



**MADHYA PRADESH MEDICAL SCIENCE UNIVERSITY,
JABALPUR (M.P.)**

LOG BOOK

(POST GRADUATE)

**DEPARTMENT OF
OBSTETRICS & GYNAECOLOGY**

NAME OF THE P.G. STUDENT :

NAME OF THE P.G. GUIDE :

NAME OF THE MEDICAL COLLEGE :

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NAME OF THE INSTITUTION

DEPARTMENT OF OBSTETRICS & GYNAECOLOGY



CERTIFICATE

This to certify that Dr. has successfully completed requirements for of Batch.

The operation and academic activities recorded in this log book are as per hospital record and have been carried out under guidance of all faculty members of the Department of Obstetrics & Gynaecology.

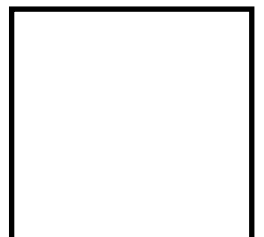
Signature

Name of Postgraduate Teacher

Signature

Name of HOD (Rubber Stamp)

NAME OF THE INSTITUTION



Name :

Date of Birth :

Date of joining Department :

Permanent Address :

Local Address :

Contact cell number of parents/spouse :

Course :

Graduated From :

Date of Registration :

M.P. Medical Council Registration Number :

Name of P.G. Teacher :

Title of Dissertation :

Remarks of HOD

INSTRUCTIONS

This log books is intended to be a record of your basic academic and surgical training with particular reference to your obstetric and gynaecological decision making and case management including your operative experience.

1. You are expected to list, in chronological order, the training posts which you have completed.
2. You are requested to record a surgical operations in which you have been personally involved during your tenure of training posts. Each page of this record must be countersigned by your unit head at the end of every month.
3. The operation record including the date of operation, the patient's hospital indoor number, the nature of the procedure, indication & whether it was performed under supervision or as assistant
4. You are required to record various academic activities in which you have been involved / attended in each of your training posts. This record must include publications and contribution to clinical and scientific meetings, attendance at meeting and training courses and involvement in research projects.
5. The purpose of this log book is to have an audit of resident's performance as well as ensuring adequate surgical training, It is summative assessment process before obtaining the post graduate degree / diploma in Obstetrics and Gynecology.
6. Various sections of the log book should be filled from time to time. The residents should obtain the signature of the concerned faculty every week. The log book should be submitted to the head of the department at the end of every term.

7. 80% of attendance is compulsory in each year of residency (Housejob, JR, SR) in department and scheduled PG teaching classes from the date of joining ,as eligibility criteria for appearing in final examination.

SUMMARY OF RESIDENT POSTS

Sr. No.	Unit Head of Post	In-charge	Leave Taken C.L./E.L./Other	Signature of Unit Head	Remark
Jun					
July					
Jul					
August					
Aug					
September					
Sep					
October					
Oct					
November					
Nov					
December					
Dec					
January					
Jan					
February					
Feb					
March					
Mar					
April					
Apr					
May					

REMARKS OF HOD :

SIGNATURE OF HOD

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February					
Feb					
March					
Mar					
April					
Apr					
May					

REMARKS OF HOD :

SIGNATURE OF HOD

**ATTENDANCE IN DEPARTMENTAL ACADEMIC
PROGRAMME UG/ PG LECTURES**

Date	Topic	Name & Signature of Faculty

Compulsory :

**ATTENDANCE IN DEPARTMENTAL ACADEMIC
PROGRAMME JOURNAL CLUB**

Date	Topic	Signature of Moderator

**ATTENDANCE IN DEPARTMENTAL ACADEMIC
PROGRAMME CASE PRESENTATIONS**

Date	Topic	Signature of Teacher

**ATTENDANCE IN DEPARTMENTAL ACADEMIC
PROGRAMME CASE PRESENTATIONS**

Date	Topic	Signature of Teacher

**ATTENDANCE IN DEPARTMENTAL ACADEMIC
PROGRAMME SEMINARS / SYMPOSIA**

Date	Topic	Signature of Teacher

**ATTENDANCE IN DEPARTMENTAL ACADEMIC
PROGRAMME SEMINARS / SYMPOSIA**

Date	Topic	Signature of Teacher

**ATTENDANCE IN DEPARTMENTAL ACADEMIC
PROGRAMME OBSTETRICS AUDITS**

Date	Topic	Signature of Teacher

**ATTENDANCE IN DEPARTMENTAL ACADEMIC
PROGRAMME MATERNAL MORTALITY MEETINGS**

Date	Topic	Signature of Unit Head

**ATTENDANCE IN DEPARTMENTAL ACADEMIC
PROGRAMME PERINATAL MORTALITY MEETINGS**

Date	Topic	Signature of Unit Head

CONFERENCES / WORKSHOP / CME ATTENDED

S. No.	Date	Name of Conference Venue	Paper / Poster Presented	Co-authors	Signature Unit Head

PUBLICATIONS

Date	Title	Name of Journal / Vol / Page	Co- Author

CONFERENCES / WORKSHOP ATTENDED

S. No.	Date	Activity	Organized by	Signature of Concerned I/C

PRIZES / AWARDS WON

CONSOLIDATED WORK EXPERIENCE

MEDICAL DISORDER IN PREGNANCY

Managed in Posts	1 st Year	2 nd Year	3 rd Year
Pregnancy Induced Hypertension			
Eclampsia			
Hypertension			
Thyroid Disorders			
Mansoon Related Disease			
Hepatitis			
Anemia			
Haemoglobinopathies			
Tuberculosis			
Bronchial Asthma			
Diabetes			
Rh-isoimmunisation			
IUGR			
Epilepsy / CNS Disorders			
Respiratory Disease			
Renal Disease			
Urinary Tract Infection			
HIV			
Autoimmune Disorders			
Consumptive Coagulopathy			
Septicemia			
Malaria			
Any Other			

Signature of Unit Head

Signature of HOD

CONSOLIDATED WORK EXPERIENCE

OBSTETRICS DISORDERS

Managed in Posts	1 st Year	2 nd Year	3 rd Year
Hyperemesis Gravidarum			
Previous C Section			
Placenta Praevia			
Accidental Haemorrhage			
Postpartum Haemorrhage			
Prolonged Labour			
Rupture Uterus			
Inversion of Uterus			
Retained Placenta			
Preterm Delivery			
Postdatism			
Aborritions			
Heart Disease			
Septic Abortion			
Vesicular Mole			
Purperial Sepsis			
Purperial Psychosis			
Pregancy with Burns			
Pregnancy with surgical Conditions/Pooly Trauma			
Prom			
Poly/Oligohydramnios			
Ectopic			
Any Other			

Signature of Unit Head

Signature of HOD

CONSOLIDATED WORK EXPERIENCE

OBSTETRICS DISORDERS

Managed in Posts	1 st Year	2 nd Year	3 rd Year
Normal Delivery			
Abnormal Delivery			
Breech			
Twins			
Occipitoposterior			
Face / Brow / Compound Presentation			
Instrumental Delivery (Ventouse, Forceps)			
Caesarean Section			
MRP			
Obstetrics Hysterectomy			
Internal Iliac Ligation			
Verison			
Complete Perineal Tear			
Destructive Operations			
Vesicular Mole Evacuation			
Ectopic Pregnancy			
Any Other			

Signature of Unit Head

Signature of HOD

DIAGNOSTIC PROCEDURES IN OBSTETRICS

Procedure- performed or assisted	No. Cases	Remarks
Pregnancy Test		
Ultrasonography		
Fetal Monitoring		
Doppler Study		
Amniocentesis		
Chorion Villus Biopsy		
Colpopuncture		
Other		

Signature of Unit Head

Signature of HOD

CONSOLIDATED OPERATION RECORD

GYNECOLOGICAL OPERATIONS-PERFORMED/ASSISTED

MINOR

Name of Operation	1st Year		2nd Year		3rd Year	
	O	A	O	A	O	A
Cryocautrization						
Dilatation & Curettage						
Fractional Curettage						
Cervial Biopsy						
Cervical Electrocauterization						
Posterior Colpopeiniorraphy						
Polypectomy						
Bartholin's Cyst						
Other						

Signature of Unit Head

Signature of HOD

CONSOLIDATED OPERATION RECORD

GYNECOLOGICAL OPERATIONS-PERFORMED/ASSISTED

MAJOR

Name of Operation	1 st Year		2 nd Year		3 rd Year	
	O	A	O	A	O	A
Abdominal Hysterectomy						
Vaginal Hysterectomy						
Cervicopexy						
Sling Operation						
ColpoPeriniorrhaphy						
Vaginoplasty						
Tubal Recanalization						
Myomectomy						
Ovarian Operation						
Ca-Cervix						
Explorative Laparotomy						
Any Other						

Signature of Unit Head

Signature of HOD

DIAGNOSTIC PROCEDURE IN GYNECOLOGY

Procedure Performed/assisted	Total Number of Cases
Laparoscopy	
Hysterosalpingography	
Ultrasonography	
Endometrial Aspiration	
Colposcopy	
Urodynamics	
Interpretation of C.T. Scan / IVP	
HSG	
PAP Smear	
VIA	
Any Other	

Signature of Unit Head

Signature of HOD

CONSOLIDATED WORK EXPERIENCE

FAMILY PLANNING AND CONTRACEPTION

PROCEDURE- PERFORMED/ASSISTED

Menstrual Regulation

1st Trimester MTP

2nd Trimester MTP

Puerperal (Mini Lap) Tubal Ligation

Laparoscopic Tubal Ligation

IUCD Insertion

IUCD Removal

Other

COUNSELING SKILLS

Subject	No. of Cases
Normal OPD Clients	
Normal Pregnancy	
Abnormal Pregnancy	
Gynecological Surgeries	
Infertility	
Hormone Replacement Therapy	
Congenital Anomalies	
Psychologica Problems	
HIV	
PPTCT	
Contraception	
STI/RTI	
Malignant Tumors	
Brest Feeding	
Declaration of Death	
BOH	
Other	

Signature of Unit Head

Signature of HOD

COUNSELING SKILLS

Title :

Name of Guide :

Abstract :

Remarks And Signature of Guide

INTERNAL ASSESMENT PROFORMA

FOR D.G.O COURSE :

A). Theory : Total Internal Assessment

1.	Overall Attendance in Work / Teaching Sessions	
2.	Assessment by P.G. Teacher and HOD	
3.	Research Work Scientific Presentation Publications	
4.	Seminar / Presentation	

B). Practical : Total Internal Assessment Marks

1.	Assessment by Teacher (General Impression. Sincerity, Ward Work, Proficiency, Clinical Acumen, Operative Skill	
2.	Assessment by other Unit Head Under Whom Candidate has Worked, Head of Dept. (General Impression. Sincerity Ward Work Proficiency, Clinical Acumen, Operative Skill	
3.	Log Book	
4.	Practical Examination / Viva	

INTERNAL ASSESMENT PROFORMA

FOR M.S.COURSE :

C). Theory : Total Internal Assessment Marks

1.	Overall Attendance in Work / Teaching Sessions	
2.	Assessment by P.G. Teacher and HOD	
3.	Research Work Scientific Presentation Publications	
4.	Seminar / Presentation	
5.	Dissertation	

B). Practical : Total Internal Assessment Marks

1.	Assessment by Teacher (General Impression. Sincerity, Ward Work, Proficiency, Clinical Acumen, Operative Skill	
2.	Assessment by other Unit Head Under Whom Candidate has Worked, Head of Dept. (General Impression. Sincerity Ward Work Proficiency, Clinical Acumen, Operative Skill	
3.	Log Book	
4.	Practical Examination / Viva	

Signature of Candidate

Signature of Teacher

Signature of HOD