



UNIVERSITY RESIDENCY PROGRAM- 2019

***LOG BOOK FOR ROTATIONS& RESEARCH ELECTIVE OF MS PROGRAM
OF UROLOGY***

RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI



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

Dated: 11th September, 2019

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 Internal Medicine.

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 Internal Medicine 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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MCPS, FCPS, FACG, FRCP (Lon), FRCP (Glasg),
AGAF)
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CONTRIBUTIONS

SR.NO	NAME & DESIGNATION		CONTRIBUTIONS IN FORMULATION OF LOG BOOK OF MEDICINE & ALLIED
1.		PROF DR. ZEIN-EL-AMIR MBBS. FCPS Head & Professor of Department of Urology, Rawalpindi Medical University	Guidance regarding technical matters of Log Book of MS Urology. Guidance regarding development of MS Urology Curriculum and its core competencies according to each year of postgraduate training. Development of techniques for educational and skill level assessment of residents. Also Proof reading & synthesis of final print version of Log Books of MS Urology and Rotations Log Book.
2.		DR UMER JAVED CHUGHTAI MBBS. FCPS Senior Registrar Urology Department Benazir Bhutto Hospital Rawalpindi	Over all synthesis, structuring & over all write up of MS Urology Curriculum, and Log Book for MS Urology under guidance of Professor Dr. Zein-el-Amir
3.		DR RAMEEZ AHMED MBBS Postgraduate Resident Urology Department Benazir Bhutto Hospital Rawalpindi	Assistance of Professor Dr. Zein-el-Amir and Dr. Umer Javed in computer work under their direct guidance & supervision.

ENROLMENT DETAILS

Program of Admission _____

Session _____

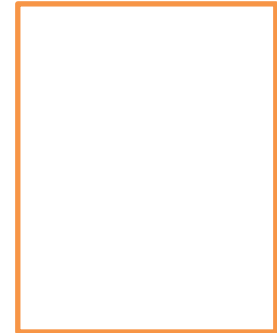
Registration / Training Number _____

Name of Candidate _____

Father's Name _____

Date of Birth _____/_____/_____

CNIC No. _____



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

BraunsKS, 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.NO	ENTRY	Minimum cases /Time duration
01	Case presentation	01 per month
02	Topic presentation	01 per month
03	Journal club	01 per month
04	Bed side teaching	10 per month
05	Large group teaching	06 per month
06	Emergency cases	10 per month
07	OPD	50 per month
08	Indoor (patients allotted)	8 per month plus participation in daily Morning & Evening rounds
09	Directly observed procedures	6-10 per month
10	CPC	02 per month
11	Mortality & Morbidity meetings	02 per month

ROTATION

GENERAL SURGERY 18 MONTHS

Common Surgical Skills Incision of skin and subcutaneous tissue:

- o Langer's lines
- o Healing mechanism
- o Choice of instrument
- o Safe practice

Closure of skin and subcutaneous tissue:

- o Options for closure
- o Suture and needle choice
- o Safe practice

Knot tying:

- o Choice of material
- o Single handed
- o Double handed
- o Superficial
- o Deep

Tissue retraction:

- o Choice of instruments
- o Placement of wound retractors
- o Tissue forceps

Use of drains: o Indications o Types o Insertion o Fixation
o Management/removal

Incision of skin and subcutaneous tissue:

- o Ability to use scalpel, diathermy and scissors

Closure of skin and subcutaneous tissue:

- o Accurate and tension free apposition of wound edges

Haemostasis:

- o Control of bleeding vessel (superficial)
- o Diathermy

- o Suture ligation
- o Tie ligation
- o Clip application
- o Plan investigations
- o Clinical decision making
- o Case work up and evaluation; risk management

Pre-operative assessment and management:

- o Cardiorespiratory physiology
- o Diabetes mellitus
- o Renal failure o Pathophysiology of blood loss o Pathophysiology of sepsis o Risk factors for surgery o Principles of day surgery o Management of comorbidity

Intraoperative care:

- o Safety in theatre

- o Sharps safety o Diathermy, laser use o Infection risks o Radiation use and risks o Tourniquets
- o Principles of local, regional and general anaesthesia

Post-operative care:

- o Monitoring of postoperative patient
- o Postoperative analgesia
- o Fluid and electrolyte management
- o Detection of impending organ failure
- o Initial management of organ failure
- o Complications specific to particular operation
- o Critical care

Blood products:

- o Components of blood
- o Alternatives to use of blood products
- o Management of the complications of blood product transfusion including children

Antibiotics:

- o Common pathogens in surgical patients
- o Antibiotic sensitivities
- o Antibiotic side-effects

- o Principles of prophylaxis and treatment

Safely assess the multiply injured patient:

- o History and examination
- o Investigation
- o Resuscitation and early management
- o Referral to appropriate surgical subspecialties

Technical Skills

- o Central venous line insertion
- o Chest drain insertion
- o Diagnostic peritoneal lavage

- o Bleeding diathesis & corrective measures, e.g. warming, packing
- o Clotting mechanism; Effect of surgery and trauma on coagulation
- o Tests for thrombophilia and other disorders of coagulation
- o Methods of investigation for suspected thromboembolic disease
- o Anticoagulation, heparin and warfarin
- o Role of V/Q scanning, CT angiography and thrombolysis
- o Place of pulmonary embolectomy
- o Awareness of symptoms and signs associated with pulmonary embolism and DVT
- o Role of duplex scanning, venography and d-dimer measurement
- o Initiate and monitor treatment

SECTION-1**MORNING REPORT PRESENTATION/ CASE PRESENTATION SEEN IN LAST EMERGENCY OR INDOOR (2 per month)**

SR#	DATE	REG# OF PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

[illegible]

[illegible]

SECTION-2

TOPIC PRESENTATION/SEMINAR

(1per month)

[illegible]

[illegible]

SECTION-3**JOURNAL CLUB**

(1per month)

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

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

SECTION-4**PROBLEM CASE DISCUSSION**

(2 per month)

SR #	DATE	REG.# OF THE PATIENT DISCUSSED	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR #	DATE	REG.# OF THE PATIENT DISCUSSED	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-5**DIDACTIC LECTURE/INTERACTIVE LECTURES ATTENDED**

SR #	DATE	REG.# OF THE PATIENT DISCUSSED	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

[illegible]

[illegible]

[illegible]

SECTION-6**EMERGENCY CASES**

(Estimated cases to be documented are 50 patients per rotation)

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

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

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

SECTION-7**INDOOR PATIENTS**

((Estimated cases to be attended 8 patients per month))

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

[illegible]

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

[illegible]

SECTION-8**MEDICAL PROCEDURES****(OBSERVED (O), ASSISTED (A), PERFORMED UNDER SUPERVISION (PUS) & PERFORMED INDEPENDENTLY (PI)****(Estimated cases to be seen are minimum 15 cases per rotation)**

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

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 PROCEDURE	(O)/(A)/(P US)/(PI)	DETAIL OF PROCEDURE	PLACE OF PROCEDURE	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

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

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

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

SECTION-9

CONSULTATIONS

[illegible]

[illegible]

[illegible]

SECTION-10

MULTI DISCIPLINARY MEETINGS (MDM)

(Estimated minimum Multi-Disciplinary Meetings 1per month)

[illegible]

[illegible]

SECTION-11

CLINICOPATHOLOGICAL CONFERENCE (CPC)
(50% attendance of CPC is mandatory for the resident)

[illegible]

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

SECTION-12**MORBIDITY/MORTALITY MEETINGS (MMM)**

(Total Morbidity/Mortality Meetings to be attended TWO Morbidity/Mortality Meetings per month)

SR#	DATE	REG. # OF THE PATIENT DISCUSSED	BRIEF DESCRIPTION OF THE CASE	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

[illegible]

SECTION-13

HANDS ON TRAINING/WORKSHOPS

[illegible]

[illegible]

SECTION-14

PUBLICATIONS (if any)

[illegible]

SECTION-15

WRITTEN ASSESSMENT RECORD OF THIS ROTATION[illegible]

[illegible]

SECTION-16

CLINICAL ASSESSMENT RECORD OF THIS ROTATION

[illegible]

[illegible]

SECTION-17**EVALUATION RECORDS*****SUPERVISOR APPRAISAL FORM***

Resident's Name: _____ Hospital Name: _____

Evaluator's Name(s): _____ Department: _____ Unit : _____

1. Use one of the following ratings to describe the performance of the individual in each of the categories.

1	Unsatisfactory	Performance does not meet expectations for the job
2	Needs Improvement	Performance sometimes meets expectations for the job
3	Good	Performance often exceeds expectations for the job
4	Merit	Performance consistently meets expectations for the job
5	Special Merit	Performance consistently exceeds expectations for the job

	5	4	3	2	1
I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS					
a) Clinical knowledge is up to the mark					
b) Follows procedures and clinical methods according to SOPs					
c) Uses techniques, materials, tools & equipment skillfully					
d) Stays current with technology and job-related expertise					
e) Works efficiently in various workshops					
f) Has interest in learning new skills and procedures					
g) Understands & performs assigned duties and job requirements					
II. QUALITY / QUANTITY OF WORK	5	4	3	2	1
a) Sets and adheres to protocols and improving the skills					
b) Exhibits system based learning methods smartly					
c) Exhibits practice based learning methods efficaciously					
d) Actively participates in large group interactive sessions for postgraduate trainees					
e) Actively takes part in morning & evening teaching and learning sessions & noon conferences					
f) Actively takes part in Multidisciplinary Clinic & Pathological Conferences (CPC)					
g) Actively participates in Journal clubs					
h) Uses resources sensibly and economically					
i) Accomplishes accurate management of different medical cases with minimal assistance or supervision					

j) Provides best possible patient care					
III. INITIATIVE / JUDGMENT	5	4	3	2	1
a) Takes effective action without being told					
b) Analyzes different emergency cases and suggests effective solutions					
c) Develops realistic plans to accomplish assignments					
IV. DEPENDABILITY / SELF-MANAGEMENT	5	4	3	2	1
a) Demonstrates punctuality and regularly begins work as scheduled					
b) Contacts supervisor concerning absences on a timely basis					
c) Contacts supervisor without any delay regarding any difficulty in managing any patient					
d) Can be depended upon to be available for work independently					
e) Manages own time effectively					
f) Manages Outdoor Patient Department (OPD) efficiently					
g) Accepts responsibility for own actions and ensuing results					
h) Demonstrates commitment to service					
i) Shows Professionalism in handling patients					
j) Offers assistance, is courteous and works well with colleagues					
k) Is respectful with the seniors					
OVERALL RATINGS/SUGGESTIONS/SUPERVISOR'S REMARKS REGARDING PERFORMANCE OF THE TRAINEE					

Total Score _____/155

Date

Resident's Name &Signatures

Date

Evaluator's Signature &Stamp

SECTION-18

EVALUATION/REMARKS BY UNIVERSITY TRAINING MONITORING CELL (UTMC) WORKING UNDER DEPARTMENT OF MEDICAL EDUCATION (DME)

SECTION-18

EVALUATION/REMARKS BY QUALITY ENHANCEMENT CELL (QEC) WORKING UNDER DEPARTMENT OF MEDICAL EDUCATION (DME)

SECTION-19

RECORD SHEET OF ATTENDANCE/COUNCELLING SESSION/DOCUMENTATION QUALITY PER ROTATION

TO BE FILLED AT THE END OF ROTATION

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
January	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
February	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
March	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
April	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
May	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
June	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
July	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
August	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
September	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
October	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
November	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
December	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

SECTION-20

ANY OTHER IMPORTANT AND RELEVANT INFORMATION/DETAILS

LEAVE RECORD

(Signed & Approved Leave Application/Certificate to Be Kept In Record and To Be Brought In Meetings with URTMC & QEC)

[illegible]