

**Rajiv Gandhi University of Health Sciences**



**UNDERGRADUATE LOGBOOK**

**DEPARTMENT OF INTERNAL MEDICINE**

## Purpose of this logbook

The logbook is a verified record of the progression of the learner documenting the acquisition of the requisite knowledge, skills, attitude, and/or competencies. It is a record of the academic/co-curricular activities of the designated student, who would be responsible for maintaining his/her logbook.

Entries in the logbook will reflect the activities undertaken in the department and has to be scrutinized by the head of the concerned department.

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

The logbook is the record of work done by the candidate in the department and shall be verified by the college before submitting the application of the students for the university examination.

The purposes of this logbook are:

- a. To orient the students to holistic patient management by completing the case record, observing and recording procedures and discussing patient treatment in the therapeutics section.
- b. To facilitate the student's learning process, document the learning process and assist instudent assessment
- c. To keep a record of the student's progress in development of the desired skills and attitudes
- d. To ensure that the time spent in the department is well utilized
- e. To form a basis for continual assessment of the student

This log book is a documentation of cases seen, clerked and witnessed by you during your posting in General Medicine. It is also a record of various seminars, case-based learning, simulation exercises and other academic activities that the learner has been a part of during course. Though efforts are made to cover as much as possible, in no way should this be considered the syllabus.

Please carry this book whenever you attend the non-lecture academic activities of the department and get it duly signed by the concerned staff at the end of the academic activity. We expect discipline, honesty, sincerity and punctuality.

**The responsibility of completing the logbook and getting it verified/assessed by the faculty lies with the student. The logbook must be carried by the student as per the given instructions.**

## General Instructions

1. It is expected that the students will adhere to the highest ethical standards and professionalism.
2. Shall maintain punctuality in respect to arrival and completion of the assigned work
3. Maintain a cordial relationship with peers, unit staff and hospital staff
4. Not indulge in any act which would bring disrepute to the institution.
5. You should wear a clean apron and follow the dress regulations as laid down by the college and maintain proper hygiene with wearing respective identification badge while in college and hospital.
6. You should carry the following with you for the clinics
  - a. Clinical text book
  - b. Stethoscope
  - c. Clinical kit for examination
7. Respect the patient as an individual and recognize that he/she also has rights.
8. Cases that are discussed only have to be documented and not the dummy cases.
9. **Loss of this logbook at any time may affect the formative assessment results and impair the student appearing in the summative assessment.**
10. **Student is solely responsible for maintaining the book and the records. If the student loses the logbook, he/she would be withheld from appearing for the University examination unless suitable backup proof is provided.**

### Student details

Name of the student	
Roll No	
University Registration Number	
Batch	
Contact No	
E mail Id	
Guardian/Parent Name Contact Number	
Faculty Mentor	
Name Department	

**LOGBOOK CERTIFICATE**

**This is to certify that the candidate Mr/Ms .....,**

**Reg No. ...., admitted in the year ..... in**

**..... College Hospital, has satisfactorily completed / has not completed all requirements mentioned in this logbook for MBBS course in the subject Internal Medicine during the period from ..... to.....**

**She / He is / is not eligible to appear for the University examination as on the date given below.**

**Signature of Faculty**

**Name and Designation**

**Countersigned by Head of the Department**

**Date**

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## ATTENDANCE EXTRACT

### Theory classes

Professional Year	Number attended	Number conducted	Percentage of Attendance	Signature of HOD
Second Professional				
Third professional-part I				
Third Professional Part II				

### Small Group sessions

Professional Year	Number attended	Number conducted	Percentage of Attendance	Signature of HOD
Third professional-part I				
Third Professional Part II				

**Bedside clinics:**

Professional Year	Unit From (date) To (date)	Number attended	Number conducted	Percentage of Attendance	Signature of Unit Head	Signature of HOD
Second Professional Posting 1						
Third Professional Part I Posting 2						
Third Professional Part II Posting 3						
Posting 4						

**Note:**

Every candidate should have **attendance not less than 75% of the total classes conducted in theory which includes didactic lectures and self-directed learning and not less than 80% of the total classes conducted in practical which includes small group teaching, tutorials, integrated learning and practical sessions** in each calendar year calculated from the date of commencement of the term to the last working day in each of the subjects prescribed to be eligible to appear for the university examination.



### Overall assessment of the student

	Posting 1	Posting 2	Posting 3	Posting 4
Attendance	/5	/5	/5	/5
Discipline	/5	/5	/5	/5
Middle of posting assessment	/5	/10	/20	/30
End of posting assessment	/5	/15	/20	/30
Student doctor method of learning	/5	/10	/10	-----
Total (/200)	/25	/45	/60	/70
Remarks if any				

**Total marks obtained on a total of 200 is -----**

A student will be permitted to appear for final university exams only if he/she obtains more than 100 marks in the assessments.

**Final remarks if any -**

### Matrix of cases

By the end of all clinical postings, the learner is expected at a minimum to examine and discuss the following cases:

Sl. No.	Topic/System	Case
1.	Cardiovascularsystem	Heart Failure Coronary Artery Disease Hypertension Valvular heart disease
2.	Respiratory System	Pneumonia Pleural effusion
3.	Gastrointestinal and hepatobiliary System	Hepatitis GI Bleeding Diarrheal disorders
4.	Central NervousSystem	Cerebrovascular accident Movement disorders Peripheral Neuropathy Spinal Cord Disorders
5.	Endocrine system	Diabetes Mellitus Thyroid disorders Obesity
6.	Infectious diseases	Fever and febrile disorders HIV Miscellaneous Infections
7.	Musculoskeletal System	Rheumatological disorders
8.	Nutrition	Anaemia Nutrition and vitamin deficiencies
9.	Geriatrics	Comprehensive geriatric assessment
10.	Renal System	Acute kidney injury and chronic kidney disease
11.	Miscellaneous	Common Malignancies Envenomation Poisoning

Draft

<b>Posting 1</b>	
<b>Duration 4 weeks</b>	
<b>Date of posting</b>	<b>From</b> <b>To</b>
<b>Unit :</b>	

### Sessions and activities planned in posting -1

1.	History taking overview
2.	General physical examination overview
3.	History taking in CVS
4.	Vital signs
5.	JVP
6.	CVS examination (palpation, auscultation)
7.	CNS history taking and CNS examination
8.	Higher mental function and speech, Cranial nerves, Motor system, Sensory system, Cerebellum, spine and blood vessels
9.	Examination of the abdomen
10.	Balanced diet- counseling
11.	Nutritional status assessment and obesity
12.	Introduction to RS – history & exam
13.	Learner doctor method
	<b>Skills lab sessions</b>
	IM injection, IV, S/C, ID
	<b>Activities to be completed during the posting</b>
	Urine ketone body estimation
	Capillary blood glucose estimation
	Learner doctor method

Learner doctor method

### Posting 1

One patient will be allotted to the student at the beginning of the posting. The patient is assessed at admission and followed up. The student will interact with the patient and the treating team to make daily notes of the following aspects of patient's progress in hospital.

History taking, physical examination, assessment of change in clinical status, communication and patient education.

A brief summary is to be written at the end of the patient's stay in hospital.

Learner doctor method

Draft

Learner doctor method

Draft



Reflection on the learner doctor method of learning;

What happened?

So what ?

What next?

Draft

Signature of faculty:

Date :

List of clinical cases presented/attended in posting 1.

	<u>Diagnosis</u>	<u>System</u>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

<b>Posting 2</b>	
<b>Duration 4 weeks</b>	
<b>Date of posting</b>	<b>From</b> <b>To</b>
<b>Unit :</b>	

1.	Patient with fever
2.	Patient with Anemia
3.	Chronic Liver Disease
4.	Thyroid disorders
5.	Diabetes Mellitus
6.	DKA and HHS
7.	Pneumonia
8.	Perform an ECG
<b>Skills Lab sessions</b>	
9.	Lumbar Puncture - Observe and Demonstrate
10.	Central Venous Catheter insertion - Assist
<b>Other activities to be completed during posting</b>	
11.	Observe and assist in a blood / blood product transfusion
12.	Assist in the performance of an ascitic fluid tap
13.	Observe and assist in the performance of a bone marrow aspiration and biopsy.
14.	Assist and demonstrate the proper technique in collecting specimen for blood ,wound or other specimen culture
15.	Learner doctor method

Learner doctor method.

## Posting 2

One patient will be allotted to the student at the beginning of the posting. The patient is assessed at admission and followed up. The student will interact with the patient and the treating team to make daily notes of the following aspects of patient's progress in hospital.

History taking, physical examination, assessment of change in clinical status, communication and patient education, choice of investigations, basic procedures and, continuity of care.

A brief summary is to be written at the end of the patient's stay in hospital.

Learner doctor method.

Draft

Learner doctor method

Draft

Reflection on the learner doctor method of learning :

What happened?

So what ?

What next?

Signature of the faculty:

Date:

Draft



**List of clinical cases presented /attended in posting 2.**

	<u>Diagnosis</u>	<u>System</u>
1		
2		
3		
4		
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6		
7		
8		
9		
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<b>Posting 3</b>	
<b>Duration 8 weeks</b>	
<b>Date of posting</b>	<b>From</b> <b>To</b>
<b>Unit :</b>	

1.	Heart Failure
2.	CVS (valvular heart disease ) MS, MR
3.	CVS (valvular heart disease ) AS,AR
4.	Ischaemic Heart Disease
5.	Systemic Hypertension
6.	Pyrexia of unknown origin
7.	HIV
8.	Malignancy
9.	CVA – anterior circulation stroke
10	CVA- posterior circulation stroke
11	Malignancy
12	CVA – anterior circulation stroke
13	Spinal cord lesions

14.	Peripheral neuropathy
15.	Parkinson's disease
16.	Joint disorders Approach to autoimmune disorders
17.	Examination of joints, skin, muscle
18.	Pneumonia
19.	AKI/CKD
20.	AKI/CKD
21.	Diarrhoea
22.	COPD
23.	Geriatric Issues - Falls in elderly, Comprehensive Geriatric Assessment
<b>Skills lab procedures</b>	
24.	ABG- Procedure
25.	Male urethral catheterization
<b>Other activities</b>	
26.	Learner doctor method

## Learner doctor method

Posting 3: One patient will be allotted to the student at the beginning of the posting. The patient is assessed at admission and followed up. The student will interact with the patient and the treating team to make daily notes of the following aspects of patient's progress in hospital.

History taking, physical examination, assessment of change in clinical status, communication , patient education, choice of investigations, basic procedures , continuity of care, decision making, management and outcomes.

A brief summary is to be written at the end of the patient's stay in hospital.

Learner doctor method

Draft

Learner doctor method

Draft

Reflection on the Learner doctor method :

What happened?

\

So what?

What next?

Signature of the faculty :

Date :



List of clinical cases presented or case discussions participated in posting 3.

	<u>Diagnosis</u>	<u>System</u>
1		
2		
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<b>Posting 4</b>	
<b>Duration 4 weeks</b>	
<b>Date of posting</b>	<b>From</b> <b>To</b>
<b>Unit :</b>	

<b>Topics</b>
Completion of all pending sessions assessments
<b>Skills lab session</b>
Demonstrate in a mannequin - pleural fluid aspiration
To effectively use oxygen delivery devices Metered dose inhaler with spacer

Draft

**List of clinical cases presented or case discussions participated in posting 4.**

	<u>Diagnosis</u>	<u>System</u>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

## List of Skills

	List of skills			Student sign	Staff sign	Times done	Grade
1	IM , SC, IV injections	Posting 1	IM 1.30, IM 11.19, IM10.21				
2	Urinary ketone body estimation	Posting 1	IM11.13				
3	Estimation of capillary blood glucose	Posting 1	IM11.12				
4	Basic Life support in a mannequin	Tutorials session 1	IM 2.22				
5	Perform an ECG and interpret	Posting 2	IM 1.18, IM8.17				
6	Lumbar puncture – observe and demonstrate	Posting 2	IM 6.15, IM17.8				
7	Describe & discuss indications for and insert a Peripheral venous catheter insertion		IM10.21				
7	Describe & discuss indications for and insert a central venous catheter insertion	Posting 2	IM10.22				
8	Ascitic fluid tap – assist	Posting 2	IM 5.15				
9	Bone marrow aspiration and biopsy –observe and assist	Posting 2	IM 4.17				
10	Specimen collection for culture	Posting 2	IM1.22, IM3.10, IM 4.19, IM25.9				
11	Blood transfusion-observe and assist	Posting 2	IM9.19, IM 15.13				

12.	Describe, perform & interpret a peripheral smear. Stool occult blood	Posting 2	IM9.10				
13.	Perform and interpret gram stain & AFB		IM3.14,IM6.14				
12	Arterial blood gas – perform and interpret	Posting 3	IM3.8				
13	Male urethral catheterization	Posting 3					
14	Comprehensive geriatric assessment	Posting 3	IM 24.2				
15	Pleural fluid aspiration	Posting 4	IM 3.9				
16	Oxygen delivery devices	Posting 4	IM3.17				
17	Inhaler with spacer	Posting 4	CT 2.16				

**AETCOM MODULES**

Module number:

Date:

Name of the activity:

Department of Internal Medicine

Competencies
The student should be able to :

Reflection

Feedback

Signature of the student:

Assessment:

Signature of the faculty

**AETCOM MODULES**

Module number:

Date:

Name of the activity:

Department of Internal Medicine

Competencies
The student should be able to :

Reflection

Feedback

Signature of the student:

Assessment:

Signature of the faculty



**AETCOM MODULES**

Module number:

Date:

Name of the activity:

Department of Internal Medicine

Competencies
The student should be able to :

Reflection

Feedback

Signature of the student:

Assessment:

Signature of the faculty

**Integrated sessions**

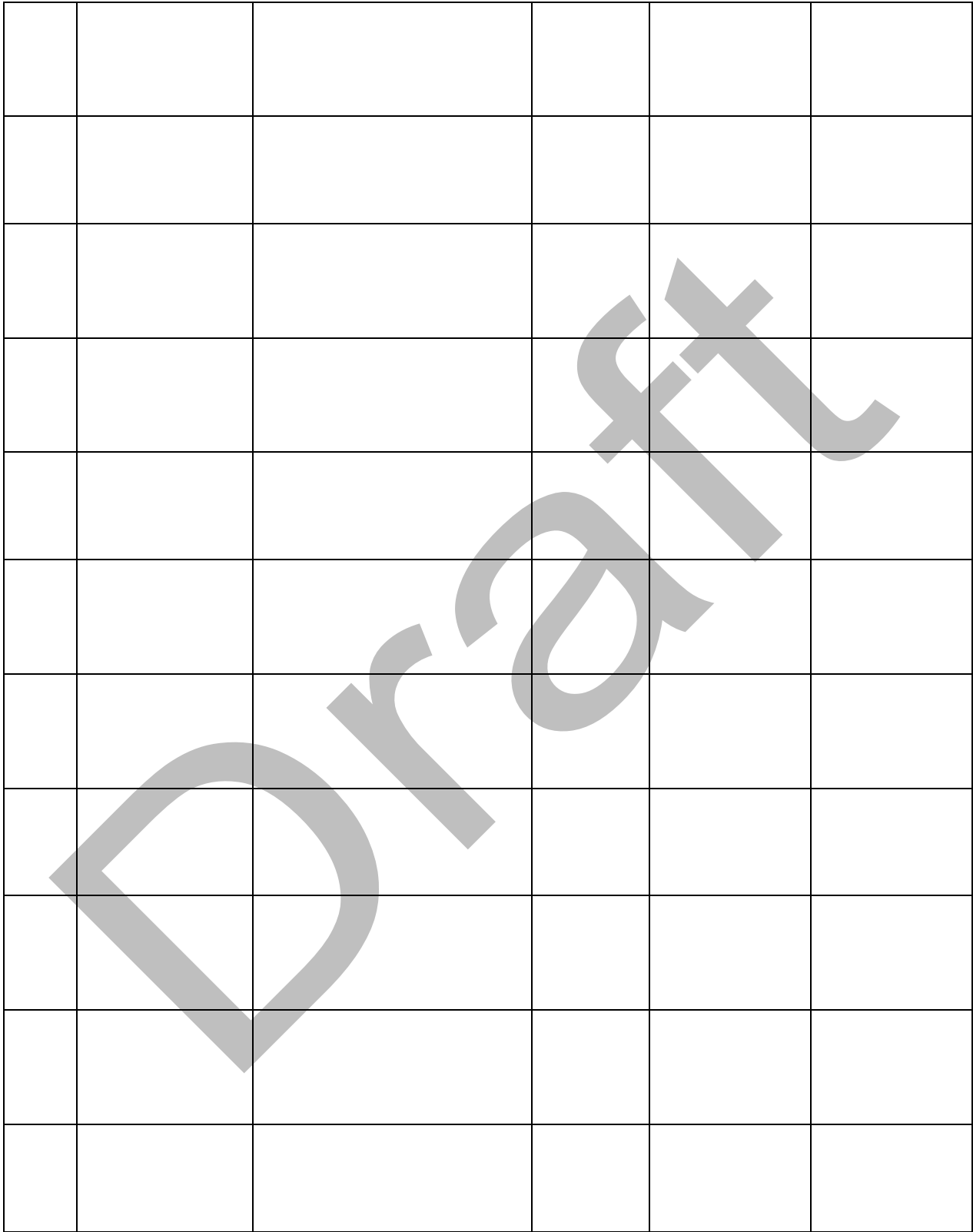
	Date of session	Topics covered	Competency numbers addressed	Departments involved in the conduct of the session	Signature of the student	Signature of the faculty
1						
2						
3						
4						
5						
6						

Small group discussions Phase 3, part 1

	Topic	Type of SGD	Date	Observed/Presented	Faculty Sign

Small group discussions Phase 3, part 2





**Self-directed learning sessions:**

<b>Sl. No.</b>	<b>Date</b>	<b>Topic</b>	<b>Competency number</b>	<b>Signature of the Faculty</b>
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

**Seminars presented – phase 3 part 1**

	Name of the topic	Date	Signature of the faculty
1			
2			
3			
4			
5			

**Seminars presented Phase 3 part 2**

	Name of the topic	Date	Signature of the faculty
1			
2			
3			
4			
5			



**Research projects and publications**

	Name of the topic	Date	Signature of the faculty
1			
2			
3			
4			
5			

**Co curricular activities –(quiz, poster, debates, essays, skit)**

	Name of the topic	Date	Signature of the faculty
1			
2			
3			
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**Participation in CME, conference, and workshops.**

	Name of the topic	Date	Signature of the faculty
1			
2			
3			
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10			

**Awards and recognition**

	Name of the topic	Date	Signature of the faculty
1			
2			
3			
4			
5			

Draft