

# LOG BOOK Gynae &Obstetrics







KHYBER GIRLS MEDICAL COLLEGE, PESHAWAR, PAKISTAN

Picture	
	57

NAME	
FATHER NAME	
ROLL NUMBER	
ВАТСН	
DATES OF ROTATION	

Prepared by

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With help of

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(TMO)

### INTRODUCTION

As part of structured learning program, this log book will identify the objectives for each period / rotation of learning. The main purpose of the log book is to help you monitor your own competence, to recognize gaps and address them. Its second purpose is to describe the minimum competence level expected of you at the end of every rotation.

### **STRUCTURE**

The skills to be achieved are laid out in 2 sections. The first section relates to history taking, examination and presentation of a case. Every organ system has representation in this section as mentioned in the top row of each table. The second section includes procedural skills. Competencies in procedural skills from all organ systems are presented together. Untitled, additional tables for both sections are included in the end in case some competencies have to be reassessed / repeated.

### LEVEL OF COMPETENCE

Each competency has an expected level of competence to be achieved. The level of competence ranges from observation (1) to independent practice (5). The following list specifies what is meant by each level.

Level 1	Observes	Observes the clinical activity performed by a colleague / senior
Level 2	Assists	Assists a colleague / senior perform the clinical activity
Level 3	Direct supervision	Performs the entire activity under direct supervision of a senior
Level 4	Indirect supervision	Performs the entire activity within direct supervision of a senior colleague
Level 5	independent	Performs the entire activity without need for supervision

### **USING THE LOGBOOK**

Each organ system commences on a new page. The pages contain numbered competencies. Many of the competencies do not require an assessment of every competence level and these are indicated by shaded boxes. Certain competencies e.g. procedures do not require the student to be level 5 (independent) by the end of the learning period. These are identified by black boxes.

Teacher / trainer will tick off competence levels as you achieve them and sign them with date.

# SECTION 1: HISTORY TAKING, EXAMINATION AND PRESENTATION OF A CASE

Obstetrics Mini-Cex 1							
Patient Name: Diagnosis:					Date:		
COMPETENCIES		LI C		Teacher to sign & date			
Н	ISTORY / EXAM / MANAGEMENT PLAN	Below Expectat ion	Adequate	Excellent	Sign	Date	
1	Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.						
2	Perform complete GPE with Systemic & Abdominal examination (Leopold maneuvers). Perform Pelvic exam.						
ω	Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion						
4	Arrange a focused list of differential diagnosis						
5	Prepare a diagnostic plan, selecting investigations appropriate for the patient						
6	Design a treatment plan taking into consideration the risk vs benefit of treatment options and the resources available						
7	Effectively communicate with the patient / family regarding the differential diagnosis, intended investigations & treatment options, and prognosis						
8	Respect the cultural and ethnic diversity of their patient's beliefs						
9	Display honesty, integrity, respect, and compassion for patient & family						

Good points	
Suggestions for improvement	
Sign / Date	

# SECTION 1: HISTORY TAKING, EXAMINATION AND PRESENTATION OF A CASE

Obstetrics Mini-Cex 2							
Pati	ent Name:		Diagnos	is:	D	ate:	
	СОМРЕТЕ	NCIES	EXPI OF C 1. Be 2. Ad 3. Ex		Teacher to sign & date		
H	ISTORY / EXAM / MANA PLAN	AGEMENT	Below Expectat ion	Adequate	Excellent	Sign	Date
1	Obtain comprehent after introduction a consent, asking requestions in order history based differ diagnosis.	and informed levant to reach a					
2	Perform complete Systemic & Abdom examination (Leopo maneuvers). Perfor exam.	inal old					
3	Skillfully present p physical examinati systematic, cohere manner, which add chief complaint/pro pertinent positive a findings and reach conclusion	on findings in a ent and concise dresses the oblem, identifies and negative					
4	Arrange a focused differential diagnos	_					
5	Prepare a diagnos selecting investiga appropriate for the	tions					
6	Design a treatment into consideration benefit of treatmer the resources available.	the risk vs nt options and					
7	Effectively communicate with the patient / family regarding the differential diagnosis, intended investigations & treatment options, and prognosis						
8	8 Respect the cultural and ethnic diversity of their patient's beliefs						
9	Display honesty, ir respect, and comp patient & family						
	Good points						
	Suggestions for improvement						
	Sign / Date						

# SECTION 1: HISTORY TAKING, EXAMINATION AND PRESENTATION OF A CASE

Obstetrics Mini-Cex 3								
Pati	ent Name:		Diagnosis:			Date:		
	COMPETE	NCIES	OF CON 1. B 2. A	TEDLEVE MPETENC elow Expect dequate xcellent	Teacher to sign & date			
Н	ISTORY / EXAM / MANA PLAN	AGEMENT	Belo w Expec tation	Adequate	Excellent	Sign	Date	
1	Obtain comprehen after introduction a consent, asking requestions in order history based differdiagnosis.	nd informed levant to reach a						
2	Perform complete Systemic & Abdom examination (Leopo maneuvers). Perfor exam.	inal old						
3	Skillfully present paraphysical examination systematic, coherent manner, which addressed chief complaint/propertinent positive a findings and reach conclusion	on findings in a ent and concise dresses the oblem, identifies and negative						
4	Arrange a focused differential diagnos							
5	Prepare a diagnos selecting investiga appropriate for the	tions						
6	Design a treatment into consideration to benefit of treatment the resources available.	the risk vs it options and						
7	Effectively communications / family reg differential diagnostinvestigations & tree options, and progn	arding the sis, intended eatment						
8	Respect the cultue ethnic diversities patient's beliefs	ural and ersity of their						
9	Display honesty, in respect, and comp patient & family							
	Good points							
	Suggestions for improvement							
	Sign / Date							

	SECTION 2: PMC Designated Competencies for Obstetrics									
Competencies		Expected leve of competencies					Teacher to			
	·		T -		1	E	1			
1	PATIENT ASSESSMENT	1	2	3	4	5	Sign	Date		
-	PATIENT ASSESSMENT									
	Measure BP and pulse									
	Measure temperature									
	Measure respiratory rate									
	Measure Urine output									
	Measure O2 saturation									
	Leopold manure									
	FHS monitoring									
	Bishope score									
	Partogram									
	Neonatal assessment									
2	PROCEDURAL SKILLS	1								
	Venipuncture									
	ECG									
	Take wound swab									
	Capillary blood glucose									
	Urine dipstick test for sugar/ protien									
	Perform CTG									
	Normal Vaginal Delivery									
	Neonatal Resuscitation									
	Maternal Resuscitation									
	Pass Airway									
3	PATIENT CARE		T							
	Surgical scrubbing / hand washing									
	Gloving and gowning									
	Pre Op care									
	Post OP care									
	Cord care									
	Using correct technique for moving and handling including patients who are frail/unconscious/ eclamptic									
	Breast feeding									
4	PRESCRIBING	•	•		•					
	Instruction to patient									
	on inhaled medicine									
	Prescribing and administering O2									

	Prepare and administer				
	inject able (I/M, I/V, S/C)				
	Prescribing drugs for induction of labour				
	Prepare & adminster Hydralazine infusion				
	Prepare & adminsterLabetalol infusion				
	Prepare & adminsterOxytocin infusion				
	Prepare & adminsterMgSO4				
5	THERAPEUTIC PROCEDURES				
	I/V cannula				
	Blood transfusion				
	Catheterization				
	Instrumental vaginal delivery				
	Cesearean section				
	management of PPH				
	Wound care/ dressing				
	NG tube				
	Give local				
	anesthetic				
	for episiotomy				

SE	CTION 3: Gyned	cology Mir	ni-Cex 1				
Pat	ient Name:		Diagnosis: Date:			Date:	
	COMPETENCIES  EXPECTED LEVE COMPETENCE  1. Below Expect 2. Adequate 3. Excellent			NCE w Expectat quate			er to sign & late
HIST PLA	TORY / EXAM MANA N	AGEMENT	Below Expectat ion	Adequate	Excellent	Sign	Date
1	Obtain comprehensi after introduction and consent, asking relequestions in order to history based differediagnosis.	d informed vant reach a					
2	Perform complete G Systemic & Abdomin examination (Leopold maneuvers). Perform exam.	al I					
3	Skillfully present pati physical examination a systematic, cohere concise manner, whi addresses the chief complaint/problem, i pertinent positive an findings and reach a conclusion	n findings in ent and ich dentifies d negative					
4	Arrange a focused lidifferential diagnosis						
5	Prepare a diagnostic selecting investigation appropriate for the p	ons					
6	Design a treatment prints consideration the benefit of treatment the resources availa	e risk vs options and					
7	Effectively communication patient / family regard differential diagnosis investigations & treatoptions, and prognos	ding the s, intended tment					
8	Respect the cultura ethnic diver patient's beliefs	al and sity of their					
9	Display honesty, into respect, and compas patient & family						
	Good points						
	Suggestions for improvement						
	Sign / Date						

Gy	necology Mini-Cex 2					
Pati	ent Name:	Diagnos	is:	Date:		
	COMPETENCIES	1. Be 2. Ad	ECTED EVEL OF OMPETEI  low Expecta equate cellent	Teacher to sign & date		
HIST PLA	TORY / EXAM / MANAGEMENT N	- Below Expectat ion	Adequate	Excellen t	Sign	Date
1	Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.					
2	Perform complete GPE with Systemic & Abdominal examination (Leopold maneuvers). Perform Pelvic exam.					
3	Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion					
4	Arrange a focused list of differential diagnosis					
5	Prepare a diagnostic plan, selecting investigations appropriate for the patient					
6	Design a treatment plan taking into consideration the risk vs benefit of treatment options and the resources available					
7	Effectively communicate with the patient / family regarding the differential diagnosis, intended investigations & treatment options, and prognosis					
8	Respect the cultural and ethnic diversity of their patient's beliefs					
9	Display honesty, integrity, respect, and compassion for patient & family					
	Good points					
	Suggestions for improvement					

Sign / Date

Gy	necology Mini-Cex 3					
Pati	ent Name:	Diagno	sis:	Date:		
	COMPETENCIES	LE\ CO 1. E 2. A	PECTED /EL OF MPETEN delow Expect dequate excellent	Teacher to sign & date		
HIST PL	TORY / EXAM / MANAGEMENT AN	Belo w Expec t ation	Adequate	Excellent	Sign	Date
1	Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.					
2	Perform complete GPE with Systemic & Abdominal examination (Leopold maneuvers). Perform Pelvic exam.					
3	Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion					
4	Arrange a focused list of differential diagnosis					
5	Prepare a diagnostic plan, selecting investigations appropriate for the patient					
6	Design a treatment plan taking into consideration the risk vs benefit of treatment options and the resources available					
7	Effectively communicate with the patient / family regarding the differential diagnosis, intended investigations & treatment options, and prognosis					
8	Respect the cultural and ethnic diversity of their patient's beliefs					
9	Display honesty, integrity, respect, and compassion for patient & family					
	Good points					
	Suggestions for					
	improvement Sign / Date					
	Sign / Date					

SE	SECTION 4: PMC Designated Competencies for Gynecology									
Competencies		CO	Expected level of competencies			Teacher to sign				
	Cympaelagy	1	2	3	4	5	Sign	Date		
4	Gynecology									
1	PATIENT ASSESSMENT									
	Measure BP									
	Measure temperature									
	Measure respiratory rate									
	Measure O2 saturation									
	Measure Output									
	Speculum examination		-							
	Bimanual examination		-							
	Semen Analysis		1							
	Hormonal profile									
	Breast examination									
2	PROCEDURAL SKILLS	1								
	Venipuncture									
	ECG									
	Take wound swab									
	Take HVS									
	Capillary blood glucose									
	Urine dipstick for sugar									
	/ protien									
	Pap smear									
	Insert Vaginal pessary		-							
	IUCD Insertion									
	IUCD removal									
	Insert Jadelle									
	Implanon insertion		$\vdash$							
_	Mirena insertion									
3	PATIENT CARE					l	<u> </u>			
	Surgical scrubbing									
	/ hand washing									
	Gloving and gowning		-		$\vdash$					
	Pre Op care		1							
	Post OP care									
	Using correct technique for moving and handling including patients who are frail/unconscious/eclamptic									

Instruction to patient on inhaled medicine  Prescribing and administering O2	
Prepare and administer injectable (I/M, I/V, S/C)	
Prescribing Contraceptive Pills	
Prescribing injectible contraceptives	
Advising barrier methods for contraception	
5 THERAPEUTIC PROCEDURES	
I/V cannula	
Blood transfusion	
Catheterization	
Repair Of 3rd & 4th degree Tears	
Wound care/ dressing	
NG tube	
Hystrosalphing ography	
Incision & Drainage	
EnC/ DnC	
Diagnostic laproscopy	
Hysteroscopy	
suction & Evacuation	
Total Abdominal hysterectomy	
AP Repair	
vaginal hystrectomy	
Myomectomy	
Pass Flatus tube	