patient age & sex	Assessment & diagnosis	Performance of the trainee	Signature of the supervisor

Neurosurgery (Phase B)

OPD attended

Block.....

Supervisor.....

Sl	Date	Name of patient age & sex	Assessment & diagnosis	Performance of the trainee	Signature of the supervisor

Neurosurgery (Phase B)

OPD attended

Block.....

Supervisor.....

Sl	Date	Name of patient age & sex	Assessment & diagnosis	Performance of the trainee	Signature of the supervisor

Neurosurgery (Phase B)

Emergency Managed

Block.....

Supervisor.....

Sl	Date	Name of patient age & sex	Assessment & diagnosis	Primary management done	Performance of the trainee	Signature of the supervisor

Neurosurgery (Phase B)

Emergency Managed

Block.....

Supervisor.....

Sl	Date	Name of patient age & sex	Assessment & diagnosis	Primary management done	Performance of the trainee	Signature of the supervisor

Neurosurgery (Phase B)

Emergency Managed

Block.....

Supervisor.....

Sl	Date	Name of patient age & sex	Assessment & diagnosis	Primary management done	Performance of the trainee	Signature of the supervisor

Neurosurgery (Phase B)

Emergency Managed

Block.....

Supervisor.....

SI	Date	Name of patient age & sex	Assessment & diagnosis	Primary management done	Performance of the trainee	Signature of the supervisor

Neurosurgery (Phase B)

Emergency Managed

Block.....

Supervisor.....

Sl	Date	Name of patient age & sex	Assessment & diagnosis	Primary management done	Performance of the trainee	Signature of the supervisor

Neurosurgery (Phase B)

Case presentation in clinical meetings, grand & ward round

Sl	Date	Patient's name (age & sex) ward/bed, reg. no.	Diagnosis	Performance of the trainee	Signature of the supervisor

Neurosurgery (Phase B)

Case presentation in clinical meetings, grand & ward round

SI	Date	Patient's name (age & sex) ward/bed, reg. no.	Diagnosis	Performance of the trainee	Signature of the supervisor

Neurosurgery (Phase B)

Case presentation in clinical meetings, grand & ward round

Sl	Date	Patient's name (age & sex) ward/bed, reg. no.	Diagnosis	Performance of the trainee	Signature of the supervisor

Neurosurgery (Phase B)

Case presentation in clinical meetings, grand & ward round

Sl	Date	Patient's name (age & sex) ward/bed, reg. no.	Diagnosis	Performance of the trainee	Signature of the supervisor

Neurosurgery (Phase B)

Neurosurgery (Phase B)

Journal clubs

Block.....

Supervisor.....

Sl	Date	Topic/ Article	Source	Performance of the trainee*	Signature of the supervisor

* Attended- A, Presented by himself- PH

Neurosurgery (Phase B)

Thesis

Title of the Thesis :

Aproval :

Signature of the Supervisor:.....

Signature of the course coordination :.....

Signature of the Chairman :

Neurosurgery (Phase B)

Summary of activities

Events	Performed Total nos.	Performance status Satisfactory/ need to be completed	Remarks	Signature of the course coordinator
Case Records (POMR)				
Procedures				
OPD attended				
Emergency managed				
Case presentation				
Journal club				
Presentation in seminar/ conference/ workshop				
Cranial surgeries assisted/ performed				
Spinal surgeries assisted / performed				
Other surgeries assisted / performed				
Thesis				
Lectures attended				
Interpretation of investigations				
X-rays				

CT scans/ 3D CT angio				
MRI/ MRA/MRV				
Angiorams				

CERTIFICATE OF ACCURACY

I certify that the information contained in this logbook are true and accurate records of my training experiences.

Signature of the Trainee

Date

CERTIFICATE OF SATISFACTORY COMPLETION OF THE LOGBOOK

I, to the best of my knowledge, hereby certify that

Dr.

Has satisfactorily completed this logbook as required by the University

.....

Signature of the Course coordinator

Name.....

Department of Neurosurgery, BSMMU

Date:.....

CERTIFICATE OF ELIGIBILITY FOR FINAL EXAMINATION (MS in Neurosurgery)

I hereby certify that

Dr.

has satisfactorily completed his activities as a resident in MS neurosurgery course as required by the University which are recorded in this logbook and he is now eligible to take part in the final examination.

Name

Date:

Signature

Chairman

Department of Neurosurgery, BSMMU

Cover