



الجلسة العامة
OMAN MEDICAL SPECIALTY BOARD

Oman Medical Specialty Board

General Internal Medicine Residency Training Program

Resident's Logbook 2010

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Resident's

Name: _____

OMSB Number: _____

Year joined: _____

Instructions to residents:

1. Please ensure that the patient is aware that an observed assessment is carried out.
2. All residents will demonstrate competency in performing, using appropriate indications, contraindications, recognition and management of complications, pain management and sterile technique, specimen handling, interpretation of results, and obtain of the below listed procedures.
3. All procedures must be supervised (by attending faculty, chief residents, fellows or supervising residents) until the trainee has developed and demonstrated competency in that specific procedures.
4. The score sheet given on the first page of this logbook maybe used as a guide for the assessment.
5. Competency of performance of the procedure must be verified by the attending faculty, chief resident, fellow, or senior resident (who themselves have demonstrated competency with the procedure being observed).
6. The assessor must give feedback to the resident immediately after the assessment, especially when deficiencies have been identified.
7. Use the logbook to keep an up-to-date record of the procedures you have encountered. It will be reviewed with the program director or assistant program director every 6 months.
8. This logbook has to be maintained by the individual OMSB resident for the entire period of training.

Performance Criteria (elicited and modified from RCP Director Observation of Procedure Skills-DOPS)

UN=Unsatisfactory

S=Satisfactory

AE=Above expected

OB=Observed

PERFORMANCE CRITERIA FOR PROCEDURAL SKILLS

	SKILLS OBSERVED	Unsatisfactory			Satisfactory			Above expected		
		①	②	③	④	⑤	⑥	⑦	⑧	⑨
1	Indication for procedure	①	②	③	④	⑤	⑥	⑦	⑧	⑨
2	Obtaining informed consent	①	②	③	④	⑤	⑥	⑦	⑧	⑨
3	Appropriate analgesia or safe sedation	①	②	③	④	⑤	⑥	⑦	⑧	⑨
4	Technical ability	①	②	③	④	⑤	⑥	⑦	⑧	⑨
5	Professionalism and consideration of the patient (including during the procedure)	①	②	③	④	⑤	⑥	⑦	⑧	⑨
6	Clinical judgment	①	②	③	④	⑤	⑥	⑦	⑧	⑨
7	Awareness and management of complications	①	②	③	④	⑤	⑥	⑦	⑧	⑨
8	Interpreting diagnostic information	①	②	③	④	⑤	⑥	⑦	⑧	⑨
9	Drawing up an appropriate management plan	①	②	③	④	⑤	⑥	⑦	⑧	⑨
10	Counseling and complications of results to patient/relatives	①	②	③	④	⑤	⑥	⑦	⑧	⑨

Cardiopulmonary Resuscitation
Participate in at least 10

	Date	Training Level	Case	Performance criteria	Supervisor	Comments
1						
2						
3						
4						
5						
6						
7						
9						
10						
11						
12						

Bag Mask Ventilation

Participate in at least 10

	Date	Training Level	Case	Performance criteria	Supervisor	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Insertion of Transvenous Pacemaker

Participate in at least 5

	Date	Training Level	Case	Performance criteria	Supervisor	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Arterial Line Insertion

Participate in at least 10

	Date	Training Level	Case	Performance criteria	Supervisor	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Arterial Blood Gasses Sampling

Participate in at least 10

	Date	Training Level	Case	Performance criteria	Supervisor	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Insertion of Central Venous Line (CVP)

Participate in at least 10

	Date	Training Level	Case	Performance criteria	Supervisor	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Interpretation of Swan-Ganz Catheter Reading

Participate in at least 5

	Date	Training Level	Case	Performance criteria	Supervisor	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Lumbar Puncture

Participate in at least 10

	Date	Training Level	Case	Performance criteria	Supervisor	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Abdominal Paracentesis

Participate in at least 10

	Date	Training Level	Case	Performance criteria	Supervisor	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Thoracentesis

Participate in at least 10

	Date	Training Level	Case	Performance criteria	Supervisor	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Bone Marrow Aspiration & Biopsy

Participate in at least 10

	Date	Training Level	Case	Performance criteria	Supervisor	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Intercostal Drainage Tube Insertion

Participate in at least 5

	Date	Training Level	Case	Performance criteria	Supervisor	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Pulmonary Function Test

(including peak expiratory flow rate, spirometry, and lung volumes)

Participate in at least 10

	Date	Training Level	Case	Performance criteria	Supervisor	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Fine Needle Aspiration

Participate in at least 5

	Date	Training Level	Case	Performance criteria	Supervisor	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Knee Joint Aspiration/Injection

Participate in at least 10

	Date	Training Level	Case	Performance criteria	Supervisor	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Nasogastric Tube Insertion

Participate in at least 12

	Date	Training Level	Case	Performance criteria	Supervisor	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Sigmoidoscopy

Participate in at least 10

	Date	Training Level	Case	Performance criteria	Supervisor	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Didactic Teaching Attendance

	Date	Training Level	Topic	Presenter	Comment
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Didactic Teaching Attendance					
	Date	Training Level	Topic	Presenter	Comment
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Didactic Teaching Attendance					
	Date	Training Level	Topic	Presenter	Comment
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Didactic Teaching Attendance					
	Date	Training Level	Topic	Presenter	Comment
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Didactic Teaching Attendance					
	Date	Training Level	Topic	Presenter	Comment
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

R1 Level	Presented by the resident at departmental meetings			
	Journal club = At least 6 Radiology Case Presentation = At least 2		Morbidity & Mortality = At least 2 Clinical Topic Review = At least 4	
	Minimum of 10			
	Date	Topic	Supervisor	Comment
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

R2 Level	Presented by the resident at departmental meetings			
	Journal club = At least 6 Radiology Case Presentation = At least 2		Morbidity & Mortality = At least 2 Clinical Topic Review = At least 4	
	Minimum of 14			
	Date	Topic	Supervisor	Comment
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

R3 Level	Presented by the resident at departmental meetings			
	Journal club = At least 8 Morbidity & Mortality = At least 4 Clinical Topic Review = At least 4 Minimum of 16			
	Date	Topic	Supervisor	Comment
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

R4 Level	Presented by the resident at departmental meetings			
	Journal club = At least 8 Morbidity & Mortality = At least 4 Clinical Topic Review = At least 4 Minimum of 16			
	Date	Topic	Supervisor	Comment
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

WARD ROTATION	Block	Date	Supervisor	Minimum Referral per week Required: 10	Minimum outpatient Cases per week Required: 5	Minimum inpatient cases per week Required: 10	Comments
				Encountered: ___	Encountered: ____	Encountered: ____	Objectives achieved Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>

WARD ROTATION	Block	Date	Supervisor	Minimum Referral per week Required: 10	Minimum outpatient Cases per week Required: 5	Minimum inpatient cases per week Required: 10	Comments
				Encountered: ___	Encountered: ____	Encountered: ____	Objectives achieved Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>

CARDIOLOGY	Block	Date	Supervisor	Minimum Referral per week Required: 10	Minimum outpatient Cases per week Required: 4	Minimum inpatient cases per week Required: 8	Comments Objectives achieved
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
NEUROLOGY	Block	Date	Supervisor	Minimum Referral per week Required: 8	Minimum outpatient Cases per week Required: 10	Minimum inpatient cases per week Required: 12	Comments Objectives achieved
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
ENDOCRINOLOGY	Block	Date	Supervisor	Minimum Referral per week Required: 2-7	Minimum outpatient Cases per week Required:	Minimum inpatient cases per week Required: 2-4	Comments Objectives achieved
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>

INFECTIOUS DISEASE	Block	Date	Supervisor	Minimum Referral per week Required: 20	Minimum outpatient Cases per week Required: 10	Minimum inpatient cases per week Required: 4	Comments
				Encountered: ___	Encountered: ____	Encountered: ____	Objectives achieved Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
NEPHROLOGY	Block	Date	Supervisor	Minimum Referral per week Required: 10	Minimum outpatient Cases per week Required: 6	Minimum inpatient cases per week Required: 10	Comments
				Encountered: ___	Encountered: ____	Encountered: ____	Objectives achieved Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
RESPIRATORY	Block	Date	Supervisor	Minimum Referral per week Required: 20	Minimum outpatient Cases per week Required: 15	Minimum inpatient cases per week Required: 25	Comments
				Encountered: ___	Encountered: ____	Encountered: ____	Objectives achieved Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>

RHEUMATOLOGY	Block	Date	Supervisor	Minimum Referral per week Required: 5	Minimum outpatient Cases per week Required: 10	Minimum inpatient cases per week Required: 5	Comments
				Encountered: ___	Encountered: ____	Encountered: ____	Objectives achieved Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
ONCOLOGY	Block	Date	Supervisor	Minimum Referral per week Required: 5	Minimum outpatient Cases per week Required: 10	Minimum inpatient cases per week Required: 10	Comments
				Encountered: ___	Encountered: ____	Encountered: ____	Objectives achieved Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
GASTROENTEROLOGY	Block	Date	Supervisor	Minimum Referral per week Required: 20	Minimum outpatient Cases per week Required: 15	Minimum inpatient cases per week Required: 18	Comments
				Encountered: ___	Encountered: ____	Encountered: ____	Objectives achieved Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>
				Encountered: ___	Encountered: ____	Encountered: ____	Yes <input type="radio"/> No <input type="radio"/>

Signature of Resident:

Signature of Program Director





المجلس العماني للإختصاصات الطبية
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