المجلس العربي للإختصاصات الصحية

المجلس العلمي للإختصاص الباطنة



السجل العلمي والعملي السنةالثانية





ARAB BOARD OF MEDICAL SPECIALIZATIONS

LOG BOOK FOR INTERNAL MEDICINE RESIDENCY TRAINING PROGRAMME

Second Year:

Name of Candidate	
Candidate No.	
Head, Department of Internal Medicine	
Hospital or training institute	

<u>Certificate</u>

This is to certify that to the best of my knowledge all the entries in the log book of

	(Name of Trainee)	
are correct.		
Name & Signature:		
	(Trainer)	
Place of Training:		

INSTRUCTIONS TO TRAINEES

- 1. This logbook has to be maintained by all trainees preparing for The Arab Board in Internal medicine.
- 2. Trainees are advised to make the required entries on the same day of the event. All entries must be signed immediately by the supervisor on the day of the event.
- 3. The trainee is required to maintain the logbook throughout the training period.
- 4. The logbook will form a part of the eligibility requirements for the examinations.

GUIDELINES FOR SUPERVISOR

- 1. The logbook is a day record of the clinical and academic work done by the trainee.
- 2. Its purpose is to assess the overall training of the candidate and determine deficiencies if any, so that they may be corrected.
- 3. The head of the unit shall verify the entries by signing the certificate. It is suggested that the heads of the unit <u>check the logbook at least once a month</u> so that they can spot any deficiencies in the training (e.g. the trainee has not rotated through a subspecialty which is required)

INTRODUCTION

- 1. During the entire duration of the training course, the candidate should acquire all the skills in the different disciplines
- 2. He/she is expected to record all activities in the logbook, which should be signed by the supervisor or trainer.
- 3. The basic skills include:

2 nd Year

- 3.1. Complete history and physical examination
- 3.2. Recording and interpretation of ECG
- 3.3. Management of cardiopulmonary arrest
- 3.4. Interpretation of chest x-ray
- 3.5. Interpretation of abdominal film
- 3.6. Performance of lumbar puncture.
- 3.7. Measurement of CSF pressure.
- 3.8. Preparation and examination blood films for cytology and different parasites
- 3.9. Recognition and practice of the techniques of blood grouping and cross matching and blood transfusion
- 3.10. Interpretation of x-rays of the joints and back.

Form – A 2nd Year

Date	Patient Name, Age & Sex	Date of Admission With Registration Number of the Hospital	Diagnosis	Outcome	Signature of Supervisor
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				130	

Form – A 2nd Year

Date	Patient Name, Age & Sex	Date of Admission With Registration Number of the Hospital	Diagnosis	Outcome	Signature of Supervisor
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Form – A 2nd Year

Patient Name, Age & Sex	Date of Admission With Registration Number of the Hospital	Diagnosis	Outcome	Signature of Supervisor
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		Patient Name, Registration Number of	Patient Name, Registration Number of Diagnosis	Patient Name, Registration Number of Diagnosis Outcome

	Patient Name,		Proc	cedures (Skills)	Performance of Candidate	Signature of Supervisor or
Date	Pate Age & Sex	Diagnosis	Observed	Under Supervisor	Alone	(Grade)	Trainer

	Patient Name,		Proc	cedures (Skills)	Performance of Candidate	Signature of Supervisor or
Date	Pate Age & Sex	Diagnosis	Observed	Under Supervisor	Alone	(Grade)	Trainer

	Patient Name,		Proc	cedures (Skills)	Performance of Candidate	Signature of Supervisor or
Date	Pate Age & Sex	Diagnosis	Observed	Under Supervisor	Alone	(Grade)	Trainer

	Date Patient Name, Diag		Pro	Procedures (Skills)			Procedures (Skills) Performance		Performance	Signature of Supervisor or Trainer
Date		Diagnosis	Observed	Under Supervisor	Alone	of Candidate (Grade)				
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	Date Patient Name, Diag		Pro	Procedures (Skills)			Procedures (Skills) Performance		Performance	Signature of Supervisor or Trainer
Date		Diagnosis	Observed	Under Supervisor	Alone	of Candidate (Grade)				
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	Date Patient Name, Diag		Pro	Procedures (Skills)			Procedures (Skills) Performance		Performance	Signature of Supervisor or Trainer
Date		Diagnosis	Observed	Under Supervisor	Alone	of Candidate (Grade)				
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	Date Patient Name, Diag		Pro	Procedures (Skills)			Procedures (Skills) Performance		Performance of Candidate	Signature of Supervisor or Trainer
Date		Diagnosis	Observed	Under Supervisor	Alone	(Grade)				
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	Patient Name,		Procedures (Skills) Performance		Procedures (Skills) Performance		Signature of
Date	Age & Sex	Diagnosis	Observed	Under Supervisor	Alone	of Candidate (Grade)	Supervisor or Trainer
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Emergencies Cases Handled

Form- C 2nd Year

Date	Patient Name, Age & Sex	Diagnosis	Procedures	*Performance of Candidate (Grade)	Signature of Supervisor or Trainer

Emergencies Cases Handled

Form- C 2nd Year

Date	Patient Name, Age & Sex	Diagnosis	Procedures	*Performance of Candidate (Grade)	Signature of Supervisor or Trainer

Date	Patient Name, Age & Sex	Diagnosis	Procedures	*Performance of Candidate (Grade)	Signature of Supervisor or Trainer

Presented	Presented At Meetings & Seminars			Z 1 Cai			
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