



POSTGRADUATE MEDICAL INSTITUTE LAHORE

LOG BOOK

PGMI

MS & MD COURSES

1221-501-507
48
407
-207

C O N T E N T S

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SECTION-1

FORM – A **Record of Operations/ Procedures**

FORM – B **Record of Emergency Procedures**

SECTION-2

FORM – C **Cases presented in Journal Club**

FORM – D **Cases presented at Clinico-pathological conference/
Morbidity/ mortality review meetings/ clinical audit.**

FORM – E **Papers/ Poster presented**

FORM – F **Papers published in PMDC-approved Journal/ International
Journal**



Certificate

MD/MS COURSES



Name _____

Father's / Husband's Name _____

Discipline _____

UHS Registration No. _____

Name of Institution _____

Name of Supervisor _____

Signature of Supervisor with Stamp _____
(Verifying that the entries are correct)

DETAILS OF TRAINING

UHS Reg. No. _____

Date of Registration with UHS _____

Date of Commencement of Training _____

Name of Training Institution _____

Name & Designation of Supervisor _____

Rotational Training - 1

Specialty _____

Institution _____

Date of Training _____ from _____ to _____

Name and Designation of
Supervisor of Rotational Training _____

Signature of Supervisor of
Rotational Training: _____

Rotational Training - 2

Specialty _____

Institution _____

Date of Training _____ from _____ to _____

Name and Designation of
Supervisor of Rotational Training _____

Signature of Supervisor of
Rotational Training: _____

NOTE

In case of more than two (2) rotational trainings, the format for "Rotational Training" above may be entered overleaf and filled accordingly.

TRAINING PROGRAM PGMI

SEQUENCE OF ROTATIONS

NOTE: TO BE FILLED AS EACH ROTATION IS BEGUN/ COMPLETED-

Sr.No.	NAME OF ROTATIONAL TRAINING	DATE		PAGE NO.	
		FROM	TILL	FROM	TILL
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

SUMMARY SHEET

This sheet is to be filled-in at the end of the mandatory training period
(MS/ MD COURSES)

Sr. No.	ITEM	TOTAL NO.
1.	Operations/ Procedures	(FORM – A)
2.	Emergency Procedures	(FORM – B)
3.	Cases presented in Journal Club	(FORM – C)
4.	Cases presented at Clinico-pathological conference / morbidity/ mortality review meetings/ clinical audit.	(FORM – D)
5.	Papers/ posters presented	(FORM – E)
6.	Papers published in PMDC-approved Journal	(FORM – F)

1. INTRODUCTION

This Logbook is a day-to-day record of selective clinical and academic work done by the trainee.

- 1.1 Entries must commence from the very start of the training program.
- 1.2 It is responsibility of the trainee to make the entries in chronological order and to get the Logbook signed by the PGMI:- approved supervisor as soon as the entries on one page are completed.
- 1.3 Record of **Rotational Training** should be entered in continuation with the entries for core training. The dates and page numbers should be entered in the **Sequence of Rotations (Page No.III)** sheet as each rotation is begun or completed.
- 1.4 It is the responsibility of the supervisor to identify and inform the trainee of the areas in which he is lacking (with reference to the prospectus) and provide opportunities to improve competence.
- 1.5 The completed and duly certified Logbook will form part of the application for appearing in the respective examination.
- 1.6 If additional sheets are required they may be obtained from the Medical Education office/ centers or good quality photocopies of the sheets required used instead.
- 1.7 After completing all the entries in the Logbook, page numbers should be entered sequentially / in continuity in the allocated space on each sheet.

NOTE: All entries in the Logbook should be verifiable and the Institution reserves the rights to demand evidence in the form of hospital records in order to verify the data provided in the record sheet.

2. GUIDELINES FOR USING THE LOGBOOK:

Please read carefully the following guidelines before using the Logbook.

- 2.1 **RECORD SHEETS OF PATIENT-RELATED DATA – FROM A& B**
EACH RECORD SHEET CONSISTS OF COLUMNS, DETAILS OF THE CONTENTS OF EACH COLUMN ARE GIVEN BELOW:-

Date: On which the operation/ procedure is performed should be mentioned.

Hospital Reg. No. Hospital Registration Number:

It is the number given to each patient registered in a health facility which can be retrieved and verified from the records of the patients. It could either be casualty/ emergency number in case of patient entering through emergency/ casualty, admission number in admitted cases, or OPD Registration number in patients reporting to outpatient department only.

Age: Age of the patient should be mentioned in years except in case of infants when age should be recorded in days or months.

Sex: Sex of the patient should be represented by writing **M for male and F for female** in the respective column.

Provision of Diagnosis: The diagnosis, provisional or otherwise, made in the light of patient history, physical examination, laboratory findings etc., should be recorded.

Operation / Procedure: Mention the name of the operation performed or the surgical or other procedure carried out on the patient or the procedure performed / with a sample.

Level Comp. Level of Competence 1,2,3,4,5

The level of competence at which a skill is performed by the trainee should be recorded. In the given column the trainee has to write the number only.

Competence	Level
Observer status	1
Assistant status	2
Performed under direct supervision	3
Performed under indirect supervision	4
Performed independently	5

Outcome in Record of Emergency Procedure the trainee has to write **A or T or R or D** in the given column depending on the disposal/ outcome of a case.

- ❖ A = Admitted in inpatient department.
- ❖ T = Treated and called for follow-up
- ❖ R = Referred to other specialty unit
- ❖ D = Death of the patient

Outcome for Cases presented at Clinical-Pathological Conference / Morbidity / Mortality review Meeting/ Clinical audit will be either:-

1. Morbidity or 2. Mortality

Along-with Morbidity the trainee has to write whether it is due to:-

- ❖ Error in indication / diagnosis
- ❖ Error in judgment
- ❖ Error in technique
- ❖ Pathology

NOTE: A CPSP approved supervisor of the candidate shall sign the records at the end of each sheet:

2.2 RECORD OF ACADEMIC ACTIVITIES – FORM - C

❖ JOURNAL CLUB

Only that Journal club needs to be mentioned in which the trainee has presented a paper.

Full Reference of the Article: For full reference one must provide the following information in the sequence given below:-

- | | | | |
|------|---------------------------------------|-----|---------------------|
| i. | Name of author/s of journal / article | ii. | Article title |
| iii. | Journal title | iv. | Date of publication |
| v. | Volume of journal | vi. | Issue journal |
| vii. | Article pages | | |

2.2 CASES PRESENTED AT CLINICO-PATHOLOGICAL CONFERENCE / MORBIDITY / MORTALITY REVIEW MEETINGS/ CLINICAL AUDIT-FORM-D

Initials: Only the supervisor/ faculty/ consultant who witnessed the presentation shall initial.

2.3 PAPER PRESENTED FORM – E

Title: Full title of the presentation made should be written.

Conference: The trainee has to write the name of the conference/ seminar.

Symposium: Symposium in which the paper was presented.

Venue: Venue of the conference/ symposium or seminar where the presentation was made should be given.

2.4 PAPERS/ POSTER PUBLISHED IN PMDC APPROVED JOURNALS-FORM-F

NOTE: Attach reprints / photocopies of papers published with this Logbook.

SECTION - 1

SECTION - 2

RECORD OF ACADEMIC ACTIVITIES

JOURNAL CLUB	FORM – C
CASES PRESENTED AT CLINICO-PATHOLOGICAL CONFERENCE/ MORBIDITY/ MORTALITY REVIEW MEETING/ CLINICAL AUDI.	FORM – D
PAPER / POSTER PRESENTED	FORM - E
PAPER PUBLISHED IN PMDC - APPROVED JOURNAL/ INTERNATIONAL JOURNAL.	FORM – F

NAME OF CONFERENCE/ SEMINAR/ SYMPOSIUM

