

National House officers' Training program

House Officer's Logbook

2016 - 2017

Personal data of the house officer (trainee)

Name

E-mail.....

Phone.....

University & year of graduation.....

Training center

Name

Address.....

Program Director.....

Introduction

The training of house officers is an essential component of medical programs. During this year, medical graduates are expected to use the knowledge and skills, which they learned in their 6-year curriculum, in real clinical situations, under guidance of their supervisors. Because of the pivotal role of this year in shaping the medical career, the Egyptian Medical Board is releasing this House Officer Logbook which includes the 4 essential rounds: Internal Medicine, General Surgery, Pediatrics, and Obstetrics & Gynecology. In each round, the minimum training requirements are specified.

The other rounds included in this logbook is prepared by the Mansoura university hospitals' training program director.

In this logbook, the training requirements are divided into 3 categories which differ as regards methods of training and evaluation:

- 1. Clinical competencies:** refer to the sequential tasks of the clinical encounter; namely: history taking, clinical examination, discussing the diagnosis, formulating the plan of management, and follow-up.
- 2. Practical, or manual procedures:** refer to the manual skills which are necessary to the practicing physician; such as, venipuncture, wound dressing, stitching wounds.
- 3. Communication skills:** are general skills which should be consciously and relentlessly developed in the medical graduate in order to improve their professional performance.

Obviously, there are requirements that are practiced in almost all the rotations, which are the general manual procedures and the communication skills. To avoid unnecessary repetition, those common requirements are listed separately before detailing each rotation.

Each trainee is expected to use this Logbook, on a daily basis, for recording his/her clinical experience during each round. Each activity should be evaluated and endorsed by the attending supervisor.

In the near future, submitting the completed Logbook will be one of the requirements for licensing medical graduates. Until then, this logbook will serve as a guide to medical schools to implement structured training programs in the house officer's year, and to establish the managerial and administrative support for carrying out those programs.

It is noteworthy that this first version of the Logbook will be reviewed again during its actual implementation in view of the feedback of trainees, trainers, and programs directors. Therefore, medical schools are requested to collect such feedback and send it to the Board.

The main goal of this Logbook is to ensure a minimum level of standardized training and continuous in-service formative evaluation to all medical graduates in Egypt during the house officer training year.

To achieve that, the Logbook includes the following:

1. A list of the clinical competencies and practical skills which are related to each one of the main rotations.
2. A list of general manual skills, and the communication skills which are commonly practiced in all rotations.
3. A list of the communication skills which should be acquired by the trainees throughout the training year.
4. Standard forms for documenting the performance of required training activities, as well as the evaluation of the supervisors.

Instructions to the trainees (House Officers):

Trainees are instructed to:

- 1- Maintain the logbook throughout the training period.
- 2- Make the required entries and seek evaluation and signature of the supervisor in the same day of the event.
- 3- Follow the classical paradigm of the stepwise progression along the competency scale in acquiring the manual skills: observing (1), assisting (2), doing under supervision (3), doing independently (4).
- 4- Identify the required level of competence for each manual procedure, listed in each section, by carefully reading the related statements. Those which start by a verb that describes a real like “perform”, “do” or “insert”; should be repeatedly practiced to reach mastery level. Statements which start by verbs like “observe”, “witness”, or “assist” refer to procedures that the trainee is required to achieve only level 1 or level 2 respectively .
- 5- Make use of the given feedback to improve their clinical competencies, manual procedures, and communication skills.

Instructions to the trainers (supervisors)

Trainers are requested to:

- 1- Carefully observe the performance of the trainees and point out the deficiencies; if any, in order to be corrected.
- 2- Sign the activities done or attended by the trainees in the same day of performance as possible.
- 3- Give constructive feedback to each trainee and document improvements in his/her performance with repeated practice.
- 4- Observe their progression along the competency scale in acquiring the manual skills: observing (1), assisting (2), doing under supervision (3), doing independently (4).

The common training requirements

These requirements are not limited to a certain discipline, and can be performed in all rotations. Each trainee is responsible for distributing those skills throughout the whole training year, and is encouraged to repeatedly practice them in all rotations in order to ensure mastery in various contexts, with different age groups, and in both sexes.

Practical skills:

By the end of the training year, each graduate should be able to

1. Perform CPR for cases of cardio-pulmonary arrest, either in real situations or using the CPR model. **(5 times)**
2. Give different medications by IV, IM or SC routes. **(5 times each)**
3. Insert IV cannula and give IV fluids **(5 times)**.
4. Give oxygen therapy. **(5 times)**
5. Insert urethral catheter. **(4 times)**
6. Insert a Ryle tube for oral feeding. **(3 times)**
7. Witness the insertion of a central venous catheter **(1 time)**
8. Witness the insertion of an endotracheal tube **(1 time)**

Communication skills

By the end of the training year, each graduate should be able to:

1. Counsel patients suffering from complicated illness
2. Obtain informed consent
3. Respond patiently to the patient's queries and alleviate his concerns
4. Deliver bad news
5. Respond appropriately to requests of colleagues.

House officer is required to provide evidence of **5 situations**, attended by the supervisor, for each communication skill.

Common procedures

The trainee is to fill-in the following form and get the evaluation and signature of the supervisor in the last 2 columns

Skill/Procedure	Date	Venue (OP, Ward, ER, skills lab)	Hospital record #	Age & gender	Competence level	Supervisor's signature
CPR (5 times)	----- ----- ----- ----- -----					
Venipuncture (5 times)	----- ----- ----- ----- -----					
IVcannulation (5 times)	----- ----- ----- ----- -----					
IM injections (5 times)	----- ----- ----- ----- -----					
SC injections (5 times)	----- ----- ----- ----- -----					
Oxygen therapy (5 times)	----- ----- ----- ----- -----					
Insertion of a urethral catheter (4 times)	----- ----- ----- -----					
Insertion of a Ryle tube (3 times)	----- ----- -----					
Insertion of a central venous catheter	-					

Insertion of an endotracheal tube	-					
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* Level of competence:

1-Observation., 2-Practice with direct supervision, 3-Practice with indirect supervision, 4-Independent practice.

Communication skills

The trainee is to fill-in the following form and to get the evaluation and signature of the supervisor in the last 2 columns

Skill	Date	Venue (OP, Ward, ER, skill lab)	Hospital record #	Age & gender	Level of competence	Supervisor's signature
Counsel patients of complicated illness (5 times)	----- ----- ----- ----- -----					
Obtain informed consent (5 times)	----- ----- ----- ----- -----					
Respond to the patient's queries (5 queries)	----- ----- ----- ----- -----					
Deliver bad news (5 times)	----- ----- ----- ----- -----					
Respond to requests from colleagues (5 times)	----- ----- ----- ----- -----					

* Level of competence:

1-Observation., 2-Practice with direct supervision, 3-Practice with indirect supervision, 4-Independent practice.

Internal Medicine Rotation

(2 months)

Starting date of the rotation:-----

Ending date of the rotation:-----

Name & Title of the Supervisor: -----

Hospital/ Medical center:-----

I. Clinical competencies

I.i. Expected clinical competencies

By the end of the Internal Medicine Rotation, H.O. should be able to:

1. Carry out a focused history taking, perform physical examination, justify the diagnosis, discuss management plans, and perform relevant follow-up of the progress of the following clinical conditions (at least one patient in each clinical condition)
 - **Cardiology:** Hypertension - Ischemic Heart Disease - Rheumatic heart disease - Heart failure - Arrhythmias
 - **GIT/Hepatology :**Diarrhea - Vomiting - Abdominal pain - Hematemesis - Hepatitis - Hepatic encephalopathy
 - **Nephrology :**Nephrotic syndrome - Acid-Base balance and electrolytes - Acute renal failure - Chronic renal failure
 - **Hematology :** Bleeding tendency-Anaemia-Generalized lymphadenopathy
 - **Diabetes/Metabolism:** Diabetes Mellitus
 - **Endocrinology :**Thyrotoxicosis – Hypothyroidism- others
 - **Rheumatology:** Arthritis - Systemic Lupus Erythematosis - Rheumatoid arthritis
 - **Emergency/ RR :**Coma – Shock - Respiratory distress - Acute abdomen - GIT Bleeding - Diabetic Emergencies - Hypertensive emergencies - Food poisoning & drug intoxication
2. Prescribe the appropriate diet for patients with diabetes, advanced liver cell failure, hypercholesterolemia and hypertension.
3. Prescribe, prepare and monitor parenteral fluid therapy.
4. Perform first aid measures for cases with poisoning or intoxication.
5. Write medical reports for referral and requests for investigations.

I.ii. Documenting the achievement of the expected clinical competencies

Please fill-in the following data for each patient seen. Total number of endorsed case records in the round should be at least 30. Estimated time required to complete each record is about 10 minutes.

Part I: To be filled by the trainee				
Patient serial # (in the logbook):				
Hospital Record #:				
Seen at:	Outpatient	Inpatient	ER	Other (specify)
Date:				
Age & gender:				
Main theme of the case				
Case summary				
Role of the trainee (tick the appropriate boxes)	History taking & Examination	Discussing the differential diagnosis	Proposing plan of management	Providing first aid/minor procedure
	Writing case report	Writing referral / request for investigation	Prescribing appropriate diet/parenteral fluid therapy	Follow-up
Signature of the trainee				
Part 2: To be filled by the supervisor				
Supervisor's Evaluation of the performance of the trainee	Excellent	Very good	Satisfactory	Unsatisfactory
Suggested areas of improvement (must be written if the evaluation is unsatisfactory):				
Supervisor's name				
Supervisor's signature				

List of clinical cases seen during the internal medicine rotation:

No	Case	Date	Venue (Ward, ER)	Age & gender	Role of the trainee	Supervisor's evaluation *	Supervisor's signature
1							
2							
3							
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* Supervisor's evaluation: 1-Excellent 2- Very good 3- Satisfactory 4-Unsatisfactory

List of clinical cases seen during the internal medicine rotation (cont.):

No	Case	Date	Venue (Ward, ER)	Age & gender	Role of the trainee	Supervisor's evaluation *	Supervisor's signature
16							
17							
18							
19							
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21							
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* Supervisor's evaluation: 1-Excellent 2- Very good 3- Satisfactory 4-Unsatisfactory

II. Practical Skills and manual procedures:

II.i. Expected practical skills and manual procedures

By the end of the Internal Medicine rotation, the H.O. should be able to:

1. Perform first aid measures for the comatose patients.(**3 times**)
2. Perform and interpret an ECG.(**5 times**)
3. Witness pleural aspiration and abdominal paracentesis.(**one time each**)

In case a skill is not available in the training department, the training supervisor has to arrange performing such skill(s) elsewhere including the skill lab and informing the committee responsible for HO training.

II.ii. Documenting the performance of practical skills and manual procedures

The trainee is to fill-in the following form & to get the evaluation & signature of the supervisor in the last 2 columns

Skill/Procedure	Date	Venue (OP, Ward, ER, Model)	Hospital record #	Age & gender	Level of competence	Supervisor's signature
First aid to comatose patient						
Electrocardiogram (3 cases witnessed)	----- ----- -----					
Abdominal paracentesis (One case witnessed)	-					
Others						
Others						

* Level of competence:

1-Observation., 2-Practice with direct supervision, 3-Practice with indirect supervision, 4-Independent practice.

Pediatrics Rotation

(2months)

Start date of the rotation:.....

End date of the rotation:.....

Name & Title of the Supervisor:

Hospital/ Medical center:.....

I. Clinical competencies

I.i. Expected clinical competencies

By the end of the Pediatrics Rotation, H.O. should be able to:

1. Carry out a focused history taking, do physical examination, justify the diagnosis, discuss management plans, and perform relevant follow-up of the progress of the following clinical conditions (At least one patient for each clinical condition)
 - **General:** malnutrition, febrile illness in different pediatric age groups, skin rash, mental retardation
 - **Chest:** respiratory tract infection, asthma
 - **Cardiology:**
 - **GIT:** Gastroenteritis
 - **Hematology :** neonatal jaundice, bleeding tendency-anemia-
 - **Diabetes/Metabolism:** IDDM,
 - **Endocrinology:-** Hypothyroidism
 - **Rheumatology:** musculoskeletal disorders
 - **Emergency/ RR :**Gastroenteritis and dehydration, disturbed level of consciousness – Shock - Respiratory distress - Acute abdomen - Bleeding - Diabetic Emergencies - Food poisoning & drug intoxication
2. Prescribe the appropriate feeding advice for different pediatric age group (breast, artificial, and weaning)
3. Prescribe, prepare and calculate oral rehydration therapy.
4. Perform first aid measures for cases of poisoning or intoxication.
5. Identify cases that need hospital admission.
6. Write medical reports for referral and requests for investigations.

I.ii. Documenting the achievement of the expected clinical competencies

Please fill-in the following data for each patient seen. Total number of endorsed case records in the round should be at least 30. Estimated time required to complete each record is 10 minutes.

Part I: To be filled by the trainee				
Patient serial # (in the logbook):				
Hospital Record #:				
Age & gender:				
Seen at:	Outpatient	Inpatient	ER	Other (specify)
Date:				
Age & gender				
Main theme of the case				
Case summary				
Role of the trainee (tick the appropriate boxes)	History taking & Examination	Discussing the differential diagnosis	Proposing plan of management	Providing first aid/minor procedure
	Writing case report/referral notes	Writing referral / request for investigation	Prescribe appropriate diet/parenteral fluid therapy	Follow-up
Signature of the trainee				
Part 2: To be filled by the supervisor				
Supervisor's Evaluation of the performance of the trainee	Excellent	Very good	Satisfactory	Unsatisfactory
Suggested areas of improvement (must be written if the evaluation is unsatisfactory):				
Supervisor's name			Supervisor's signature	

List of clinical cases seen during the pediatrics' rotation:

No	Case	Date	Venue (Ward, ERI)	Age & gender	Role of the trainee	Supervisor 's evaluation *	Supervisor's signature
1							
2							
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* Supervisor's evaluation: 1-Excellent 2- Very good 3- Satisfactory 4-Unsatisfactory

List of clinical cases seen during the pediatrics' rotation (cont.):

No	Case	Date	Venue (Ward, ER,)	Age & gender	Role of the trainee	Supervisor 's evaluation *	Supervisor's signature
16							
17							
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21							
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23							
24							
25							
26							
27							
28							
29							
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* Supervisor's evaluation: 1-Excellent 2- Very good 3- Satisfactory 4-Unsatisfactory

II. Practical skills and manual procedures:

II.i. Expected practical skills and manual procedures

By the end of the Pediatrics rotation, the H.O. should be able to:

1. Measure weight, length /height and skull circumference and plot the data on respective growth curves. **(5 times)**
2. Measure the blood pressure in different Pediatric age groups. **(5 times)**
3. Give all the compulsory vaccines.**(one time)**
4. Give inhalation therapy using a nebulizer.**(3 times)**
5. Witness pleural aspiration, insertion of endotracheal tube, lumbar puncture and bone marrow aspiration.**(one time each)**

In case a skill is not available in the training department, the training supervisor has to arrange performing such skill(s) elsewhere and informing the committee responsible for HO training.

II.ii. Documenting the performance of practical skills and manual procedures

The trainee is to fill-in the following form & to get the evaluation & signature of the supervisor in the last 2 columns

Skill/Procedure	Date	Venue (OP, Ward, ER, Skills lab)	Hospital record #	Age & gender	Competence Level	Supervisor's signature
Measuring weight, length /height and skull circumference and plot the data on respective growth curves(5 times)	----- ----- ----- -----					
Measuring the blood pressure in different Pediatric age groups (5 times)	----- ----- ----- -----					
Give all the compulsory vaccines(one time each)	----- ----- ----- -----					
Give inhalation therapy using a nebulizer (5 times)	----- ----- ----- -----					
Pleural fluid aspiration (One case witnessed)	-					
Insertion of endotracheal tube	-					
Lumbar puncture (One case witnessed)	-					
Bone marrow aspiration (one case witnessed)	-					

* Level of competence: 1-Observation., 2-Practice with direct supervision, 3-Practice with indirect supervision, 4-Independent practice.

General Surgery Rotation

(2 months)

Start date of the rotation:.....

End date of the rotation:.....

Name & Title of the Supervisor:.....

Hospital/ Medical center:.....

I. Clinical competencies

I.i. Expected clinical competencies

By the end of the General Surgery rotation, H.O. will be able to:

1. Carry out a focused history taking, do physical examination, justify the diagnosis, discuss management plans, and perform relevant follow-up of the progress of the following clinical conditions (At least one patient for each clinical condition)
 - Wounds and ulcers
 - Swellings
 - Common infections (e.g. Hand infections, face infections, erysipelas)
 - Anal disorders – Hernias – Breast masses – Jaundice - Acute abdomen
 - Inguino-scrotal swellings
 - Common neck swellings (thyroid, Lymph nodes)
 - Varicose veins
 - Foot problems in diabetics
 - Dyspepsia
2. Provide 1st aid measures for acute abdomen.
3. Identify common surgical instruments and describe their use.
4. Prepare patients for different operative intervention
5. Provide the appropriate postoperative care
6. Identify cases that need hospital admission.
7. Write medical reports for referral and requests for investigations.

I.ii. Documenting the achievement of the expected clinical competencies

Please fill-in the following data for each patient seen. Total number of endorsed case records in the round should be at least 30. Estimated time required to complete each record is 10 minutes.

Part I: To be filled by the trainee				
Patient serial # (in the logbook):				
Hospital Record #:				
Seen at:	Outpatient	Inpatient	ER	Other (specify)
Date:				
Age & gender:				
Main theme of the case				
Case summary				
Role of the trainee (tick the appropriate boxes)	History taking & Examination	Discussing the differential diagnosis	Proposing plan of management	Providing first aid /minor procedure
	Writing case report/ referral notes	Writing referral / request for investigation	Prescribing appropriate diet/parenteral fluid therapy	Follow-up
Signature of the trainee				
Part 2: To be filled by the supervisor				
Supervisor's Evaluation of the performance of the trainee	Excellent	Very good	Satisfactory	Unsatisfactory
Suggested areas of improvement (must be written if the evaluation is unsatisfactory):				
Supervisor's name			Supervisor's signature	

List of clinical cases seen during Surgery rotation:

No	Case	Date	Venue (Ward, ERI)	Age & gender	Role of the trainee	Supervisor 's evaluation *	Supervisor's signature
1							
2							
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* Supervisor's evaluation: 1-Excellent 2- Very good 3- Satisfactory 4-Unsatisfactory

List of clinical cases seen during Surgery rotation (cont.):

No	Case	Date	Venue (Ward, ER,)	Age & gender	Role of the trainee	Supervisor 's evaluation *	Supervisor's signature
16							
17							
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* Supervisor's evaluation: 1-Excellent 2- Very good 3- Satisfactory 4-Unsatisfactory

II. Practical skills and manual procedures:

II.i. Expected practical skills and manual procedures

By the end of the General Surgery rotation, the H.O. should be able to:

1. Manage different wounds and diagnose any complications. **(5 times)**
2. Perform wound dressing and bandaging to different wounds encountered in the ward and outpatient clinic including dressing of clean and infected wounds. **(5 times)**
3. Remove surgical drains in the proper timing. **(5 times)**
4. Remove stitches and tubes. **(5 times)**
5. Practice scrubbing, gowning, gloving and proper safety procedures in the O.R. **(5 times)**
6. Perform and interpret PR examination. **(3 times)**
7. Perform suturing uncomplicated wounds. **(5 times)**
8. Do abscess drainage. **(2 times)**
9. Assist in circumcision. **(2 times)**
10. Observe at least 2 of the other minor surgical procedures such as lipoma excision, and ingrown toe nail extraction. **(one time each)**

II.ii. Documenting the performance of practical skills and manual procedures

The trainee is to fill-in the following form, get the evaluation and signature of the supervisor in the last 2 columns

Skill/Procedure	Date	Venue (OP, Ward, ER, Model)	Hospital record #	Age & gender	Competenc e level	Supervisor' s signature
Managing wounds & diagnosing complications (5 times)	----- ----- ----- ----- -----					
Wound dressing (5 times)	----- ----- ----- ----- -----					
Removal of surgical drains (5 times)	----- ----- ----- ----- -----					
Removal of stitches and tubes (5 times)	----- ----- ----- ----- -----					
Practice aseptic procedures in the O.R.						
PR examination						
Suturing uncomplicated wounds						
Abscess drainage (2 times)	----- -----					
Circumcision (one case witnessed)	-					
Minor procedure (one case witnessed)	-					
Minor procedure (one case witnessed)	-					

* Level of competence: 1-Observation., 2-Practice with direct supervision, 3-Practice with indirect supervision, 4-Independent practice.

Gynecology & Obstetrics Rotation

(2 months)

Start date of the rotation:-----

End date of the rotation:.....

Name & Title of the Supervisor:.....

Hospital/ Medical center:.....

I.i. Expected clinical competencies

By the end of the Gynecology & Obstetrics rotation, H.O. will be able to:

1. Carry out a focused history taking, do physical examination, justify the diagnosis, discuss management plans, and perform relevant follow-up of the progress of the following clinical conditions (At least one patient for each clinical condition)
 - Vaginal discharge
 - Vaginal bleeding
 - Amenorrhea
 - Dysmenorrhea
2. Perform antenatal care.
3. Identify high risk pregnancy and write referral reports.
4. Diagnose and provide 1st aid management of postpartum complications
5. Educate the patient of the appropriate means of family planning

I.ii. Documenting the achievement of the expected clinical competencies

Please fill-in the following data for each patient seen. Total number of endorsed case records in the round should be at least 30. Estimated time required to complete each record is 10 minutes.

Part I: To be filled by the trainee				
Patient serial # (in the logbook):				
Hospital Record #:				
Seen at:	Outpatient	Inpatient	ER	Other (specify)
Date:				
Age:				
Main theme of the case				
Case summary				
Role of the trainee (tick the appropriate boxes)	History taking & Examination	Discussing the differential diagnosis	Proposing plan of management	Providing first aid/minor procedure
	Writing case report/ referral notes	Writing referral / request for investigation	Prescribe appropriate diet/parenteral fluid therapy	Follow-up
Signature of the trainee				
Part 2: To be filled by the supervisor				
Supervisor's Evaluation of the performance of the trainee	Excellent	Very good	Satisfactory	Unsatisfactory
Suggested areas of improvement (must be written if the evaluation is unsatisfactory):				
Supervisor's name			Supervisor's signature	

List of clinical cases seen during Obstetrics & Gynecology rotation:

No	Case	Date	Venue (Ward, ERI)	Age & gender	Role of the trainee	Supervisor's evaluation *	Supervisor's signature
1							
2							
3							
4							
5							
6							
7							
8							
9							
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13							
14							
15							

* Supervisor's evaluation: 1-Excellent 2- Very good 3- Satisfactory 4-Unsatisfactory

**List of clinical cases seen during Obstetrics & gynecology rotation
(cont.):**

No	Case	Date	Venue (Ward, ER,)	Age & gender	Role of the trainee	Supervisor 's evaluation *	Supervisor's signature
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

* Supervisor's evaluation: 1-Excellent 2- Very good 3- Satisfactory 4-Unsatisfactory

Practical skills and manual procedures:

II.i. Expected practical skills and manual procedures

By the end of the Obstetrics & Gynecology rotation, the H.O. should be able to:

1. Perform vaginal examination.(5 times)
2. Insert vaginal speculum.(5 times)
3. Insert and remove commonly used IUDs.(5 times)
4. Manage the process of normal labor. (3 times)

II.ii. Documenting the performance of practical skills and manual procedures

The trainee is to fill-in the following form, get the evaluation and signature of the supervisor in the last 2 columns

Skill/Procedure	Date	Venue (OP, Ward, ER, Model)	Hospital record #	Age	Highest Level of competence attained*	Supervisor's signature
Perform vaginal examination (5 times)	----- ----- ----- ----- -----					
Insert vaginal speculum (5 times)	----- ----- ----- ----- -----					
Insert and remove IUDs (5 times)	----- ----- ----- ----- -----					
Manage normal labor (3 times)	----- ----- -----					

* Level of competence: 1-Observation., 2-Practice with direct supervision, 3-Practice with indirect supervision, 4-Independent practice

Anesthesia Rotation

(1 month)

Start date of the rotation:-----

End date of the rotation:.....

Name & Title of the Supervisor:.....

Hospital/ Medical center:.....

Documenting the performance of practical skills and manual procedures and other activities

The trainee is to fill-in the following form, get the evaluation and signature of the supervisor in the last 2 columns

Skill/Procedure (Activities)	Date	Venue (OP, Ward, ER, Model)	Hospital record #	Age	Highest Level of competence attained*	Supervisor's signature
IV line (5 times)	----- ----- ----- ----- -----					
Endotracheal intubation (once)	-----					
Spinal needle (once)	-----					
Monitors	----- ----- -----					
Recovery room	----- ----- -----					
CPR	----- ----- -----					
Preanesthetic medication	-----					
Others	-----					

* Level of competence: 1-Observation., 2-Practice with direct supervision, 3-Practice with indirect supervision, 4-Independent practice

Emergency Medicine Rotation (1 month)

Start date of the rotation:-----

End date of the rotation:.....

Name & Title of the Supervisor:.....

Hospital/ Medical center:.....

Documenting the achievement of the expected clinical competencies

Please fill-in the following data for each patient seen. Total number of endorsed case records in the round should be at least 10 and follow the progress of the case after being admitted to the corresponding department

Part 1: To be filled by the trainee				
Patient serial # (in the logbook):				
Hospital Record #:				
Seen at:	ER	Inpatient		
Date:				
Age & gender:				
Main theme of the case				
Case summary				
Role of the trainee (tick the appropriate boxes)	History taking & Examination	Discussing the differential diagnosis	Proposing plan of management	Providing first aid /minor procedure
	Writing case report/ referral notes	Writing referral / request for investigation	Prescribing appropriate diet/parenteral fluid therapy	Follow-up
Signature of the trainee				
Part 2: To be filled by the supervisor				
Supervisor's Evaluation of the performance of the trainee	Excellent	Very good	Satisfactory	Unsatisfactory
Suggested areas of improvement (must be written if the evaluation is unsatisfactory):				
Supervisor's name			Supervisor's signature	

List of clinical cases seen during emergency medicine rotation:

No	Case	Date	Venue (Ward, ERI)	Age & gender	Role of the trainee	Supervisor's evaluation *	Supervisor's signature
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

* Supervisor's evaluation: 1-Excellent 2- Very good 3- Satisfactory 4-Unsatisfactory

Documenting the performance of practical skills and manual procedures and other activities:

The trainee is to fill-in the following form, get the evaluation and signature of the supervisor in the last 2 columns

Skill/Procedure (Activities)	Date	Venue (OP, Ward, ER, Model)	Hospital record #	Age	Highest Level of competence attained*	Supervisor's signature
IV line	----- ----- ----- -----					
Stitches	----- ----- -----					
Fracture s	----- -----					
Care of shocked Patient	----- ----- -----					
Care of comatose	----- ----- -----					
CPR	----- ----- -----					
Others	-----					
Others	-----					

* Level of competence: 1-Observation., 2-Practice with direct supervision, 3-Practice with indirect supervision, 4-Independent practice

Specialties Rotation

(2 months)

Start date of the rotation:-----

End date of the rotation:.....

Name & Title of the Supervisor:.....

Hospital/ Medical center:.....

The trainee will choose from the following specialties,
one month each:

ENT	Dermatology
Urology	Clinical pathology
Orthopedic	Rheumatology & rehabilitation
Cardiothoracic	Chest
Neurosurgery	Neurology
Ophthalmology	Psychiatry
Radio-diagnosis	Radiotherapy
Cardiology	Tropical medicine

Documenting the performance of practical skills and manual procedures and other activities during the specialty rotation: -----

The trainee is to fill-in the following form, get the evaluation and signature of the supervisor in the last 2 columns

Skill/Procedure (Activities)	Date	Venue (OP, Ward, ER, Model)	Hospital record #	Age	Highest Level of competence attained*	Supervisor's signature
	----- ----- ----- -----					
	----- ----- ----- -----					
	----- ----- ----- -----					
	----- ----- ----- -----					
	----- ----- ----- -----					
	----- ----- ----- -----					
	----- ----- ----- -----					
	----- ----- ----- -----					

* Level of competence: 1-Observation., 2-Practice with direct supervision, 3-Practice with indirect supervision, 4-Independent practice

List of clinical cases seen during subspecialty rotation:-----

No	Case	Date	Venue (Ward, ERI)	Age & gender	Role of the trainee	Supervisor 's evaluation *	Supervisor's signature
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

* Supervisor's evaluation: 1-Excellent 2- Very good 3- Satisfactory 4-Unsatisfactory

Documenting the performance of practical skills and manual procedures and other activities during the specialty rotation: -----

The trainee is to fill-in the following form, get the evaluation and signature of the supervisor in the last 2 columns

Skill/Procedure (Activities)	Date	Venue (OP, Ward, ER, Model)	Hospital record #	Age	Highest Level of competence attained*	Supervisor's signature
	----- ----- ----- -----					
	----- ----- ----- -----					
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	----- ----- ----- -----					
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	----- ----- ----- -----					

* Level of competence: 1-Observation., 2-Practice with direct supervision, 3-Practice with indirect supervision, 4-Independent practice

List of clinical cases seen during subspecialty rotation:-----

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1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

* Supervisor's evaluation: 1-Excellent 2- Very good 3- Satisfactory 4-Unsatisfactory

Workshops and training courses:

Date	Title	Signature
	ILS	
	Infection control	
	Medical ethics	

بيان الفترات التدريبية لأطباء الامتياز

طبيب التدريب / / دفعة التخرج /

المدة من : / / 20 إلى : / / 20

ملاحظات	النسبة المتوية بالأرقام	اعتماد مدير شئون الأطباء أو رئيس القسم لفترة حضور الدورة بشعار المستشفى	المستشفيات التي قضى بها فترة التدريب	المدة		الدورة
				من	إلى	
						نساء و توليد
						جراحة عامة
						طب أطفال
						باطنة عامة
						قسم الطوارئ
						قسم التخدير
						الأقسام الخاصة قسم قسم

ملاحظات:

1. يجب استيفاء هذه البيانات من الجهات التي عمل بها الطبيب أثناء فترة الامتياز حتى يمكن للمستشفيات منحه شهادة بقضاء سنة التدريب و عليه أن يتقدم بهذا البيان مستوفياً لإدارة شئون الأطباء بمستشفيات جامعة المنصورة حتى يتسنى للإدارة منحه شهادة بقضاء سنة الامتياز.
2. محظور على إدارة شئون الأطباء إعطاء شهادة بقضاء سنة الامتياز (التدريب) لأى طبيب إلا بعد تقديم البيان مستوفياً و معتمد و محتوم من المستشفى التي تدرّب بها الطبيب و يحفظ هذا البيان بملف خدمته.
3. يحتفظ الطبيب بكتيب التدريب بعد استكمال حصوله علي شهادة الامتياز كمستند يستطيع الاستفادة منه وتقديمه الي من يهّمه الأمر



كلية طب المنصورة
مستشفيات جامعة المنصورة
شئون الأطباء

البرنامج القومي لتدريب أطباء الامتياز
تقرير متابعة التدريب
(Logbook)

