

FINAL YEAR LOG BOOK PEDIATRICS & NEONATOLOGY





KHYBER GIRLS
MEDICAL COLLEGE,
PESHAWAR,
PAKISTAN

| NAME | |
|-------------------|--|
| FATHER NAME | |
| ROLL NUMBER | |
| ВАТСН | |
| DATES OF ROTATION | |

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 with indirect 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

| Fina | Final Year Mini-Cex 1: | | | | | |
|------|---|---------------------------------------|---|-----------|-------|------------------|
| Pat | ient Name Diag | gnosis | | | Date: | |
| | COMPETENCIES | Belo Ade | PECTED LEV COMPETEI ow Expectation quate ellent | NCE | | to sign & ite |
| Н | ISTORY / EXAM / MANAGEMENT PLAN | Below Expect 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 physical examination, with detailed examination of the involved organ system | | | | | |
| 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 | |

| Fina | Final Year Mini-Cex 2: | | | | | |
|------|---|--------------------------|----------|-----------|-------|------|
| Pat | ient Name Diag | gnosis | | | Date: | |
| | COMPETENCIES EXPECTED LEVEL OF COMPETENCE 1. Below Expectation 2. Adequate 3. Excellent | | _ | | | |
| Н | ISTORY / EXAM / MANAGEMENT PLAN | Below Expect 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 physical examination, with detailed examination of the involved organ system | | | | | |
| 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 | |

| Fina | Final Year Mini-Cex 3: | | | | | | |
|------|---|--------------------------|---|-----------|-------|--------------------------|--|
| Pat | ient Name Diag | nosis | | | Date: | | |
| | COMPETENCIES | 1. Belo | ECTED LENCOMPETEN W Expectation Quate Illent | NCE | | eacher to sign & date | |
| Н | ISTORY / EXAM / MANAGEMENT PLAN | Below Expect 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 physical examination, with detailed examination of the involved organ system | | | | | | |
| 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 | |

| Patient Name COMPETENCIES EXPECTED LEVEL OF COMPETENCE 1. Below Expectation 2. Adequate 3. Excellent HISTORY / EXAM / MANAGEMENT PLAN Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis. Perform complete physical examination, with detailed examination of the involved organ system Skillfully present patient history, physical examination of the involved organ system Skillfully present patient history, physical examination indings 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 Prepare a diagnostic plan, selecting investigations appropriate for the patient Design a treatment plan taking into consideration the risk vs benefit of treatment options and the resources available Effectively communicate with the patient / family regarding the differential diagnosis, intended investigations & treatment options, and prognosis Respect the cultural and ethnic diversity of their patient's beliefs Jisplay honesty, integrity, respect, and the respect of the patient of the patient of the patient's beliefs Jisplay honesty, integrity, respect, and the respect of the patient of the patient's beliefs | Fina | Final Year Mini-Cex 4: | | | | | |
|--|------|--|------------------------------------|-------------------------|-----------|-------|------|
| COMPETENCIES 1. Below Expectation 2. Adequate 3. Excellent PLAN Obtain comprehensive history after introduction and informed consent, a asking relevant questions in order to reach a history based differential diagnosis. Perform complete physical examination of the involved organ system 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 Prepare a diagnostic plan, selecting investigations appropriate for the patient focus and the resources available 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 O Display honesty, integrity, respect, | Pat | ient Name Diag | nosis | | | Date: | |
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| diagnosis Prepare a diagnostic plan, selecting investigations appropriate for the patient Design a treatment plan taking into consideration the risk vs benefit of treatment options and the resources available Effectively communicate with the patient / family regarding the differential diagnosis, intended investigations & treatment options, and prognosis Respect the cultural and ethnic diversity of their patient's beliefs Display honesty, integrity, respect, | 3 | 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 | | | | | |
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| consideration the risk vs benefit of treatment options and the resources available Effectively communicate with the patient / family regarding the differential diagnosis, intended investigations & treatment options, and prognosis Respect the cultural and ethnic diversity of their patient's beliefs Display honesty, integrity, respect, | 5 | investigations appropriate for the | | | | | |
| patient / family regarding the differential diagnosis, intended investigations & treatment options, and prognosis Respect the cultural and ethnic diversity of their patient's beliefs Display honesty, integrity, respect, | 6 | consideration the risk vs benefit of treatment options and the resources | | | | | |
| diversity of their patient's beliefs Display honesty, integrity, respect, | 7 | patient / family regarding the differential diagnosis, intended investigations & treatment options, | | | | | |
| | 8 | | | | | | |
| and compassion for patient & family | 9 | Display honesty, integrity, respect, and compassion for patient & family | | | | | |

| Good points | |
|--------------------------------|--|
| Suggestions for improvement | |
| Sign / Date | |

| Fina | Final Year Mini-Cex 5: | | | | | |
|------|---|--------------------------|----------|-----------|------------|------|
| Pat | ient Name Diag | nosis | | | Date: | |
| | COMPETENCIES | co | | CE | Teacher da | _ |
| 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 physical examination, with detailed examination of the involved organ system | | | | | |
| 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 | |

| PROCEDURAL SKILLS FOR PEDIATRICS/NEONATOLOGY | | | | | | | | | |
|--|----------------------------|---|-----------------|---------------|---|------------------------|------|--|--|
| COMPETENCIES | E | | TED LE MPETE | CERTIFICATION | | | | | |
| | To be ticked when achieved | | | | | Teacher to sign & date | | | |
| | 1 | 2 | 3 | 4 | 5 | Sign | Date | | |
| GENERAL | | | | | | | | | |
| IV/IM/SC injection | | | | | | | | | |
| Oxygen therapy | | | | | | | | | |
| Nutritional Assessment | | | | | | | | | |
| CARDIOLOGY | | | | | | | | | |
| ECG Recording | | | | | | | | | |
| Cardiopulmonary Resuscitation | | | | | | | | | |
| DERMATOLOGY | | | | | | | | | |
| Punch biopsy (skin) | | | | | | | | | |
| ENDOCRINOLOGY | | | | | | | | | |
| Blood glucose measurement by glucometer | | | | | | | | | |
| Fundoscopy | | | | | | | | | |
| GASTROENTEROLOGY | | | | | | | | | |
| NG tube passing | | | | | | | | | |
| Ascitic fluid aspiration | | | | | | | | | |
| Upper GI endoscopy | | | | | | | | | |
| Lower GI endoscopy | | | | | | | | | |
| Rectal enema | | | | | | | | | |
| HEMATOLOGY | | | | | | | | | |
| IV cannulation | | | | | | | | | |
| Venous blood sampling | | | | | | | | | |
| Bone marrow aspiration / trephine Biopsy | | | | | | | | | |
| Exchange transfusion (Neonatology) | | | | | | | | | |

| HEPATOLOGY | | | | |
|--|---|----------|--|--|
| Liver biopsy | | | | |
| INFECTIOUS DISEASES | | П | | |
| Lumbar puncture | | | | |
| Blood cultures collection | 1 | | | |
| Throat swab | | \vdash | | |
| NEPHROLOGY | | | | |
| Urethral Catheterization | | Н | | |
| Renal biopsy | | Н | | |
| Double lumen catheter placement (subclavian / jugular / femoral) | | Н | | |
| Hemodialysis | | \Box | | |
| NEUROLOGY | | | | |
| Fundoscopy | | | | |
| Electro-encephalogram | 1 | | | |
| PSYCHIATRY | 1 | П | | |
| Electroconvulsive therapy | | | | |
| PULMONOLOGY | | | | |
| Nebulization | | | | |
| Pulmonary function tests | | \vdash | | |
| Pleural fluid aspiration | | \vdash | | |
| Pleural biopsy | | | | |
| Chest intubation | | | | |
| Oropharyngeal / nasopharyngeal airway insertion | | | | |
| Endotracheal Intubation | | | | |
| Artificial respiration / ventilation | | | | |
| Arterial blood gases | + | | | |
| Bronchoscopy | | | | |
| Chest X-ray reading | | | | |
| RHEUMATOLOGY | | | | |
| Joint X-ray reading | | | | |
| Synovial fluid aspiration | | | | |
| Intra-articular injection | | | | |