



UNIVERSITY RESIDENCY PROGRAM -2020 LOG BOOK FOR DIAGNOSTIC RADIOLOGY RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI



“Wherever the art of Medicine is loved, there is also a love of Humanity.”
— Hippocrates



PREFACE

The horizons of *Medical Education* are widening & there has been a steady rise of global interest in *Post Graduate Medical Education*, an increased awareness of the necessity for experience in education skills for all healthcare professionals and the need for some formal recognition of postgraduate training in Diagnostic Radiology.

We are seeing a rise in the uptake of places on postgraduate courses in medical education, more frequent issues of medical education journals and the further development of e-journals and other new online resources. There is therefore a need to provide active support in *Post Graduate Medical Education* for a larger, national group of colleagues in all specialties and at all stages of their personal professional development. If we were to formulate a statement of intent to explain the purpose of this log book, we might simply say that our aim is to help clinical colleagues to teach and to help students to learn in a better and advanced way. This book is a state of the art log book with representation of all activities of the MD Diagnostic Radiology program at RMU. A summary of the curriculum is incorporated in the logbook for convenience of supervisors and residents. MD curriculum is based on six Core Competencies of ACGME (*Accreditation Council for Graduate Medical Education*) including *Patient Care, Medical Knowledge, System Based Practice, Practice Based Learning, Professionalism, Interpersonal and Communication Skills*. A perfect monitoring system of a training program including monitoring of teaching and learning strategies, assessment and Research Activities cannot be denied so we at RMU have incorporated evaluation by *Quality Assurance Cell* and its comments in the logbook in addition to evaluation by *University Training Monitoring Cell (URTMC)*. Reflection of the supervisor in each and every section of the logbook has been made sure to ensure transparency in the training program. The mission of Rawalpindi Medical University is to improve the health of the communities and we serve through education, biomedical research and health care. As an integral part of this mission, importance of research culture and establishment of a comprehensive research structure and research curriculum for the residents has been formulated and a separate journal for research publications of residents is available.

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Vice Chancellor
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ENROLMENT DETAILS

Program of Admission _____

Session _____

Registration / Training Number _____

Name of Candidate _____

Father's Name _____

Date of Birth _____ / _____ / _____ CNIC No. _____

Present Address _____

Permanent Address _____

E-mail Address _____

Cell Phone _____

Date of Start of Training _____

Date of Completion of Training _____

Name of Supervisor _____

Designation of Supervisor _____

Qualification of Supervisor _____

Title of department / Unit _____



INTRODUCTION

It is a structured book in which certain types of educational activities and patient related information is recorded, usually by hand. Logbooks are used all over the world from undergraduate to postgraduate training, in human, veterinary and dental medicine, nursing schools and pharmacy, either in paper or electronic format .

Logbooks provide a clear setting of learning objectives and give trainees and clinical teachers a quick overview of the requirements of training and an idea of the learning progress. Logbooks are especially useful if different sites are involved in the training to set a (minimum) standard of training. Logbooks assist supervisors and trainees to see at one glance which learning objectives have not yet been accomplished and to set a learning plan. The analysis of logbooks can reveal weak points of training and can evaluate whether trainees have fulfilled the minimum requirements of training.

Logbooks facilitate communication between the trainee and clinical teacher. Logbooks help to structure and standardize learning in clinical settings. In contrast to portfolios, which focus on students' documentation and self-reflection of their learning activities, logbooks set clear learning objectives and help to structure the learning process in clinical settings and to ease communication between trainee and clinical teacher. To implement logbooks in clinical training successfully, logbooks have to be an integrated part of the curriculum and the daily routine on the ward. Continuous measures of quality management are necessary.

Reference

Brauns KS, Narciss E, Schneyinck C, Böhme K, Brüstle P, Holzmann UM, et al. Twelve tips for successfully implementing logbooks in clinical training. Med Teach. 2016 Jun 2; 38(6): 564–569.

MINIMUM LOG BOOK ENTERIES PER MONTH IN GENERAL

(This minimum number is being provided for uniformity of the training and convenience for monitoring of the resident's performance by Quality Assurance Cell & University Research Training & Monitoring Cell of RMU but resident is encouraged to show performance above this minimum required number)

SR.N O	ENTRY	Minimum cases /Time duration
01	Ultrasounds	50 per 3 month
02	Radiographs	125 per 3 month
03	CT scans	25 per 3 month
04	MRI	25 per 3 month
05	Florouscopy	15 per 3 month
06	Emergency cases	10 per 3 month
07	Mammography	10 per 3 month
08	Interventions Percutaneous Nephrostomy (PCN) Aspiration, Drainage procedures and Biopsies PTC / ERCP (flurocoverage), T-Tube Cholangiogram	10 per 3 month
09	Case presentations	1 per 3 month
10	CPC	1 per 12 month
11	Journal CLUB	1 per 12 month

MISSION STATEMENT

The mission of Diagnostic Radiology Residency Program of Rawalpindi Medical University is:

1. To impart evidence based medical education.
2. To provide best possible patient care and to inculcate the values of mutual respect and ethical practice of radiology.
3. To equip junior colleagues with the knowledge and skills of ultrasound, doppler, radiography, fluoroscopy, mammography, MRI, CT reporting.
4. To passionately teach our junior colleagues and students as we have been taught by those who preceded us.
5. To provide exemplary medical care, treating all patients who come before us with uncompromising dedication and skill.
6. To treat our colleagues and hospital staff with kindness, respect, generosity of spirit, and patience.
7. To foster the excellence and well-being of our residency program by generously offering our time, talent, and energy on its behalf.
8. To support and contribute to the research mission of our medical center, nation, and the world by pursuing new knowledge.
9. To promote the translation of the latest scientific knowledge to the bedside to improve our understanding of disease pathogenesis and ensure that all patients receive the most scientifically appropriate and up to date care.
10. To promote social justice by advocating for equitable health care, without regard to race, gender, sexual orientation, social status, or ability to pay.

CLINICAL COMPETENCIES FOR 1ST, 2ND, 3RD AND 4TH YEAR MD

TRAINEES IN RADIOLOGY

CLINICAL COMPETENCIES\SKILL\PROCEDURE

The clinical competencies, a specialist must have, are varied and complex. A complete list of the skills necessary for trainees and trainers is given below. The level of competence to be achieved each year is specified according to the key, as follows:

1. Observer status
2. Assistant status
3. Performed under supervision
4. Performed under indirect supervision
5. Performed independently

Note: Levels 4 and 5 for practical purposes are almost synonymous

PROCEDURES	First Year								
	3 Months		6Months		9Months		12 Months		Total Cases 1st Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
Ultrasound									
Ultrasound of abdomen and pelvis	1,2	50	1,2	50	2,3	50	2,3	50	200
Ultrasound of Obstetrics and Gyneacology	1,2	5	1,2	5	2,3	10	2,3	10	30
Doppler ultrasound	1,2	5	1,2	5	1,2	5	1,2	5	20
Ultrasound of small parts including cranial	1,2	10	1,2	10	3,4	15	2,3	15	50
Intervention									
Percutaneous Nephrostomy (PCN)	1,2	2	1,2	2	1,2	3	1,2	3	10
Aspiration, Drainage procedures and Biopsies	1,2	5	1,2	5	1,2	5	1,2	5	20
PTC / ERCP (flurocoverage), T-Tube Cholangiogram	1,2	5	1,2	5	1,2	5	1,2	5	20
Angiography /DSA	1,2	10	1,2	10	1,2	15	1,2	15	50
Other Procedures									
Radiograph reporting bone trauma, chest etc	1,2	125	1,2	125	2,3	125	2,3	125	500
CT scan reporting	1,2	25	1,2	25	1,2	25	2,3	25	100
MRI	1,2	25	1,2	25	1,2	25	2,3	25	100
Mammography	1,2	10	1,2	10	1,2	15	2,3	15	50
Venography / Venous Doppler	1,2	5	1,2	5	1,2	5	2,3	5	20
Myelography / CT /MR	1,2	5	1,2	5	1,2	5	2,3	5	20
Dacrocystography	1,2	1	1,2	-	1,2	1	2,3	-	2

PROCEDURES	First Year								
	3 Months		9 Months		9 Months		12 Months		Total Cases 1st Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
GI Contrast Studies									
Barium Swallow	1	3	1,2	3	2,3	4	2,3	5	15
Barium Meal	1	3	1,2	3	2,3	4	2,3	5	15
Barium Enema	1	3	1,2	3	2,3	4	2,3	5	15
Barium small bowel enema and Barium follow through	1,2	3	1,2	3	2,3	4	2,3	5	15
Sinogram and Fistulogram	1	3	1,2	3	2,3	4	2,3	5	15
Sialography	1	1	1,2	1	2,3	1	2,3	2	5
Contrast Studies of Genitourinary Tract									
I.V.U and CTU & MRU	1	10	1,2	10	2,3	15	2,3	15	50
Nephrostogram	1	2	1,2	2	2,3	3	2,3	3	10
Retrograde Urethrogram	1	2	1,2	3	2,3	5	2,3	5	15
Micturating Cystourethrogram and Cystography	1	5	1,2	5	2,3	5	2,3	5	20
Antegrade Urography	1	1	1,2	1	2,3	1	2,3	2	5
Hysterosalpingography and hysterosonography	1	3	1,2	3	2,3	4	2,3	5	15

PROCEDURES	Second Year								
	15 Months		18 Months		21 Months		24 Months		Total Cases 2nd Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
Ultrasound									
Ultrasound of abdomen and pelvis	2,3	50	2,3	50	3,4	50	4	50	200
Ultrasound of Obstetrics and Gyneacology	2,3	5	2,3	5	3,4	10	4	10	30
Doppler ultrasound	2,3	5	2,3	5	3,4	5	4	5	20
Ultrasound of small parts including cranial	2,3	10	2,3	10	3,4	15	4	15	50
Intervention									
Percutaneous Nephrostomy (PCN)	1,2	1	2,3	1	2,3	1	2,3	2	5
Aspiration, Drainage procedures and Biopsies	2,3	5	2,3	5	2,3	5	2,3	10	25
PTC / ERCP (flurocoverage), T-Tube Cholangiogram	1,2	2	2,3	2	2,3	3	2,3	3	10
Angiography /DSA	1,2	10	1,2	10	1,2	15	2,3	15	50
Other Procedures									
Diagnostic Radiology 2012 Radiograph reporting bone trauma, chest etc	2,3	125	2,3	125	2,3	125	3,4	125	500
CT scan reporting	2,3	25	2,3	25	2,3	25	2,3	25	100
MRI	2,3	25	2,3	25	2,3	25	2,3	25	100
Mammography	2,3	10	2,3	10	2,3	15	3,4	15	50
Venography / Venous Doppler	2,3	5	2,3	5	2,3	5	3,4	5	20
Myelography / CT /MR	2,3	2	2,3	3	2,3	5	3,4	5	15
Dacrocystography	2,3	-	2,3	-	2,3	-	3,4	-	1

PROCEDURES	Second Year								
	15 Months		18 Months		21 Months		24 Months		Total Cases 2nd Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
GI Contrast Studies									
Barium Swallow	2,3	3	2,3	3	2,3	4	2,3	5	15
Barium Meal	2,3	3	2,3	3	2,3	4	2,3	5	15
Barium Enema	2,3	3	2,3	3	2,3	4	2,3	5	15
Barium small bowel enema and Barium follow through	2,3	3	2,3	3	2,3	4	2,3	5	15
Sinogram and Fistulogram	2,3	3	2,3	3	2,3	4	2,3	5	15
Sialography	2,3	1	2,3	1	2,3	1	2,3	2	5
Contrast Studies of Genitourinary Tract									
I.V.U and CTU & MRU	2,3	10	2,3	10	2,3	15	2,3	15	50
Nephrostogram	2,3	2	2,3	2	2,3	3	2,3	3	10
Retrograde Urethrogram	2,3	5	2,3	5	2,3	5	2,3	5	20
Micturating Cystourethrogram and Cystography	2,3	5	2,3	5	2,3	5	2,3	5	20
Antegrade Urography	2,3	1	2,3	1	2,3	1	2,3	2	5
Hysterosalpingography and hysterosonography	2,3	3	2,3	3	2,3	4	2,3	5	15

PROCEDURES	Third Year								
	27 Months		30 Months		33 Months		36 Months		Total Cases 3rd Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
Ultrasound									
Ultrasound of abdomen and pelvis	4	50	4	50	4	50	4	50	200
Ultrasound of Obstetrics and Gyneacology	3	5	3	5	3	10	3	10	30
Doppler ultrasound	3/4	5	3/4	5	3/4	5	3/4	5	20
Ultrasound of small parts including cranial	3/4	10	3/4	10	3/4	15	3/4	15	50
Intervention									
Percutaneous Nephrostomy (PCN)	3/4	2	3/4	2	3/4	3	3/4	3	10
Aspiration, Drainage procedures and Biopsies	3/4	5	3/4	5	3/4	5	3/4	5	20
PTC / ERCP (flurocoverage), T-Tube Cholangiogram	3/4	5	3/4	5	3/4	5	3/4	5	20
Angiography /DSA	3/4	10	3/4	10	3/4	15	3/4	15	50
Other Procedures									
Radiograph reporting bone trauma, chest etc	3/4	125	3/4	125	4	125	4	125	500
CT scan reporting	3/4	25	3/4	25	3/4	25	3/4	25	100
MRI	2/3	25	2/3	25	3/4	25	3/4	25	100
Mammography	3/4	10	3/4	10	3/4	15	3/4	15	50
Venography / Venous Doppler	3/4	5	3/4	5	3/4	5	3/4	5	20
Myelography / CT /MR	3/4	5	3/4	5	3/4	5	4	5	20
Dacrocystography	3/4	1	3/4	-	3/4	1	3/4	-	2

PROCEDURES	Third Year								
	27 Months		30 Months		33 Months		36 Months		Total Cases 3rd Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
GI Contrast Studies									
Barium Swallow	4	3	4	3	4	4	4	5	15
Barium Meal	4	3	4	3	4	4	4	5	15
Barium Enema	4	3	4	3	4	4	4	5	15
Barium small bowel enema and Barium follow through	3/4	3	3/4	3	3/4	4	3/4	5	15
Sinogram and Fistulogram	4	3	4	3	4	4	4	5	15
Sialography	3/4	1	4	1	4	1	4	2	5
Contrast Studies of Genitourinary Tract									
I.V.U and CTU & MRU	3/4	10	3/4	10	3/4	15	3/4	15	50
Nephrostogram	3/4	2	3/4	2	3/4	3	3/4	3	10
Retrograde Urethrogram	3/4	2	3/4	3	3/4	5	3/4	5	15
Micturating Cystourethrogram and Cystography	3/4	5	3/4	5	3/4	5	3/4	5	20
Antegrade Urography	3/4	1	3/4	1	3/4	1	3/4	2	5
Hysterosalpingography and hysterosonography	3/4	3	3/4	3	3/4	4	3/4	5	15

PROCEDURES	Fourth Year								
	39 Months		42 Months		45 Months		48 Months		Total Cases 4th Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
Ultrasound									
Ultrasound of abdomen and pelvis	4	50	4	50	4	50	4	50	200
Ultrasound of Obstetrics and Gyneacology	4	5	4	5	4	10	4	10	30
Doppler ultrasound	4	5	4	5	4	5	4	5	20
Ultrasound of small parts including cranial	4	10	4	10	4	15	4	15	50
Intervention									
Percutaneous Nephrostomy (PCN)	3/4	1	3/4	1	3/4	1	3/4	2	5
Aspiration, Drainage procedures and Biopsies	3/4	5	3/4	5	3/4	5	3/4	10	25
PTC / ERCP (flurocoverage), T-Tube Cholangiogram	3/4	2	3/4	2	4	3	4	3	10
Angiography /DSA	4	10	4	10	4	15	4	15	50
Other Procedures									
Radiograph reporting bone trauma, chest etc	4	125	4	125	4	125	4	125	500
CT scan reporting	4	25	4	25	4	25	4	25	100
MRI	3/4	25	3/4	25	3/4	25	3/4	25	100
Mammography	4	10	4	10	4	15	4	15	50
Venography / Venous Doppler	4	5	4	5	4	5	4	5	20
Myelography / CT /MR	4	2	4	3	4	5	4	5	15
Dacrocystography	3/4	-	3/4	-	3/4	-	3/4	-	1

PROCEDURES	Fourth Year								
	39 Months		42 Months		45 Months		48 Months		Total Cases 4th Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
GI Contrast Studies									
Barium Swallow	4	3	4	3	4	4	4	5	15
Barium Meal	4	3	4	3	4	4	4	5	15
Barium Enema	4	3	4	3	4	4	4	5	15
Barium small bowel enema and Barium follow through	4	3	4	3	4	4	4	5	15
Sinogram and Fistulogram	4	3	4	3	4	4	4	5	15
Sialography	4	1	4	1	4	1	4	2	5
Contrast Studies of Genitourinary Tract									
I.V.U and CTU & MRU	3/4	10	3/4	10	3/4	15	3/4	15	50
Nephrostogram	3/4	2	3/4	2	3/4	3	3/4	3	10
Retrograde Urethrogram	3/4	5	3/4	5	3/4	5	3/4	5	20
Micturating Cystourethrogram and Cystography	3/4	5	3/4	5	3/4	5	3/4	5	20
Antegrade Urography	3/4	1	3/4	1	3/4	1	3/4	2	5
Hysterosalpingography and hysterosonography	3/4	3	3/4	3	3/4	4	3/4	5	15

SECTION-1

PROCEDURES PERFORMED

SR#	DATE	NAME OF PATIENT, AGE, SEX & ADMISSION NO.	PROCEDURE PERFORMED	BRIEF DESCRIPTION AND DIAGNOSIS	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	NAME OF PATIENT, AGE, SEX & ADMISSION NO.	PROCEDURE PERFORMED	BRIEF DESCRIPTION AND DIAGNOSIS	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

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SR#	DATE	NAME OF PATIENT, AGE, SEX & ADMISSION NO.	PROCEDURE PERFORMED	BRIEF DESCRIPTION AND DIAGNOSIS	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-2**TOPIC PRESENTATION/SEMINAR**

SR#	DATE	NAME OF THE TOPIC & BRIEF DETAILS OF THE ASPECTS COVERED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	NAME OF THE TOPIC & BRIEF DETAILS OF THE ASPECTS COVERED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-3

JOURNAL CLUB

SR#	DATE	TITLE OF THE ARTICLE	NAME OF JOURNAL	DATE OF PUBLICA TION	SUPERVISOR' S REMARKS	SUPERVISO R'S SIGNATURE (Name/Stamp)

SR#	DATE	TITLE OF THE ARTICLE	NAME OF JOURNAL	DATE OF PUBLICATION	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

EMERGENCY CASES

SR#	DATE	REG # OF THE PATIENT	PROCEDURES PERFORMED	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	PROCEDURES PERFORMED	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-4

INTERVENTIONAL PROCEDURES

OBSERVED (O)/ASSISTED (A)/ PERFORMED UNDER SUPERVISION (PUS)/PERFORMED INDEPENDENTLY (PI)

SR.#	DATE	REG NO. OF PATIENT	NAME OF PROCEDURE	(O)/(A)/(PUS) / (PI)	DETAIL OF PROCEDURE	PLACE OF PROCEDURE	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR.#	DATE	REG NO. OF PATIENT	NAME OF PROCEDU RE	(O)/(A)/(PUS) / (PI)	DETAIL OF PROCEDURE	PLACE OF PROCEDU RE	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR.#	DATE	REG NO. OF PATIENT	NAME OF PROCEDU RE	(O)/(A)/(PUS) / (PI)	DETAIL OF PROCEDURE	PLACE OF PROCEDU RE	SUPERVISO R'S REMARKS	SUPERVISO R'S SIGNATURE (Name/Stamp)

SR.#	DATE	REG NO. OF PATIENT	NAME OF PROCEDU RE	(O)/(A)/(PUS) / (PI)	DETAIL OF PROCEDURE	PLACE OF PROCEDU RE	SUPERVISO R'S REMARKS	SUPERVISO R'S SIGNATURE (Name/Stamp)

SR.#	DATE	REG NO. OF PATIENT	NAME OF PROCEDU RE	(O)/(A)/(PUS) / (PI)	DETAIL OF PROCEDURE	PLACE OF PROCEDU RE	SUPERVISO R'S REMARKS	SUPERVISO R'S SIGNATURE (Name/Stamp)

SECTION-5**CLINICOPATHOLOGICAL CONFERENCE (CPC)****(50% attendance of CPC is mandatory for the resident every year)**

SR#	DATE	BRIEF DESCRIPTION OF THE TOPIC/CASE DISCUSSED	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	BRIEF DESCRIPTION OF THE TOPIC/CASE DISCUSSED	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-6

PUBLICATIONS

SNO.	NAME OF PUBLICATION	TYPE OF PUBLICATION ORIGINAL ARTICLE /EDITORIAL/CASE REPORT ETC	NAME OF JOURNAL	DATE OF PUBLICATION	PAGE NO.	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)