المجلس العربي للإختصاصات الصحية

المجلس العلمي للإختصاص الباطنة

السجل العلمي والعملي

السنة الثالثة

بسم الله الرحمن الرحيم

ARAB BOARD OF MEDICAL SPECIALIZATIONS

LOG BOOK
FOR
INTERNAL MEDICINE RESIDENCY TRAINING
PROGRAMME

Third 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 <u>on the same day</u> of the event. All entries must be signed <u>immediately by the supervisor</u> 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 sub-specialty which is required)

3.12. Observing closely a patient for renal biopsies
3.13. Upper G.I Endoscopy (observation).
3.14. Lower G.I Endoscopy (observation).
3.15. Performance of arthrocenthesis and joint injection.
3.16. Performance of central venous line
3.17. Performance of arterial line
3.18. Performance and interpretation of eye fundus examination

Case Record

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

Case Record

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

Case Record

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

Procedures
Procedures performed

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

Procedures
Procedures performed

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

Procedures
Procedures performed

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Procedures
Procedures performed

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

Procedures
Procedures performed

Form - B
3rd Year

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

Procedures
Procedures performed

Form - B
3rd Year

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

Procedures
Procedures performed

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

Procedures
Procedures performed

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

Emergencies Cases Handled

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

Emergencies Cases Handled

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

Academic Activities, Case/Papers
Presented At Meetings & Seminars

Form - D
3rd Year

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

Academic Activities, Case/Papers
Presented At Meetings & Seminars

Form - D
3rd Year

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

Academic Activities, Case/Papers
Presented At Meetings & Seminars

Form - D
3rd Year

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

**Academic Activities, Case/Papers
Presented At Meetings & Seminars**

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

Academic Activities, Case/Papers
Presented At Meetings & Seminars

Form - D
3rd Year

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

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Academic Activities, Case/Papers
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3rd Year

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