LIAQUAT UNIVERSITY
OF MEDICAL & HEALTH SCIENCES
JAMSHORO – SINDH

Log Book For
Master of Surgery (M.S)
Obstetrics & Gynae

DEPARTMENT OF
OBSTETRICS & GYNAECOLOGY
LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES - JAMSHORO

Liaquat University of Medical & Health Sciences, Jamshoro

Log Book For
M.S Obstetrics & Gynaecology

Candidate Name: _____

Examination File No: _____

Published by
Department of Obstetrics & Gynaecology,
Liaquat University of Medical & Health Sciences, Jamshoro

Printed by

GENERAL INSTRUCTIONS TO CANDIDATES

The purpose of the Log Book is to help the candidate record her/his training in brief detail so that experience can be recorded and deficiencies identified and remedied. The purpose of the log book is to help both consultants and University to assess overall training and provide the extra experience for trainees in the areas where it is most needed.

The timing of the log book should be completed during the entire training/period. Log book should be completed until the candidate has been successful in MS/DGO examination.

Candidates are strongly advised to carry the log book with them at all times and to fill it in on a daily basis. This will avoid much retrospective record hunting. Candidates should discuss the progress of the Log Book with their Consultant at least every two months and a summary of experience must be signed. This regular assessment allows deficiencies in either experience gained or experience available to be remedied early in the post.

Candidate should not be concerned if certain sections of the Log Book are not filled up completely.

A Completed and signed log book has to be submitted to examination department with the examination form.

PROF. MEHAR UN NISSA KHASKHELI
CHAIRPERSON
Department of Obstetrics & Gynaecology,
Liaquat University of Medical
& Health Sciences, Jamshoro

CERTIFICATE

This is to certify that Dr._____ D/o _____ has successfully completed Log-Book within the posting period**.**

WARD TEST RESULTS (SCORE SHEET).					
Ward Posting Tenure (To)					
YEAR	**First Four Months (%)**	**Second Four Months (%)**	**Third Four Months (%)**	**TOTAL**	**Name & Signature of Supervisor**
FIRST YEAR (POSTING)					
SECOND YEAR (POSTING)					
THIRD YEAR (POSTING)					
FOURTH YEAR (POSTING)					
GRAND TOTAL					

Chairperson
OBGYN, LUMHS

WHITE SECTION – GENERAL PAGES

General instructions to candidates

Contents

General Lay out of Log Book

Personal Details

Hospital date/unit organization first one year

Leave taken (sick, study & Vacation)

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Additional Special Experience

Summary of Gynecological Experience

Consultants Comments

CONFIDENTIALITY

Candidates must not identify patients by name. Case should be recorded by hospital number and or patient's initials

The general lay out of the LOG BOOK

White Paper: Curriculum Vitae, Evaluation Certificate, Hospital/Ward Detail, Lectures, Seminars, Clinical Pathological Conference (CPC), Evaluation Report and others

Pink Paper: Obstetrics Detail

Blue Paper: Gynae Detail

PERSONAL DETAILS

Name: _____ Contact No _____ PMDC No. _____

Family Name (Surname) _____ Forenames _____

Sex: Male / Female: _____ Date of Birth _____

Date and place of graduation (Specify University): _____

Postgraduate Qualifications: _____

Date Part-I Passed: _____ Detail of other Primary Exam: _____

Family planning certificates held: _____

Appointments:

From / To	Department	Hospital(s)
Pre-Registration (Internship)		
Subsequent appointments		

From / To	Department	Hospital(s)

HOSPITAL DATA INCLUDED IN LOG BOOK

Hospital(s) _____

Address: _____

_____

Beds: Obst: _____ Gynae _____ Day Beds: _____ Special Care Cots _____

Obstetric & Gynecological Establishment

Faculty Consultanat: _____ Senior Registrar _____ Registrars _____ SHOs _____

Associate Specialists: _____ Supernumerary: _____

Clinical Assistants _____

No of Posts Recognized for MS/DGO

	Registrar or Equivalent	SHO
Obstetrics:	_____	_____
Gynecology	_____	_____
Combined:	_____	_____

Clinical Throughput – (Figures to be taken from most recent annual data available)

Obstetrics

Year of data: _____

Total deliveries: _____

Cesarean Section rate: _____ %

Forceps / Ventouse rate: _____%

Induction rate: _____ %

Perinatal Mortality (uncorrected)

Per 1,000 birth: _____ %

Epidural rate: _____ %

Gynaecology

Admissions: Total _____

Routine _____

Emergency _____

Operations Total _____

Major _____

UNIT ORGANIZATION FOR FIRST SIX MONTHS APPOINTMENT INCLUDED IN LOG BOOK

Junior Staff Rotations : _____

_____

_____

_____

_____

Specify any Rotations: _____

_____

_____

_____

_____

Special Responsibilities of Post: _____

_____

_____

_____

_____

Weekly Time Table

Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Regular Meetings (state frequency e.g. daily / weekly)

_____

_____

_____

_____

_____

_____

Sick leave taken (if more than three Days)

Vacational leave taken (annual holiday etc.

From	**To**	**From**	**To**	**From**	**To**	**From**	**To**

Study leave taken

From	To	Purpose

POSTGRADUATE MEETINS, LECTURES AND SYMPOSIA ATTENDED INCLUDING INFORMAL TUTORIALS, PERINATAL CLINICAL MEETINGS ETC

EXCLUDING THOSE MEETING SHOWN IN SPECIMEN WEEKLY TIME TABLE

Date	Detail	Place

POSTGRADUATE MEETINS, LECTURES AND SYMPOSIA ATTENDED INCLUDING INFORMAL TUTORIALS, PERINATAL CLINICAL MEETINGS ETC

EXCLUDING THOSE MEETING SHOWN IN SPECIMEN WEEKLY TIME TABLE

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EXCLUDING THOSE MEETING SHOWN IN SPECIMEN WEEKLY TIME TABLE

Date	Detail	Place

EXPERIENCE OF TEACHING OTHERS (Undergraduates, Resident Doctors, Midwives etc)

Date	Group	Topic

EXPERIENCE OF TEACHING OTHERS (Undergraduates, Resident Doctors, Midwives etc)

Date	Group	Topic

ABBREVIATION

ABN	Abortion
ACH	After coming head in breech delivery
AFP	Alpha-fetoprotein
ANC	Antenatal Clinic
APH	Antepartum Hemorrhage
ARM	Artificial Rupture Membranes
A/V	Antiverted (Uterus)
BBA	Born before arrival
BCG	Vaccination against tuberculosis
Br/(Ext)	Breech with extended legs
Br/(Fixd)	Breech with fixed legs
BP	Blood pressure
CDH	Congenital dislocation of hip
CPAP	Continuous positive airway pressure
CS(Class)	Classical caesarean section
CSU	Catheter specimen of urine
D & C	Dilation and curettage
DTA	Deep transverse arrest
DVT	Deep venous thrombosis
EBM	Expressed breast milk
ECG	Electrocardiography (y)
ECV	External cephalic version
EDC	Expected data of confinement
ERPC	Evacuation retained products conception
EUA	Examination under anesthesia
FD	Fully dilated
FHH	Fetal heart heard
FHNH	Fetal heart not heard
FMF	Fetal movement felt
FOR DEL	Forceps delivery
FSH	Follicle stimulating hormone
FT	Full term
GA	General anesthesia
GG	Gonococcus gonorrhea
GTT	Glucose tolerance test
Hb	Hemoglobin
HCG	Human chorionic gonadotrophin
HDN	Haemolytic disease of the newborn
HPL	Human placental lactogen
HVS	High vaginal swab
IPH	Intrapartum haemorrhage
ICD	Intrauterine contraception device
IUD	Intrauterine death
LH	Luteinising hormone
LMA/L/P	Left mento-naterior / lateral / posterior
LMP	Last menstrual period
LOA/L/P	Left occipito-anterior / lateral / posterior
LSA/L/P	Left sacro-anterior / lateral / posterior
L/S	Lecithin sphingomyelin ratio
LSCS	Lower segment caesarean section

MRP	Manual removal of placenta
MSU	Midstream specimen of urine
NAD	Nothing abnormal detected
ND	Normal delivery
NND	Neonatal death
OFS	Obstetric flying squad
OS	Occipito–sacral
P of D	Pouch of Douglas
PET	Pre-eclampsia (pre-eclampsia toxaemia)
PM	Post mortem examination
PNC	Postnatal clinic
PNM ality	Perinatal mort
PNR	Promontory not reached
POP	Persistent occipito posterior
PPH	Postpartum haemorrhage
PR	Per rectum
PUO	Pyrexia of unknown origin
PV	Per vaginum
RBC	Red blood cell
RDS	Respiratory distress syndrome of the new-born
R/VGU	Retroverted gravid uterus
RMA/L/P	Right mento-naterior / lateral / posterior
ROA/L/P	Right occipito-anterior / lateral / posterior
RV	Retroverted (uterus)
SB	Still birth
SY	Syphilis
TAH/BSO	Total abdominal hysterectomy bilateral salphingo oophorectomy
TL	Tubal ligation
ToP	Termination of pregnancy
TPH	Transplacental haemorrhage
TV	Tricomonas vaginalis
VD(STD)	Venereal disease (sexually transmitted diseases)
VDRL	Venereal disease reference laboratory
VV	Varicose vein
WBC	White blood cell
WR	Wasserman reaction for syphilis

Assessment Abbreviations

Con.	Consultant
S.R.	Senior Registrar
R.	Registrar
O.	Observer

Assessment of Grade

Grade – I	Above 80%
Grade – II	70 – 80%
Grade - III	60 – 70%

Space of Additional abbreviations

_____

_____

_____

OBSTETRICAL SESSION

Obstetrics Clinic Section

Date	Type e.g. antenatal/postnatal etc	*I	*II

*I State approximate number of patients seen by you
*II State level of supervision available (Consultant / Senior Registrar / Registrar or Observer)

Obstetrics Clinic Section

Date	Type e.g. antenatal/postnatal etc	*I	*II

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*I State approximate number of patients seen by you
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CLINIC CASES OF INTEREST (Record date, hospital number and brief details for each patient or special interest)

Date	Hosp No	Case Details

CLINIC CASES OF INTEREST (Record date, hospital number and brief details for each patient or special interest)

Date	Hosp No	Case Details

CLINIC CASES OF INTEREST (Record date, hospital number and brief details for each patient or special interest)

Date	Hosp No	Case Details

SUPERVISED WARD ROUND – ANTENATAL/POSTNATAL

Date	Antenatal or Postnatal	Status of supervisor	Date	Antenatal or Postnatal	Status of supervisor

SUPERVISED WARD ROUND – ANTENATAL/POSTNATAL

Date	Antenatal or Postnatal	Status of supervisor	Date	Antenatal or Postnatal	Status of supervisor

SUPERVISED WARD ROUND – ANTENATAL/POSTNATAL

Date	Antenatal or Postnatal	Status of supervisor	Date	Antenatal or Postnatal	Status of supervisor

ANTENATAL & POSTNATAL CASES OF INTEREST ON WARDS

Date	Hosp No	Case Detail

ANTENATAL & POSTNATAL CASES OF INTEREST ON WARDS

Date	Hosp No	Case Detail

ANTENATAL & POSTNATAL CASES OF INTEREST ON WARDS

Date	Hosp No	Case Detail

OTHER ANTENATAL PROCEDURES – Ultrasound, Amniocentesis, Cervical Cerclage etc

Date	Hosp No	Detail	Level of performance

OTHER ANTENATAL PROCEDURES – Ultrasound, Amniocentesis, Cervical Circlage etc

LABOUR WARD

Date of day on duty	No of hours on duty	No of patients delivered on labour ward	Date of day on duty	No of hours on duty	No of patients delivered on labour ward

LABOUR WARD

Date of day on duty	No of hours on duty	No of patients delivered on labour ward	Date of day on duty	No of hours on duty	No of patients delivered on labour ward

LABOUR WARD

Date of day on duty	No of hours on duty	No of patients delivered on labour ward	Date of day on duty	No of hours on duty	No of patients delivered on labour ward

NON OPERATIVE CASES OF SPECIAL INTEREST ON THE LABOUR WARD: Monitoring / Eclamptic, Premature labour etc

Summarize within two lines per case.

Date	Hosp No	Diagnosis

NON OPERATIVE CASES OF SPECIAL INTEREST ON THE LABOUR WARD: Monitoring / Eclamptic, Premature labour etc

Summarize within two lines per case.

Date	Hosp No	Diagnosis

NON OPERATIVE CASES OF SPECIAL INTEREST ON THE LABOUR WARD: Monitoring / Eclamptic, Premature labour etc

Summarize within two lines per case.

Date	Hosp No	Diagnosis

Performed by the candidate

CAESAREAN SECTION

Summarize within two lines per case.

Date	Hosp No	Diagnosis	*I

*I Provide status of Supervisor or Assistant (abbreviate)

Performed by the candidate

CAESAREAN SECTION

Summarize within two lines per case.

Date	Hosp No	Diagnosis	*I

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Summarize within two lines per case.

Date	Hosp No	Diagnosis	*I

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Where Candidate Assists

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Summarize within two lines per case.

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(Performed by the candidate)

FORCEPS/VENTOUSE

Summarize within two lines per case.

Date	Hosp No	Diagnosis	*I

*I Provide status of Supervisor or Assistant (abbreviate)

(Performed by the candidate)

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(Performed by the candidate)

VAGINAL DELIVERY OF BREECH/TWINS

Summarize within two lines per case.

Date	Hosp No	Diagnosis	*I

*I Provide status of Supervisor or Assistant (abbreviate)

(Performed by the candidate)

VAGINAL DELIVERY OF BREECH/TWINS

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(Performed by the candidate)

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(Performed by the candidate)

VAGINAL DELIVERY OF BREECH/TWINS

Summarize within two lines per case.

Date	Hosp No	Diagnosis	*I

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THIRD STAGE COMPLICATIONS – PPH Manual Removal**,** 3rd degree tear etc.
Summarize within two lines per case – Procedure to be undertaken by candidate

Date	Hosp No	Diagnosis	*I

*I Provide status of Supervisor or Assistant (abbreviate)

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THIRD STAGE COMPLICATIONS – PPH Manual Removal**,** 3rd degree tear etc.
Summarize within two lines per case – Procedure to be undertaken by candidate

Date	Hosp No	Diagnosis	*I

*I Provide status of Supervisor or Assistant (abbreviate)

NEONATAL EXPERIENCE – Resuscitation/Intubation/Record Malformations seen.
Summarize within two lines per case

Date	Hosp No	Diagnosis	*I

*I Provide status of Supervisor or Assistant (abbreviate)

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Summarize within two lines per case

Date	Hosp No	Diagnosis	*I

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WORKSHOPS

S. No	Date	Title of Workshop	Organize

ADDITIONAL PAGES FOR RECORDING SPECIAL EXPERIENCE AND/OR FURTHER CASES OF SPECIAL INTEREST

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First Year

Summary of Obstetric Experience

Procedures personally undertaken by trainee – record number of times procedure undertaken

Procedure etc	First 4 Months	Second 4 months	Third 4 months

Consultants Signature ……..

Date …….

Consultants Signature ……..

Date …….

Consultants Signature ……..

Date …….

Second Year

Summary of Obstetric Experience

Procedures personally undertaken by trainee – record number of times procedure undertaken

Procedure etc	First 4 Months	Second 4 months	Third 4 months

Consultants Signature ……..

Date …….

Consultants Signature ……..

Date …….

Consultants Signature ……..

Date …….

Third Year

Summary of Obstetric experience

Procedures personally undertaken by trainee – record number of times procedure undertaken

Procedure etc	First 4 Months	Second 4 months	Third 4 months

Consultants Signature ……..

Date …….

Consultants Signature ……..

Date …….

Consultants Signature ……..

Date …….

Fourth Year

Summary of Obstetric Experience

Procedures personally undertaken by trainee – record number of times procedure undertaken

Procedure etc	First 4 Months	Second 4 months	Third 4 months

Consultants Signature ……..

Date …….

Consultants Signature ……..

Date …….

Consultants Signature ……..

Date …….

CONSULTANTS COMMENTS ON OBSTETRIC EXPERIENCE

CONSULTANTS COMMENTS ON OBSTETRIC EXPERIENCE

GYNECOLOGICAL SESSION

GYNECOLOGICAL OUT-PATIENTS

Specify type of clinic, e.g. General etc.

Date	Type of clinic	*I	*II	Date	Type of clinic	*I	*II

*I State approximate number of patients seen by you

*II State level of supervision available (Consultant / Senior Registrar / Registrar or Observer)

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*I State approximate number of patients seen by you

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CASES OF INTEREST

Record Date, Hospital number and details for each patient of special interest

Date	Hosp. No	Details

CASES OF INTEREST

Record Date, Hospital number and details for each patient of special interest

Date	Hosp. No	Details

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Date	Hosp. No	Details

SUPERVISED WARD ROUNDS

Date	Status of Supervisor	Date	Status of Supervisor

SUPERVISED WARD ROUNDS.

Date	Status of Supervisor	Date	Status of Supervisor

SUPERVISED WARD ROUNDS.

Date	Status of Supervisor	Date	Status of Supervisor

SUPERVISED WARD ROUNDS.

Date	Status of Supervisor	Date	Status of Supervisor

MEDICAL/POSTOPERATIVE PROBLEMS OF INTEREST

Record date, hospital number and details for each patient of special interest

Date	Hosp. No	Diagnosis

MEDICAL/POSTOPERATIVE PROBLEMS OF INTEREST

Record date, hospital number and details for each patient of special interest

Date	Hosp. No	Diagnosis

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Record date, hospital number and details for each patient of special interest

Date	Hosp. No	Diagnosis

MEDICAL/POSTOPERATIVE PROBLEMS OF INTEREST

Record date, hospital number and details for each patient of special interest

Date	Hosp. No	Diagnosis

EMERGENCY ADMISSION (OTHER THAN ABORTIONS)

Summarize within two lines per case

Date	Hosp No	Detail

EMERGENCY ADMISSION (OTHER THAN ABORTIONS)

Summarize within two lines per case

Date	Hosp No	Detail

EMERGENCY ADMISSION (OTHER THAN ABORTIONS)

Summarize within two lines per case

Date	Hosp No	Detail

EMERGENCY ADMISSION (OTHER THAN ABORTIONS)

Summarize within two lines per case

Date	Hosp No	Detail

EMERGENCY ADMISSION (OTHER THAN ABORTIONS)

Summarize within two lines per case

Date	Hosp No	Detail

Performed by Candidate

GYNECOLOGICAL SURGERY

After 2 month experience dilation and Curettage and uterine evacuation should be excluded

Date	Hosp No	Operation	Diagnosis	*I

*I State level of supervisor (Consultant / Senior Registrar / Registrar or Observer)

Performed by Candidate

GYNECOLOGICAL SURGERY

After 2 month experience dilation and Curettage and uterine evacuation should be excluded

Date	Hosp No	Operation	Diagnosis	*I

*I State level of supervisor (Consultant / Senior Registrar / Registrar or Observer)

Performed by Candidate

GYNECOLOGICAL SURGERY

After 2 month experience dilation and Curettage and uterine evacuation should be excluded

Date	Hosp No	Operation	Diagnosis	*I

*I State level of supervisor (Consultant / Senior Registrar / Registrar or Observer)

Performed by Candidate

GYNECOLOGICAL SURGERY

After 2 month experience dilation and Curettage and uterine evacuation should be excluded

Date	Hosp No	Operation	Diagnosis	*I

*I State level of supervisor (Consultant / Senior Registrar / Registrar or Observer)

Where Candidate Assists

GYNECOLOGICAL SURGERY

Major or intermediate

Date	Hosp No	Operation	Diagnosis	*I

*I Provide status of operation surgeon (Abbreviate)

Where Candidate Assists

GYNECOLOGICAL SURGERY

Major or intermediate

Date	Hosp No	Operation	Diagnosis	*I

*I Provide status of operation surgeon (Abbreviate)

Where Candidate Assists

GYNECOLOGICAL SURGERY

Major or intermediate

Date	Hosp No	Operation	Diagnosis	*I

*I Provide status of operation surgeon (Abbreviate)

Where Candidate Assists

GYNECOLOGICAL SURGERY

Major or intermediate

Date	Hosp No	Operation	Diagnosis	*I

*I Provide status of operation surgeon (Abbreviate)

TERMINATION OF PREGNANCY

Surgical and Medical

Date	Hosp No	Details	Status of Supervisor

TERMINATION OF PREGNANCY

Surgical and Medical

Date	Hosp No	Details	Status of Supervisor

OUTPATIENT OPERATIVE PROCEDURE PERFORMED BY CANDIDATE

Excluding family planning procedure

Date	Hosp No	Details

OUTPATIENT OPERATIVE PROCEDURE PERFORMED BY CANDIDATE

Excluding family planning procedure)

Date	Hosp No	Details

OUTPATIENT OPERATIVE PROCEDURE PERFORMED BY CANDIDATE

Excluding family planning procedure

Date	Hosp No	Details

OUTPATIENT OPERATIVE PROCEDURE PERFORMED BY CANDIDATE

Excluding family planning procedure

Date	Hosp No	Details

FAMILY PLANNING EXPERIENCE

Date	Procedures undertaken and subjects discussed

FAMILY PLANNING EXPERIENCE

Date	Procedures undertaken and subjects discussed

WORKSHOPS

S. No	Date	Title of Workshop	Organize

ADDITIONAL PAGES FOR RECORDING SPECIAL EXPERIENCE AND/OR FURTHER CASES OF SPECIAL INTEREST

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First Year

Summary of Gynecological experience

Procedures personally undertaken by trainee – record number of times procedure undertaken

Procedure etc	All Procedures First 4 Months	Second 4 months	Third 4 months

Consultants Signature ……..

Date …….

Consultants Signature ……..

Date …….

Consultants Signature ……..

Date …….

Second Year

Summary of Gynecological experience

Procedures personally undertaken by trainee – record number of times procedure undertaken

Procedure etc	All Procedures First 4 Months	Second 4 months	Third 4 months

Consultants Signature ……..

Date …….

Consultants Signature ……..

Date …….

Consultants Signature ……..

Date …….

Third Year

Summary of Gynecological experience

Procedures personally undertaken by trainee – record number of times procedure undertaken

Procedure etc	All Procedures First 4 Months	Second 4 months	Third 4 months

Consultants Signature ……..

Date …….

Consultants Signature ……..

Date …….

Consultants Signature ……..

Date …….

Fourth Year

Summary of Gynecological experience

Procedures personally undertaken by trainee – record number of times procedure undertaken

Procedure etc	All Procedures First 4 Months	Second 4 months	Third 4 months

Consultants Signature ……..

Date …….

Consultants Signature ……..

Date …….

Consultants Signature ……..

Date …….

CONSULTANTS COMMENTS ON GYNECOLOGICAL EXPERIENCE

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