

INDIAN ACADEMY OF PAEDIATRICS

LOG BOOK

(IAP FELLOWSHIP PROGRAMME)

FACULTY – MEDICAL

DEPARTMENT

NEONATOLOGY

LOG BOOK

IAP FELLOWSHIP PROGRAMME

NEONATOLOGY

Name of the Student: _____

Name of the Guide: _____

Name of the Institution: _____

RESIDENT'S LOG BOOK

For

Fellowship in Neonatology

Under

INDIAN ACCADEMY OF PAEDIATRICS

Name of the department:

Name of the Institute:

WELCOME

TO

DEPARTMENT OF NEONATOLOGY

The purpose of this log book is to:

1. Help the Resident to maintain a record of the work done by him/her.
2. Enable the faculty to have first hand information about the work done by the Resident and suggest improvement for better performance.
3. Use it to assess clinical experience gained by the Resident.

The Resident should make entries regarding personal data immediately after joining the course.

Various section of log book should from time to time.

The Resident should obtain the signature of the concerned faculty every week.

The log book should be submitted to Head of Department at the end of every rotation and at the end of the term.

PERSONAL DETAILS

1. Full Name :

2. Age :

Date of Birth :

photograph

3. Permanent Address :

4. Tel. No. :

5. Local Address :

6. Date & year of Registration :

7. Date of joining :

8. Course :

9. Teachers name :

10. Institution from which passed M.B.B.S. :

11. institution from which passed MD:

12. Previous experience (give details) :

13. Academic Achievements: Distinctions, Prizes, Medals, Scholarships etc.

14. Marital status :

15. Name & Occupation of spouse :

16. Children (if any) :

17. Special Interest, Hobbies & Extra Curricular Activities :

18. Expected Date of Completion of Course :

19. Date of passing Super speciality Examination :

**20. Tentative Future Plans : Private Practice / Service / Post Doctorate / Research /
Studies abroad :**

POSTING DETAILS :

Sl. no	Unit	Date From - To -	Leave Taken	Remarks Of the Head of the Unit

PROCEDURES

DONE / ASSISTED / OBSERVED :

Sl. no	Name of Patient	Indoor No.	Procedure	Remarks and Signature of Teacher

TEACHING ACTIVITIES

Sl. no	batch	date	Topic	Teachers signature

JOURNAL CLUB PRESENTATIONS

Sl no	date	Name of Journal & Topic	Teacher's Remark

CONFERENCES / WORKSHOPS ATTENDED

Sl.No	Name of conference	Date	Place	Paper presented	Remarks

MISCELLANEOUS HEALTH RELATED ACTIVITIES

Sl. No	Date	Place	activity	Remarks by teacher

PUBLICATIONS

Sl.No	details	Teacher's Remarks

DISSERTATION

Topic:

Guide:

Co-Guide:

Date of Presentation of proposed work :

Remarks of staff members:

Abstract:

Date of presentation of dissertation:

Remarks by H.O.D.

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CASE/TOPIC PRESENTATIONS

Sl.No	Date	Case/Topic	Teacher's Remark
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Assessment of Performance

Name: Residential Year: I

Score: 1 through 10

Period	Month 1-3	Month 4-6	Month 7-9	Month 10-12
Unit				
From – To				
Regularity & Punctuality				
Rapport with Patients – Colleagues				
Initiative				
Clinical acumen				
Skills in Procedure				
Knowledge				
Participation in Academic Programs				
Teaching				
Total				
Signature of Unit In-charge				
Signature of Head of Department				
Signature of the Student				

Assessment of Performance

Name: Residential Year: II

Score: 1 through 10

Period	Month 1-3	Month 4-6	Month 7-9	Month 10-12
Unit				
From – To				
Regularity & Punctuality				
Rapport with Patients – Colleagues				
Initiative				
Clinical acumen				
Skills in Procedure				
Knowledge				
Participation in Academic Programs				
Teaching				
Total				
Signature of Unit In-charge				
Signature of Head of Department				
Signature of the Student				

Assessment of Performance

Name: Residential Year: III

Score: 1 through 10

Period	Month 1-3	Month 4-6	Month 7-9	Month 10-12
Unit				
From – To				
Regularity & Punctuality				
Rapport with Patients – Colleagues				
Initiative				
Clinical acumen				
Skills in Procedure				
Knowledge				
Participation in Academic Programs				
Teaching				
Total				
Signature of Unit In-charge				
Signature of Head of Department				
Signature of the Student				

Assessment of Performance

Name:

Score: 1 through 10

Period	0-3 month	4-6 month	7-9 month	10-12 month
Unit				
From – To				
Regularity & Punctuality				
Rapport with Patients – Colleagues				
Initiative				
Clinical acumen				
Skills in Procedure				
Knowledge				
Participation in Academic Programs				
Teaching				
Total				
Signature of Unit In-charge				
Signature of Head of Department				
Signature of the Student				