

Oman Medical Specialty Board



المجلس العماني للإختصاصات الطبية

OBSTETRICS & GYNECOLOGY Residency Program

Resident's Log Book

JOB DESCRIPTION OF SPECIALTY SCIENTIFIC COMMITTEE

CHAIRMAN

1. Every Specialty Scientific Committee of OMSB (the "Committee")) will be headed by "Scientific Committee Chairman" (hereafter referred to as "Chairman"). He/She will be elected by the Scientific Committee members from amongst the membership.
2. The Chairman will chair all the meetings of the committee. In his/her absence, the Program Director will chair the meetings.
3. The Chairman will represent the Specialty Training Committee at the OMSB Executive Board.
4. The QUALIFICATIONS of the Chairman include but are not limited to the following:
 - a. The Chairman must be Qualified Specialist or sub-specialist in the field of the Specialty Training Program, with appropriate and acceptable Specialty Degree / Qualification recognized by OMSB.
 - b. The Chairman must have documented educational and administrative ability.
 - c. The Chairman must have minimum of 3 years experience after the recognized specialty degree / qualification.

5. The RESPONSIBILITIES of the Chairman include but are not limited to the following:
 - a. The Chairman should provide overall vision of the program including goals and objectives.
 - b. The Chairman, together with the Program Director and the Scientific Committee members is responsible for the performance record of the Specialty Training Program and the maintenance of scientifically sound and stable educational environment.
 - c. The Chairman, together with the Program Director is responsible for the smooth running of the Specialty Training Program.
 - d. The Chairman, together with the Program Director and Committee is responsible for the Annual Review and Revision, if necessary of the Residency Training Curriculum and educational activities.
 - e. The Chairman has an obligation to protect and safeguard the welfare and the rights of the resident.
 - f. The Chairman is accountable for the performance of the Specialty Scientific Training Committee.
 - g. The Chairman is responsible for reviewing the objectives, scheduling and others issues pertinent for rotations. In addition, he is also responsible for ensuring that the "Rotations" of the residents as suggested by the Program Directors are reasonable, fair and responsive to the requirements of the Specialty and of OMSB.

- h. The Chairman should review the program regularly to assess the quality of the educational experience. This review must include:
 - 1. Assessment of each component of the program to ensure that the educational objectives are being met.
 - 2. Assessment of the resources allocation to ensure that resources/facilities are being utilized with optimal effectiveness.
 - 3. Assessment of teaching in the program, including teaching did active, cognitive, research and communication skills.
 - 4. Overseeing the consultant/resident interaction, communication and ensures that this takes place in an open and collegial atmosphere so that a free discussion of the strengths and weaknesses of the program can occur with out hindrance.
- i. The Chairman, together with the Scientific Committee is responsible for selecting candidates for admission to the program.
- j. He/She should reviews performance evaluations of residents.
- k. He/She should reviews resident examination including OMSB results.
- l. He/She should reviews and is responsible for recommending disciplinary action procedures or any other major training concerns brought to the committee and providing and maintaining appeal mechanism.

- m. He/She is responsible for evaluating residents for annual promotion in accordance with OMSB policies.
- n. He/She is responsible for evaluations residents for annual promotion in accordance with OMSB policies.
- o. He/She should establish mechanisms to provide career planning and counseling for residents and to deal with personal problems or other difficulties during the training.
- p. The Chairman should ensure that the Teaching Faculty responsible for training residents are performing to the expectations of the Program and the OMSB. This will include periodic evaluation of the Teaching Faculty Members by the Residents and giving feedback to the respective Faculty.
- q. The Chairman of Scientific Committee is responsible to call for the meetings as stated in the OMSB academic bylaws.

PROGRAM DIRECTOR

1. There will be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In addition, there will be assistant program director at each training center.
2. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.

- b) The program director must be certified in the specialty and possess qualifications judges to be acceptable by the OMSB.
 - c) The program director must be appointed in good standing and based at one of the main training centers.
3. Responsibilities of the Program Director include, but are not limited to the following:
- a) The program director, together with faculty is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment.
 - b) The program director must oversee and organize the activities of the educational program in all institutions that participate institutions.
 - c) He/She should monitor resident supervision at all participating institutions.
 - d) Conduct orientation of residents to OMSB, departmental and Hospital policies and procedures.
 - e) The program director is responsible for preparing an accurate statistical narrative description of the program as requested by the OMSB, as well as updating annually both program and resident records through the OMSB Data System.
 - f) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institutions, training centers and OMSB policies.

- g) Organization of rotation and on-call schedules of residents.
- h) Planning educational activities and monitoring of resident's attendance in these activities.
- i) Counseling residents as necessary.
- j) Monitoring all types of leave.
- k) Ensuring that the resident's performance evaluation process is adhered to as stated in the Performance Evaluation Process.
- l) Reviewing the training program planning with the Scientific Committee. Any proposed revisions will be submitted to the OMSB after the approval by the Scientific Committee.
- m) Informing the Chairman of the Scientific Committee and the OMSB of any withdrawal, resignation, interruption and absence of any resident enrolled in the program.

CHIEF RESIDENT

A Chief Resident should be a senior-level resident, R3 or R4. He/She is assigned administrative and training responsibilities within the residency training program. These are in addition to those regularly performed by other residents in his or her program and post-graduate year.

Specific duties and responsibilities include:

1. Schedule and maintain regular meetings with the Program Director.
2. Maintain communication among the residents in the form of meetings, electronic or written memorandums, or by other means. Schedule monthly resident meetings with the Program Director.
3. In conjunction with the Program Director, arrange the yearly resident rotation schedules, and make appropriate changes during the year as necessary.
4. Maintain and schedule daily work schedules, including on-call coverage issues when unplanned absences occur, due to illness, etc.), and coordinate vacation time, meeting/conference time, and yearly in-service examination.
5. Maintain and monitor resident vacations in accordance with departmental and institutional policies.
6. Schedule and coordinate educational activities. Ensure that the resident staff is aware of up-coming responsibilities to present at various educational activities.
7. Assist the Program Director and faculty/staff with new resident orientation.
8. Assist in making sure that the residents complete their appropriate rotation and faculty evaluation forms.
9. Strive to maintain morale among the resident staff.
10. Encourage and arrange resident representation and/or presentation at appropriate meetings.

11. Coordinate resident participation in the residency candidate interview and evaluation process.
12. Keeps the Program Director informed of important issues involving the residents

TRAINING PROGRAMME

Year by Year Guide for Trainees

Stage In The Program	Year Level	Rotations	Courses / Learning Resource	Assessment Requirements
Selection for the Training Program			Orientation day for Obstetrics & gynecology Department	
Integrated Training Program	Year 1	NICU - 4 weeks Basic Ultrasound - 4weeks Birth Spacing / Family Planning clinic – 4 weeks	Basic Communication Skills course Basic Cardiac Life Support Course Neonatal Resuscitation Course (Provider's) Basic surgical skills	Completion of course and necessary post course assessment
	Year 2	ICU – 2 weeks Imaging - MRI / CT scans- 2 weeks Obstetrics & Gynecology teams	Advanced Cardiac Life Support Course Advanced Life Support in obstetrics & Gynecology Course (ALSO) Basic Obstetric & Gynecology Ultrasound Course	OMSB Part 1 Examination
	Year 3	General Surgery - 2 weeks Urology - 2 weeks Gynecologic Pathology -2 weeks Obstetrics & Gynecology teams	Evidence Based Medicine course	Written Examination
Elective Training	Year 4	Gynecologic Oncology / Radiotherapy Unit - 4 weeks Elective rotation abroad - (Optional 12 weeks) Obstetrics & Gynecology teams		Written Examination Research Project Completed
	Year 5	Obstetrics & Gynecology teams	Management Course Administration training	Completion of Credentialing of Surgical and obstetric Procedures OMSB Part 2 Examination
Continuing Professional Development	Throughout Practicing Career		Approved professional development program	

SPECIFIC OBJECTIVES OF DIFFERENT ROTATIONS

Objectives of Neonatal Resuscitation Training

At the end of this training the trainee should be able to:

1. Examine a newborn baby and recognize, neonatal abnormalities requiring neonatologist care (e.g. congenital dislocation of hips, esophageal Atresia, cardiac murmurs).
2. Resuscitate and intubate a newborn baby. This includes rapid clinical assessment of neonatal asphyxia, external cardiac compression of neonate, use of bag and mask ventilation and use of endotracheal adrenaline.
3. Investigate and provide initial treatment of neonatal jaundice.

Objectives of Intensive Care Unit Training

At the end of this training the trainee should be able to:

1. Recognize and understand the management of the critically ill patients.
2. Manage fluid and electrolyte imbalance.
3. Understand the principles of cardiopulmonary resuscitation and care of intubated patients.

Objectives of Medical Imaging Training

At the end of this training the trainee should be able to:

1. Perform basic Obstetric ultrasound scans for the purpose of ascertaining placental localization, fetal number, fetal presentation, level of fetal well being including Doppler and recognize major congenital abnormalities.
2. Perform basic pelvic (Transabdominal and Transvaginal) ultrasound for common gynecological disorders.
3. Understand principles of CT and MRI scanning of the pelvis and recognize common pathologies.
4. Perform Hysterosalpingography and sonohysterography.

Objectives of Training in Birth Spacing Rotation (Family Planning)

At the end of this training the trainee should be able to:

1. Counsel and provide methods of birth spacing as per the WHO criteria for counseling and providing different methods of birth spacing.
2. Should be able to insert intrauterine device.

Objectives of Training in General Surgery Rotation

At the end of this training the trainee should be able to:

1. Understand the principles of diagnosis and management of common surgical disorders and acute surgical emergencies

2. Perform pre-operative work up for patients undergoing minor / major surgeries
3. Manage post-operative period including common postoperative complications

Objectives of Training in Pathology Rotation

The resident should be able to identify gross and microscopic characteristics of:

1. Genital tract neoplasias (benign, premalignant, and malignant)
2. Trophoblastic and placental disease
3. Cervical cytology
4. Cervical biopsy specimen
5. Cervical Polyp Specimen
6. Endometrial biopsy

LOG - BOOK

APPENDIX

The trainee is expected to first observe / assist adequate number of cases / procedures, before she/he will be allowed to perform the procedure herself/himself, being assisted by accredited tutors / staff.

The decision to allow the trainee to perform procedures independently will depend on the tutors assessment of the individual's skills and not necessarily on the number of procedures observed / assisted.

PROCEDURES ASSISTED / UNDER SUPERVISION Minimum Requirement

OBSTETRICS

Monitoring 1 st stage of labour, assessment of Partogram	20
Assessment of Cardiotocograph (CTG) & management of Fetal distress	20
Application of scalp Electrode	10
Fetal Blood Sampling	10
Management of 3 rd Stage complications	10

GYNECOLOGY

Papanicouleau Smear	10
Wet Vaginal Smear , Fern test	5
Management of Bartholin's abscess / cyst	5
Assistance in Major Gynecological surgery	5

PERSONAL DETAILS

NAME	
ID NO.	

ADDRESS	

CONTACT	
MOBILE	
HOME	
FAX	
E MAIL ADDRESS	

TRAINING DETAILS

TRAINING YEAR			
PERIOD OF TRAINING COVERED BY THIS LOG BOOK			
FROM	/ /200	TO	/ /200

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Certificate of Satisfactory Completion of this Logbook (OMSB) -----	

**Record of Discussion and Assessment by Training Supervisor
Every Three Months**

INSTRUCTIONS

1. Record training experience on a daily basis and get it signed by training supervisor.
2. All trainees undertaking clinical training are required to record the procedural experiences.
3. OMSB training is assessed every six months. The Log record must be submitted every six months to the program director or assistant program director for review.

4. Level of Competency

Level 1

Assistant status

Level 2

Needs direct supervision

Level 3

Indirect Supervision

Level 4

Competent unsupervised

**Minimum Levels of Experience / Procedures
Performed
(Required over 5 Years of OMSB)**

Normal deliveries with episiotomy	25
Operative Deliveries	50
Caesarean sections	100
Major abdominal	30
Major vaginal	25
Laparoscopies	50
Hysteroscopies	100
Colposcopies	50
Gynecological clinics clinic sessions)	100 (number of
Obstetric clinics clinic sessions)	100 (number of
Obstetrics Ultrasound experience in OPD's	100 hours
Gynecology Ultrasound experience in OPD's	50 hours

ABBREVIATIONS USED / ACCEPTED IN OMSB PROGRAMME

AFP	Alpha fetoprotein
APH	Ante partum haemorrhage
ARM	Artificial rupture of membranes
BP	Blood pressure
FHR	Fetal heart rate
CIN	Cervical intraepithelial neoplasia
CTG	Cardiotocograph
DandC	Dilation and curettage
ECG	Electrocardiograph(y)
ECV	External cephalic version
EDD	Expected Date of Delivery
EUA	Examination under anaesthesia
CBC	Complete blood count
CSU	Catheter Specimen of Urine
FSH	Follicle stimulating hormone
GTT	Glucose tolerance test
Hb	Hemoglobin
hCG	Human Chorionic Gonadotrophin
IUCD	Intrauterine contraceptive device
LFTs	Liver function tests
LH	Lutenising hormone
LMP	Last menstrual period
LSCS	Lower segment caesarean section
MSU	Midstream specimen of urine
NAD	Nothing abnormal detected
PPH	Post-partum haemorrhage
PR	Per rectum
PV	Per vaginam
RBC	Red blood cells
TAH	Total abdominal hysterectomy
VDRL	Venereal disease reference laboratory test
UandEs	Urea and electrolyte
WBC	White blood cells

List other abbreviations used

OBSTETRIC PROCEDURES – CAESAREAN SECTIONS

Date	Hosp. No.	Procedure	Indication	Assisted (min 10)	Supervised	Unsupervised	Assisted junior Residents	Signature of Assistant/ Supervisor
Achieved Level 4			Supervisor / Consultant Signature					Date

OBSTETRIC PROCEDURES – VAGINAL DELIVERY WITH EPISIOTOMY

Date	Hosp. No.	Procedure	Episiotomy	Assisted (min 5)	Supervised	Unsupervised	Assisted junior residents	Signature of Assistant/Supervisor
Training Supervisor (name)								Date

Accepted Abbreviations

SVD

OBSTETRIC PROCEDURES – BREECH DELIVERY

Date	Hosp. No.	Procedure	Episiotomy	Assisted (min 5)	Supervised	Unsupervised	Assisted junior residents	Signature of Assistant/Supervisor
Training Supervisor (name)								Date
Achieved Level 4		Supervisor/Consultant Signature						Date

OBSTETRIC PROCEDURES – VENTOUSE/FORCEPS DELIVERY

Date	Hosp No.	Procedure	Episiotomy	Assisted (min 5)	Supervised	Unsupervised	Assisted junior residents	Signature of Assistant/Supervisor
Training Supervisor (name)								Date
Achieved Level 4			Supervisor/Consultant Signature					Date

OBSTETRIC PROCEDURES – TWIN DELIVERY

Date	Hosp. No.	Procedure	Episiotomy	Assisted (min 5)	Supervised	Unsupervised	Assisted junior residents	Signature of Assistant/ Supervisor
Training Supervisor (name)								Date
Achieved Level 4		Supervisor/Consultant Signature						Date

OBSTETRIC PROCEDURES – CERVICAL CERCLAGE

Date	Hosp. No.	Procedure	Indication	Assisted (min. 5)	Supervised	Unsupervised	Assisted junior residents	Signature of Assistant/Supervisor
Training Supervisor (name)								Date
Achieved Level 4			Supervisor/Consultant Signature					Date

OBSTETRIC PROCEDURES – MANUAL REMOVAL OF PLACENTA

Date	Hosp. No.	Procedure	Indication	Assisted	Supervised	Unsupervised	Assisted junior residents	Signature of Assistant/Supervisor
Training Supervisor (name)								Date
Achieved Level 4		Supervisor/Consultant Signature						Date

OBSTETRIC PROCEDURES – AMNIOCENTESIS

Date	Hosp. No.	Procedure	Indication	Assisted (min. 3)	Supervised	Unsupervised	Assisted junior residents	Signature of Assistant/Supervisor
Training Supervisor (name)								Date
Achieved Level 4		Supervisor/Consultant Signature						Date

OBSTETRIC PROCEDURES – OTHER

Date	Hosp. No.	Procedure	Indication	Assisted	Supervised	Unsupervised	Assisted junior residents	Signature of Assistant/Supervisor
Training Supervisor (name)								Date

Accepted Abbreviations (EUA, PPH, ECV)

Obstetric Procedures – Other

- 3rd or 4th Degree Tear Repair
- Examination Under Anaesthesia
- Postpartum Haemorrhage
- Cervical Tear Repair
- External Cephalic Version

EUA
PPH

ECV

MAJOR ABDOMINAL PROCEDURES

Date	Hosp. No.	Procedure	Indication	Assisted	Supervised	Unsupervised	Assisted junior residents	Signature of Assistant/Supervisor
Training Supervisor (name)								Date

Accepted Abbreviations

- EUA Examination under anaesthesia
- PPH Post-partum haemorrhage
- ECV External cephalic version
- TAH/BSO-Total Abdominal Hysterectomy/Bilateral Salpingo-Oophorectomy
- Other Obstetrics Procedure

DIAGNOSTIC LAPAROSCOPY

Date	Hosp. No.	Procedure	Indication	Assisted (min.10)	Supervised	Unsupervised	Assisted junior residents	Signature of Assistant/Supervisor
Training Supervisor (name)								Date
Achieved Level 4		Supervisor/Consultant Signature						Date

OPERATIVE LAPAROSCOPY

Date	Hosp. No.	Procedure	Indication	Assisted (min.10)	Supervised	Unsupervised	Assisted junior residents	Signature of Assistant/ Supervisor
Training Supervisor (name)								Date

MAJOR VAGINAL PROCEDURES

Date	Hosp. No.	Procedure	Indication	Assisted (min. 5)	Supervised	Unsupervised	Assisted junior residents	Signature of Assistant/Supervisor
Training Supervisor (name)								Date

DIAGNOSTIC HYSTEROSCOPY

Date	Hosp. No.	Procedure	Indication	Assisted (min. 5)	Supervised	Unsupervised	Assisted junior residents	Signature of Assistant/Supervisor
Training Supervisor (name)								Date
Achieved Level 4		Supervisor/Consultant Signature						Date

DILATATION / EVACUATION & CURETTAGE

Date	Hosp. No.	Procedure	Indication	Assisted (min. 5)	Supervised	Unsupervised	Assisted junior residents	Signature of Assistant/Supervisor
Training Supervisor (name)								Date
Achieved Level 4			Supervisor/Consultant Signature					Date

OTHER MINOR VAGINAL PROCEDURES

Date	Hosp. No.	Procedure	Indication	Assisted	Supervised	Unsupervised	Assisted junior residents	Signature of Assistant/Supervisor
Training Supervisor (name)								Date

Minor / Intermediate Vaginal Procedures

- Examination Under Anaesthesia
- Excision / Diathermy / Cryotherapy
- Incision and Marsupialisation of Bartholins Cyst / Abscess / Gartner
- Perineorrhaphy
- Other

Cervical Procedures

- LLETZ / LEEP / Cryocautery
- Cone Biopsy
- Cervical Diathermy

HYSTEROSALPINGOGRAM

Date	Hosp. No.	Procedure	Indication	Assisted (min. 3)	Supervised	Unsupervised	Assisted junior residents	Signature of Assistant/Supervisor
Training Supervisor (name)								Date
Achieved Level 4			Supervisor/Consultant Signature					Date

COLPOSCOPY

Date	Hosp. No.	Procedure	Indication	Assisted (min. 5)	Supervised	Unsupervised	Assisted junior residents	Signature of Assistant/Supervisor
Training Supervisor (name)								Date

OTHER MINOR GYNECOLOGICAL OPD PROCEDURES

Date	Hosp. No.	Procedure	Indication	Assisted	Supervised	Unsupervised	Assisted junior residents	Signature of Assistant/ Supervisor
Training Supervisor (name)								Date

- LLETZ / LEEP / Cryocautery
- Cervical Diathermy
- Intrauterine Insemination
- Endometrial sampling / biopsy

GYNAECOLOGY CLINIC (SESSIONS)

Month	Type of Clinic			Total Clinic Sessions
	General	Special	Others	
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
Total				

Training Supervisor (name)

Sign:

Date:

OBSTETRICS CLINIC (SESSIONS)

Month	Type of Clinic			Total Clinic Sessions
	General	Special	Others	
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
Total				

Training Supervisor (name)

Sign:

Date:

OBSTETRIC ULTRASOUND

Name of Procedure	Procedures Observed (min. 5)	Procedures Performed Under Supervision (min. 15)
Trans-vaginal first trimester early pregnancy		
Trans-abdominal first trimester dating		
Second / third trimester biometry		
Determine presentation		
Determine placental site		
Measure AFI		

IMPORTANT NOTES:

The procedures listed in the *Procedures Performed* column can be done in the delivery suit, in antenatal clinic or in antenatal wards, as long as the procedures are appropriately supervised. Supervision of ultrasound training should be provided by a trained sonographer or other suitably qualified practitioner.

Training Supervisor (name).....

Sign:

Date:

PELVIC ULTRASOUND (GYNECOLOGY PROCEDURE)

Name of Procedure	Procedures Observed (min. 5)	Procedures Performed Under Supervision (min. 15)
Trans-abdominal USG with full bladder		
Trans-vaginal Pelvic USG (Normal Anatomy)		
Trans-vaginal Pelvic USG (Pelvic Pathology)		
Trans-vaginal Pelvic USG (Follicular Study)		

IMPORTANT NOTES:

The procedures listed in the *Procedures Performed* column can be done in the accident & emergency, clinics or in the wards, as long as the procedures are appropriately supervised. Supervision of ultrasound training should be provided by a trained sonographer or other suitably qualified practitioner.

Training Supervisor (name)

Sign:

Date:

WORKSHOP / COURSE CERTIFICATION

- Communication Skills Course**
- Neonatal Resuscitation Course**
- Basic Surgical Skills Course**
- Basic Cardiac Life Support Course**
- Advanced Cardiac Life Support Course**
- Advanced Life Support in Obstetrics Course**
- Basic Obstetric & Gynecology Ultrasound Course**

Name of workshop:

Year of Training Year 1 Year 2 Year 3 Year 4

Hospital / Venue:

Dates of training:

Workshop Certificate submitted date:

Please provide a copy of certificate of attendance of any workshop you are attending.

Name of workshop:

Year of Training Year 1 Year 2 Year 3 Year 4

Hospital / Venue:

Dates of training:

Workshop Certificate submitted date:

Please provide a copy of certificate of attendance of any workshop you are attending.

Name of Workshop:

Year of Training **Year 1** **Year 2** **Year 3** **Year 4**

Hospital /Venue:

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Year of Training **Year 1** **Year 2** **Year 3** **Year 4**

Hospital /Venue:

Dates of training:

Workshop Certificate submitted date:

Please provide a copy of certificate of attendance of any workshop you are attending.

**CERTIFICATE OF SATISFACTORY COMPLETION
OF THIS LOGBOOK
(OMSB)**

I certify that:

Name of Resident:.....

has satisfactorily completed this Logbook as required under the OMSB regulations.

Trainee's signature:.....Date:.....

-Program Director

-Chair (OMSB Training and Accreditation Committee)

