



Bangabandhu Sheikh Mujib Medical University

Postgraduate Residency Programme

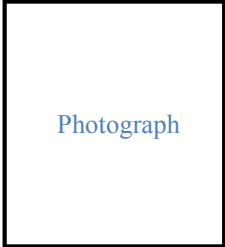
Logbook

Phase- B

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Trainee's Personal Details



Trainee..... Date of Birth.....
Father's Name..... Mother's Name.....
Address.....
.....
Telephone..... E-mail.....
Nationality..... National ID/Passport No.....
BMDC Registration No..... Signature:.....

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

Signature:.....

Training Rotations

Year/Rotations		Training Period	Training sites	
Y1	Parent ward (pediatric Cardiology) BSMMU Ward	6 months	<ul style="list-style-type: none"> • Ward • ICU • OPD 	
		6 months	<ul style="list-style-type: none"> • Echo Lab • Cath Lab 	Observation
Y2	Rotation to other places	NICVD	2 months	
		CMH- Heart Foundation	2 months	
		Cardiac surgery BSMMU	1months	
		CCU BSMMU	15 days	
		NICU BSMMU	15 days	
Y3	Parent ward (pediatric Cardiology) BSMMU Ward	15 months	<ul style="list-style-type: none"> • Ward • ICU • OPD • Echo Lab • Cath Lab 	

Name of the institute	Date of placement	comments	signature of the head of the department

Leave Record

Duration	From	To	Reason	Signature of supervisor

Instructions to the Trainees:

Aim of the Logbook:

The purpose of the logbook is to provide one source of evidence for BSMMU that you have attained the desired level of competency required to sit for Phase-B (Cardiology) Examination. It is the record where you are going to document experiences and skills you attained during your training. The logbook is divided in to several sections. These instructions will help you completing those sections correctly.

Personal Information:

Please fill in all your personal information required. This will help BSMMU to process your Logbook by course coordinator before sitting for the final exam. Your photograph should be attached to the logbook and you should sign the personal information page.

Clinical Case Log:

1. You will find a list with all required cases in the curriculum. Your level of participation in each case will be determined by your trainer/supervisor.
2. Patient name is not required. You need to mention the provisional or final diagnosis.
3. For each case write the date of the interview.
4. Make a check mark at the appropriate column indication your level of participation in case management (observer, supervised management of the case or independent management of the case).
5. Each case should be countersigned by your trainer/supervisor. His signature is the proof of your actual participation

Procedures' Log

1. The logbook contains tables for required procedures during different stages of training and the level of desired performance at each stage.
2. You will also find empty tables to write down the procedures, your level of participation and the date.
3. Your trainer/supervisor should countersign each procedure to document the event.

Academic Activities

1. Academic activities that must be documented in the logbook are journal clubs, morbidity and mortality conferences, catheter conferences and workshops or other conferences attended.
2. It is preferable that you and your trainer determine the scientific content of the journal club based on your learning needs. In that situation you will find empty tables, where you will record the topic and date of the journal club and it should be signed by trainer/supervisor.
3. Workshops and conferences tables are the place 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 the University has determined specific rotations in subspecialties that you must go through during the training period (see your curriculum for details). After you finish each rotation sign its block by the Supervisor and the Hospital Director.

Assessment of Logbook Activities:

1. Your supervisor will assess your logbook monthly, provide verbal or written feedback and countersign important activities.
2. Your supervisor will send progress report of training every 6 months to Course-coordinator.

Important notice:

- It is your responsibility to maintain accurate and complete and completed logbook and to regularly update your records.
- Shall you meet any difficulty; you must contact your manager/supervisor or Course-coordinator of Pediatric Cardiology.
- 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 final examination.

Patients' Case Log

Clinical problems that must be observed, managed under supervision & managed independently by cardiology trainees

Undifferentiated chest pain	Hypertension
Aspiration	Hyperlipidemia
Persistent fetal circulation	Congenital heart disease(L-R shunt/ R-L shunt)
Persistent pulmonary hyper tension in newborn	Endocarditis
Acute breathlessness	Cyanotic spell
Chronic breathlessness	SVT
Heart failure	Cardiac surgery cases
Cardiomyopathy	Critically ill patients with hemodynamic disturbances
Patient with valvular heart disease	Sudden cardiac death and Resuscitation
Pre-syncope and syncope	
Arrhythmias	
Pericardial disease	
Peripheral vascular disease	

Minimum number of case to be managed independently (Level 3) during the training period

Location/Services	Minimum number
Inpatient	100
Outpatient	150
Emergency	100

Procedures' Log

Pediatric Cardiology Block

Ward/ICU/OPD- 6 months

Skill	Observation Self	Number of case to be performed
History writing		50
Physical Examination		50
Total work-up of patient		50
Management of Arrhythmia		10
Management of heart failure		10
Management of Aspiration		05
ECG interpretation		50
Management of Cyanotic spell		05
Management of SVT		05
Management of persistent foetal circulation		05
Management of PPHN		05
Assesment of murmur		10
Assesment of Cyanosis		10
Assesment of Heart failure		02
OPD Management of heart failure		10
OPD Management of L-R shunt		10
Management of TOF		05
SBE Prophylaxis		10
Presurgical Assesment of cardiac cases		10
Assesment of FTT		10

Patient's case Log

Sl. No	Date	Patient Age/Sex/Reg.No	Clinical Condition	Level of Performance	Signature of the supervision

Level of performance:
1= Observed; 2= Managed under supervision; 3= Managed independently

Procedure	Observation /Self	Number of case to be performed
Use of infusion pump		20
Syringe pump		20
Partial exchange transfusion		05
Care of Central line		05
ECG interpretation		50
CXR interpretation		50
ECG interpretation		50
Blood Sampling		20
NG tube intubation		20
Urinary Catheter		10
Hyperopia test		10
BL gas interpret		20
Central line (venous)		05
Arterial line		05
Arterial bl. Sample		05
Exchange and partial exchange		05
Peritoneal Dialysis		05
Endotracheal intubation		05
Chest Physiotherapy		10
Bed side balloon atrial septostomy	Observation	02
Bed side pericardiocentesis	Observation	02
Preparation of Prostaglandin		05
Endomethacin		05
Ionotropes-		05
Domain/Dobutamin/ Adrenalin		05
Isoprenalin		05
CPR		10
Intracardiac medication		02
Pulse Oxymetry		10

NEXT 6 MONTHS

Procedure	Observation/ Self	
ECG with connection of leads		50
SA ECG		05
Holtermoniter		10
2D, M-mod, Color Doppler, 4D Echo	Observation	50
Echo (after 1 yr)	Self	10
Stress Echo		05
Cardiac MRI		05
CT Angiogram		05
Foetal Echo (Observe)		05

Paediatric cardiac catheterization laboratory
Duration -6 Months

Sl no	skill	Number of case to be performed
1	Training in pre-cath evaluation of the patient	20
2	Training in trolley preparation for cardiac cath	20
3	Training in giving of pressure bandage	20
4	Training in post catheterization patient assessment and other post-operative management	20
5	Training in management of pulse loss	05
6	Training in venous and arterial puncture	10
7	Training in polygraphy	10
8	Training in radiological imaging, views for angiography	10
9	Training in analysis of angiogram – CD,s	10
10	Haemodynamic Study Of Heart(Oxymetry	10
11	Pressure management of chambers of heart	10
12	premedication	10
13	Seadation for cardiac cath	10
14	Calculation of cardiac output,QP,QS, pulmonary vascular resistance	10
15	Observation of cardiac catheterization	20
16	Observation of device procedure	05
17	Observation of valvuloplasty	10
18	Observation of septostomy	05
19	Observation of stenting	05
20	Calculation of shunt	05
21	Assesment of arrhythmias	05
22	Treatment of various complications of cardiac catheterization drugs	05
23	Treatment of accidental pericardial puncture	05
24	Treatment of embolism	05
25	Treatment of cyanotic spell during cath	05
26	Treatment of hypotension	05
27	Treatment of bradycardia	05
28	Implantation of temporary pacemaker	05
29	Implantation of permanent pacemaker	05
30	EPS	05

Cardiac surgery Unit

Duration- 2 months

Sl No	Skill	Number of case to be performed
1	Pre-surgical evaluation of patient	10
2	Pre-surgical investigation of patient	10
3	Pre-surgical Echocardiography	10
4	Pre-surgical check-up for anaesthesia	10
5	Check-up of temporary pacing	05
6	Check-up of dressing, chest tube	05
7	Conduction of joint surgical meeting	15
8	Post-operative echo	15

Sl no	Skill	Number of case to be performed
1	Treatment of surgical wound infection	05
2	Antibiotic used in paediatric cardiac surgery	05
3	Management of post-cardiotomy syndrome	05
4	Post-operative laboratory evaluation	05
5	Post-operative ECG monitoring	05
6	Post-operative echocardiography	05
7	Removal of pacing wire	05
8	Removal of chest drain	05
9	Care of surgical wound	05

Sl no	Skill	Number of case to be performed
1	Pre-operative check up of patient	20
2	Per-operative TEE	20
3	Observation of surgery	20
4	CPB machine	20
5	Anaesthesia and Anaesthetic drugs	10
6	Fluid management during surgery	10

Neonatal ICU
Duration 2 months

Sl No	Skill	Number of case to be performed
1	Sedation	10
2	Fluid management	10
3	Electrolyte management	10
4	Blood and blood product transfusion	10
5	Temperature management	10
6	Handling of incubator	10
7	Handling of infant warmer	10
8	Endotracheal intubation	05
9	Ventilatory management	05
10	Hyperoxia test	10
11	ABG analysis	10
12	Use of Injection Prostaglandin	05
13	Use of Injection Indomethacin	05
14	Management of cyanosis	10
15	Management of arrhythmia	05
16	Exchange transfusion	05
17	Umbilical catheterization	05
18	Central venous access	05
19	Neonatal transport for investigation	05
20	Transport to cath lab	05
21	Life saving procedure	05
22	Transport to other centre	02
23	How to prepare Injection Digoxin	10
24	Use of sildenafil, captopril in neonate	10

ECG Reporting Log

Sl. No	Date	Diagnosis	Signature of the supervisor	Sl. No	Date	Diagnosis	Signature of the supervisor

Ambulatory (Holter) ECG

Sl. No	Date	Diagnosis	Level of performance	Signature of the supervisor

Level of performance:
 1= Attend and Interpret; 2= Performed

Ambulatory BP Monitoring

Sl. No	Date	Diagnosis	Level of performance	Signature of the supervisor

Level of performance:
1= Attend and Interpret; 2= Performed

Echo-Doppler Studies

Sl. No	Date	Diagnosis	Level of performance	Signature of the supervisor

Level of performance:
1= Attend; 2= Interpret; 3= Performed independently

Stress Echo

Sl. No	Date	Diagnosis	Level of performance	Signature of the supervisor

Level of performance:
1= Observed; 2= Assisted

Transesophageal Echo

Sl. No	Date	Diagnosis	Level of performance	Signature of the supervisor

Level of performance:
 1= Observed/Assisted; 2= Performed under supervision;

Nuclear Studies

Sl. No	Date	Diagnosis	Level of performance	Signature of the supervisor

Level of performance:
1= Observed and Interpret; 2= Assisted

Cardiac CT

Sl. No	Date	Diagnosis	Level of performance	Signature of the supervisor

Level of performance:
1= Observed and Interpret; 2= Assisted;

Cardiac MRI

Sl. No	Date	Diagnosis	Level of performance	Signature of the supervisor

Level of performance:
1= Observed and Interpret; 2= Assisted

Cardiac Catheterization and Angiography

Sl. No	Date	Diagnosis	Level of performance	Signature of the supervisor

Level of performance:
 1= Observed; 2= Assisted; 3= Performed

Percutaneous Non-Coronary Interventions

Sl. No	Date	Diagnosis	Level of performance	Signature of the supervisor

Level of performance:
1= Observed’ 2= Assisted;

Academic Activities

Academic Activities

Numbers attended/presented:

Events	Number attended/presented
Lectures attended	50
Tutorials	20
Journal Club Presentations	20
Mortality/Morbidity Conference Presentations	20
Post Cath Meeting Presentations	35
Grand Round Meeting Presentations	20
Cardiology Clinic Sessions	50
Other Courses/Workshops/Attended	

Journal Club

Journal Club Title	Date	Trainer's Signature

Morbidity/Mortality Conference

Date	MMC Case Presentation	Trainer's Signature

Post-Cath Meeting Case Presentation

Date	Post Catheterisation Case Description	Trainer's Signature

Number of procedures/Investigations and level competence which must be learned during the Training Programme

Investigation/Procedures	Level of Competence	Number
Central line	Interpret and Report	05
Arterial line	Attend and Interpret	20
	Perform	20
Exchange and partial exchange	Attend and Interpret	1000
	Perform	50
Peritoneal dialysis	Attend and Interpret	20
	Perform	10
Endotracheal intubation	Attend	200
	Interpret	200
	Perform	150
Chest Physiotherapy	Observe	50
	Assist	20
DC Shock	Observe	20
	Assist	30
Bed side balloon atrial septostomy Observation	Observe and Interpret	50
	Assist	25
Bed side pericardiocentesis observation	Observe and Interpret	10
	Assist	10
preparation of inj prostaglandin inj Indomethacin Injlonotropes-Dopamine/ Dobutamine/Adrenaline/ Isoprenaline		10
		10
CPR	Observe	10
	Assist	15
	Perform	25
Pulse Oxymetry use	Observe	10
	Assist	15
Intra-Cardiac Medication		
ECG with connection of leads		
SA ECG		
Holter Monitor		
Ambulatory ECG		
Echo- Cardiography	Observation	50

	Self	10
ETT	Observation	10
Table tilt Test		
TEE	Observation	10
Stress Echo Foetal Echo		5
Cardiac MRI		5
CT Angiography		5
Foetal Echocardiograph(Observe)		5