#### KERALA UNIVERSITY OF HEALTH SCIENCES THRISSUR – 680 596



#### Name of Medical College

#### **Emblem**

#### **COMPETENCY BASED MEDICAL EDUCATION (CBME)**

#### **MBBS**

# LOG BOOK Department of Pediatrics

(as per GMR 2019)

Name of the Student:	• • • • • • • • • • • • • • • • • • • •
Roll No:	•••••
University Registration No:	

#### LOGBOOK CERTIFICATE

This is to certify that the candidate Ms/Mr
Roll No KUHS Registration no admitted in the
year
10 weeks of training in Pediatrics and has satisfactorily completed / has not completed
all assignments & requirements mentioned in this logbook for the MBBS course in the
subject of Pediatrics during the period fromto
She / He is / is not eligible to appear for the summative (University) assessment as on
the date given below.
Signature with date
HEAD,

**DEPARTMENT OF PEDIATRICS** 

# **BIODATA** of the Student

Name of the student	
Date of birth	:
Mobile number	:
e-mail ID	:
Permanent address	:
Signature of the stude	ent

#### **GENERAL INSTRUCTIONS**

- 1. Completion of the activities specified and submission of the certified logbook is a prerequisite for a student to apply for the end of phase summative examination.
- 2. The logbook is a record of the academic /co-curricular activities of the student, who would be responsible for maintaining his/her logbook. It should be maintained from beginning of phase 2 and completed by Phase 3 part2
- 3. The student is responsible for getting the entries in the logbook verified by the Faculty in charge regularly.
- 4. Entries in the logbook will reflect the activities undertaken in the department and have to be scrutinized by the Head of the concerned department.
- 5. The logbook is a record of various activities by the student like:
  - Overall participation & performance
  - Attendance
  - Participation in sessions
  - Record of completion of pre-determined activities
  - Acquisition of selected competencies
- 6. The logbook is the record of work done by the candidate in that department /specialty and should be verified by the college before submitting the application of the students for the University examination.
- 7. Students shall also write reflections on the topics learnt in relevant sections of logbook.
  - Reflections should be structured using the following guiding questions:
  - a. What happened? (What did you learn from the experience?)
  - b. So what? (What are the applications of the learning?)
  - c. What next? (How would you apply these knowledge and skills?)

#### LOG OF FORMATIVE ASSESSMENT

S.No	Phase	Type of	Date
		Assessment	
1	II	Theory	
2		Practical	
3	III (1)	Theory	
4		Practical	
5	III (2)	Theory	
6		Practical	
7			
8			

#### **INDEX**

#### Phase II

**Date: From.....to.....to....** 

S.No	<b>Teaching learning Session</b>	Page No.
1	Seminars presented/attended	7
2	Bedside clinics/Other*	8
3	OP cases	9
4	Immunisation clinic	10
5	List of certified competencies	11
6	Reflective writing	12

#### Phase III (1)

**Date: From......to.....** 

S.No	<b>Teaching learning Session</b>	Page No.
1	Seminars presented/attended	13
2	Bedside clinics/Other*	15
3	OP cases	17
4	Pediatric surgery bedside clinics	19
5	Procedures observed	19
6	Reflective writing	20

#### Phase III (2)

Date: From.....to.....

S.No	Teaching learning Session	Page No.
1	Seminars presented/attended	21
2	Bedside clinics/Other*	23
3	OP cases	25
4	Procedures observed	27
5	Emergencies observed	27
6	Neonatology bedside clinics	28
7	List of certified competencies	29
8	Reflective writing	31

<sup>\*</sup>SLD, Skills Lab visit, etc.

# Phase II

Date	From	.To
		Seminars

S.No	Date	Topic	Presented(P) / Attended(A)	Verified by

#### **Bedside Clinics/Other**

Date	Topic	Presented(P) / Attended(A)	Verified by
	Date	Date Topic	Date Topic Presented(P) / Attended(A)

#### **OP** Cases

S.No	Date	Topic	Presented(P) / Attended(A)	Verified by

## **Immunisation clinic**

S.No	Date	Vaccine	Verified by

# **Competencies certified**

S.No	Competency (minimum number required)	Signature & date				
PE	Perform Anthropometric					
1.4	measurements,					
	document in growth charts and interpret (3)					
PE	Perform Developmental					
1.7	assessment and interpret (3)					
PE	Calculate BMI, document in					
11.5	BMI chart and interpret (3)					
PE	Assess patient for fitness for					
19.6	immunization and					
	prescribe an age					
	-appropriate immunization					
	schedule (5)					
PE	Identify a DCC agen (2)					
34.6	Identify a BCG scar (3)					

## **Reflective writing**

Countersigned by(Unit Chief)  Date					
Case record book submitted:	Yes/No	Verified by			
What next?					
So what?					
What happened?					

# Phase III (1)

Date	From	To
	Semi	nars

S.No	Date	Topic	Presented(P) / Attended(A)	Verified by
			/ Attenueu(A)	

#### **Seminars**

## **Bedside Clinics/Other**

S.No	Date	Topic	Presented(P) / Attended(A)	Verified by

## **Bedside Clinics/Other**

S.No	Date	Topic	Presented(P) / Attended(A)	Verified by

## **OP** cases

S.No	Date	Topic	Presented(P) / Attended(A)	Verified by

## **OP** cases

S.No	Date	Topic	Presented(P) / Attended(A)	Verified by

Pediatric surgery bedside clinics

S.No	Date	Topic	Presented(P)	Verified by
5.110	Date	Topic	/ A / / 1 - 1 ( A )	v chilica by
			/ Attended(A)	

#### **Procedures Observed**

S.No	Date	Procedure	Observed(O) / Attended(A)	Verified by

## **Reflective writing**

Countersigned by Date		(Unit Chief)
Case record book submitted:	Yes/No	Verified by
What next?		
So what?		
What happened?		

# Phase III (2)

Date	FromTo
	Seminars

S.No	Date	Topic	Presented(P) / Attended(A)	Verified by

#### **Seminars**

S.No	Date	Topic	Presented(P) / Attended(A)	Verified by

## **Bedside Clinics/Other**

S.No	Date	Topic	Presented(P) / Attended(A)	Verified by

## **Bedside Clinics/Other**

		Deusiue Chines/Other		
S.No	Date	Topic	Presented(P)	Verified by
		1	/ Attandad(A)	
			Presented(P) / Attended(A)	
				1
			<u> </u>	L

# **OP** cases

S.No	Date	Topic	Presented(P) / Attended(A)	Verified by

## **OP** cases

S.No	Date	Topic	Presented(P) / Attended(A)	Verified by

## **Procedures Observed**

S.No	Date	Topic	Observed(O) / Assisted(A)	Verified by

#### **Emergencies Observed**

		Emergencies Observed		-
S.No	Date	Emergency	Observed(O) / Assisted(A)	Verified by

# **Neonatology Bedside Clinic**

S.No	Date	Topic	Presented(P) / Attended(A)	Verified by

## **Competencies certified**

S.No	Competency (minimum number required)	Signature & date				
PE 7.5	Observes the correct technique of breastfeeding & distinguished between right and wrong techniques (3)					
PE 24.15	Performs NG tube insertion in a mannikin (2)					
PE 24.16	Performs IV cannulation in a model (2)					
PE 24.17	Performs intraosseous needle insertion in a model (2)					
PE 27.15	Assess airway & breathing: recognize signs of severe respiratory distress. Check for cyanosis, severe chest indrawing, grunting (3)					
PE 27.16	Assess airway & breathing: demonstrate the method of positioning of the airway in infant and child in a simulated environment (3)					
PE 27.17	Assess airway & breathing: administer oxygen using correct technique & appropriate flow rate (3)					
PE 27.18	Assess airway & breathing: perform assisted ventilation by bag & mask in a simulated environment (3)					
PE 27.19	Check for signs of shock: Pulse, Blood pressure, CFT (3)					
PE 27.20	Secure an IV access in a simulated environment (3)					

PE 27.21	Choose the type of fluid & calculate the fluid requirement in shock (3)			
PE 27.22	Assess level of consciousness & provide emergency treatment to a child with convulsions/ coma - Position an unconscious child - Position a child with suspected trauma - Administer IV/per rectal Diazepam for a convulsing child in a simulated environment (3)			
PE 27.23	Assess signs of severe dehydration (3)			
PE 27.28	Provide BLS for children in manikin (3)			
PE 33.11	Identify deviations in growth and plan appropriate referral (2)			
PE 34.7	Interpret a Mantoux Test (3)			

# **Reflective writing**

Countersigned by(Unit Chief)  Date			
Case record book submitted:	Yes/No	Verified by	
What next?			
So what?			
What happened?			

## NOTES