

Tehran University of Medical Sciences International Campus School of Medicine

STUDENT LOGBOOK

(Internal medicine ward)

FOR MEDICAL STUDENTS

IMPORTANT! Your course only will be accepted if your student log book is completed and your tutor!

How to use this logbook:

Logbook is the place where you are going to document experiences and skills you attained during your training. The logbook is divided into several sections. These instructions will help you completing those sections correctly.

- **Personnel information:** Please fill in all your personnel required in page 4. Your personnel photo should be attached to the logbook.
- **Participation report sheet in section training:** This sheet should be filled at the end of each day, signed by the instructor.
- **History taking and progress notes:** After recording the date and file number of patients and also history taking and progress note (using P or H), the student will be given A, B or C according to his or her skill, signed by the instructors.
- **Procedures:** Student's skills and procedures according to curriculum, at least on the manikin are listed in page7. In the next page the student's procedure either on the patient or on the manikin should be recorded and evaluated and signed by the instructor using A, B or C.

- **Clinic:** Table 9 demonstrates student's activities in the clinic. The student should record date, plans and diagnosis. The instructor will evaluate student's performance using A, B or C.
- **Night shift activities report sheet:** Please in each watch write short report of important and get it signed by responsible supervisor.
- **Final evaluation:** The instructor will fill in the following sheet at the end of the course.

The purposes are:

- A framework for self-assessment and evaluation.
- A framework for collaborative assessment and evaluation.
- A record and display of professional goals growth and achievement.
- A foundation for career-long self-directed professional development.

NAME:	
STUDENT ID:	
Cell phone:	Persona
E mail:	photo

NAME OF HOSPITAL	PERIOD OF WORK
	2 months
	1 months
	1 months

	PARTICIPATION REPORT SHEET in SECTION TRAINING									
Date	Morning Report	Round	Clinic	Other Matters (Please mention)	Responsible signature & Stamp					

PARTICIPATION REPORT SHEET in SECTION TRAINING									
Date	Morning Report	Round	Clinic	Other Matters (Please mention)	Responsible signature & Stamp				

	PARTICIPATION REPORT SHEET in SECTION TRAINING									
Date	Morning Report	Round	Clinic	Other Matters (Please mention)	Responsible signature & Stamp					

PARTICIPATION REPORT SHEET in SECTION TRAINING									
Date	Morning Report Round Clinic		Other Matters (Please mention)	Responsible signature & Stamp					

	PARTICIPATION REPORT SHEET in SECTION TRAINING									
Date	Morning Report Round Clinic O		orning Report Round Clinic		Responsible signature & Stamp					

	HISTORY TAKING & PROGRESS NOTES								
Date	Patient ID	H Or		SCORE		Responsible signature & Stamp			
		P	A	В	С				

	HISTORY TAKING & PROGRESS NOTES								
Date	Patient ID	H Or		SCORE		Responsible signature & Stamp			
		P	A	В	С				

	HISTORY TAKING & PROGRESS NOTES								
Date	Patient ID	H Or		SCORE		Responsible signature & Stamp			
		P	A	В	С				

_	Н			HISTORY TAKING & PROGRESS NOTES								
Patient ID	or		SCORE		Responsible signature & Stamp							
	P	A	В	С								
		P	P A	P A B	P A B C							

	HISTORY TAKING & PROGRESS NOTES								
Date	Patient ID	H Or		SCORE		Responsible signature & Stamp			
		P	A	В	С				

Students must have the ability to do the following:

1	ABG (at least on the manikin)	10	Gram staining on sputum, urine, ascites, pleural
			fluid, joint fluid, cerebrospinal fluid samples
2	Intubation (at least on the manikin)	11	LP (at least on the manikin)
3	CPR (on the manikin)	12	Pleural fluid puncture (at least on the manikin)
4	Diagnosis of normal ECG from abnormal	13	Ascites tapping (at least on the manikin)
5	NG tube & gastric lavage	14	Knee joint aspiration(at least on the manikin)
6	Microscopic urine analysis	15	Ophthalmoscopy
7	Urine analysis with urinary test tapes	16	ECG interpretation
8	CBC analysis	17	CXR interpretation
9	Stoll analysis for OB & OP	18	Abdominal X-ray interpretation

	PROCEDURES								
Date	Patient	Model		SCORE		Responsible signature & Stamp			
			A	В	С				

	PROCEDURES								
Date	Patient	Model		SCORE		Responsible signature & Stamp			
			A	В	С				

PROCEDURES							
Patient	Model		SCORE		Responsible signature & Stamp		
		A	В	С			
	Patient	Patient Model		Patient Model SCORE	Patient Model SCORE		

	CLINIC						
Date	Diagnosis of case	Examination			Plan	Responsible signature & Stamp	
		A	В	С			

	CLINIC						
Date	Diagnosis of case	Examination			Plan	Responsible signature & Stamp	
		A	В	С			

	CLINIC						
Date	Diagnosis of case	Examination			Plan	Responsible signature & Stamp	
		A	В	С			

	CLINIC							
Date	Diagnosis of case	Ex	aminati	on	Plan	Responsible signature & Stamp		
		A	В	С				

	CLINIC						
Date	Diagnosis of case	Examination			Plan	Responsible signature & Stamp	
		A	В	С			

	REPORT SHEET for NOT CONFINED PATIENT						
Date	Number of Patients	of Patients Responsible Date Numb Signature Patie &Stamp			Responsible Signature &Stamp		

	REPORT SHEET for NOT CONFINED PATIENT						
Date	Number of Patients	Responsible Signature &Stamp	Date	Number of Patients	Responsible Signature &Stamp		

NIGHT SHIFT ACTIVITIES REPORT SHEET

Date:

Responsible signature & stamp

NIGHT SHIFT ACTIVITIES REPORT SHEET

Date:

Responsible signature & stamp

Please choose one of the most interesting cases and make a detailed case report on it! The detailed case report should contain the basic information about the patient' (The present illness or complaint); the significant family or past history; the problem list; the assessment and the final solution. Please mention why you found the chosen case Interesting.

Patient's initials:

Final evaluation								
Subject	Below expectation	Borderline	Meets expectation	Above expectation				
History taking skills								
Physical examination skills								
Communication skills								
Procedure skills								

FINAL MARK

Responsible signature & Stamp

PARTICIPATION REPORT SHEET in SECTION TRAINING							
Date	Morning Report	Round	Clinic	Other Matters (Please mention)	Responsible signature & Stamp		

PARTICIPATION REPORT SHEET in SECTION TRAINING							
Date	Morning Report	Round	Clinic	Other Matters (Please mention)	Responsible signature & Stamp		

PARTICIPATION REPORT SHEET in SECTION TRAINING							
Date	Morning Report	Round	Clinic	Other Matters (Please mention)	Responsible signature & Stamp		

Date	Morning Report	Round	Clinic	Other Matters (Please mention)	Responsible signature & Stamp

PARTICIPATION REPORT SHEET in SECTION TRAINING							
Date	Morning Report	Round	Clinic	Other Matters (Please mention)	Responsible signature & Stamp		

	OTES					
Date	Patient ID	H Or		SCORE		Responsible signature & Stamp
		P	A	В	С	

	OTES					
Date	Patient ID	H Or		SCORE		Responsible signature & Stamp
		P	A	В	С	

	HISTORY TAKING & PROGRESS NOTES						
Date	Date Patient ID	H Or		SCORE		Responsible signature & Stamp	
		P	A	A B C			

	HISTORY TAKING & PROGRESS NOTES						
Date	Patient ID	H Or		SCORE		Responsible signature & Stamp	
		P	A	В	С		

	HISTORY TAKING & PROGRESS NOTES						
Date	Patient ID	H Or		SCORE		Responsible signature & Stamp	
		P	A	В	С		

	CLINIC								
Date	Diagnosis of case	Ex	aminati	on	Plan	Responsible signature & Stamp			
	2 3 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	A	В	С					

	CLINIC								
Date	Diagnosis of case	Ex	aminati	on	Plan	Responsible signature & Stamp			
		A	В	С					

	CLINIC								
Date	Diagnosis of case	Ex	aminati	on	Plan	Responsible signature & Stamp			
		A	В	С					

	CLINIC								
Date	Diagnosis of case	Ex	aminati	on	Plan	Responsible signature & Stamp			
		A	В	С					

	CLINIC								
Date	Diagnosis of case	Ex	aminati	on	Plan	Responsible signature & Stamp			
		A	В	С					

	REPORT SHEET for NOT CONFINED PATIENT							
Date	Number of Patients	Responsible Signature &Stamp	Date	Number of Patients	Responsible Signature &Stamp			

	REPORT SHEET for NOT CONFINED PATIENT							
Date	Number of Patients	Responsible Signature &Stamp	Date	Number of Patients	Responsible Signature &Stamp			

|--|

Date:

Responsible signature & stamp

NIGHT SHIFT ACTIVITIES REPORT SHEET

Date:

Responsible signature & stamp

Please choose one of the most interesting cases and make a detailed case report on it! The detailed case report should contain the basic information about the patient' (The present illness or complaint); the significant family or past history; the problem list; the assessment and the final solution. Please mention why you found the chosen case Interesting.

Patient's initials:

Final evaluation									
Subject	Below expectation	Borderline	Meets expectation	Above expectation					
History taking skills									
Physical examination skills									
Communication skills									
Procedure skills									

Responsible signature & Stamp



PARTICIPATION REPORT SHEET in SECTION TRAINING								
Date	Morning Report	Round	Clinic	Other Matters (Please mention)	Responsible signature & Stamp			

	PARTICIPATION REPORT SHEET in SECTION TRAINING								
Date	Morning Report	Round	Clinic	Other Matters (Please mention)	Responsible signature & Stamp				

Date	Morning Report	Round	Clinic	Other Matters (Please mention)	Responsible signature & Stamp

Date	Morning Report	Round	Clinic	Other Matters (Please mention)	Responsible signature & Stamp

PARTICIPATION REPORT SHEET in SECTION TRAINING								
Date	Morning Report	Round	Clinic	Other Matters (Please mention)	Responsible signature & Stamp			

		HISTO	RY TAKIN	IG & PRO	GRESS NO	OTES
Date	Patient ID	H Or				Responsible signature & Stamp
		P	A	В	С	

		HISTO	RY TAKIN	NG & PRO	GRESS NO	DTES
Date	Patient ID	H Or		SCORE		Responsible signature & Stamp
		P	A	В	С	

		HISTO	RY TAKIN	IG & PRO	GRESS NO	OTES
Date	Patient ID	H Or				Responsible signature & Stamp
		P	A	В	С	

		HISTO	RY TAKIN	IG & PRO	GRESS NO	OTES
Date	Patient ID	H Or				Responsible signature & Stamp
		P	A	В	С	

		HISTO	RY TAKIN	IG & PRO	GRESS NO	OTES
Date	Patient ID	H Or				Responsible signature & Stamp
		P	A	В	С	

			CI	INIC		
Date	Diagnosis of case	Examination			Plan	Responsible signature & Stamp
	_	A	В	С		

Diagnosis of case	Exa	aminati			
	Examination			Plan	Responsible signature & Stamp
-	A	В	С		

	CLINIC					
Date	Diagnosis of case	Ex	Examination		Plan	Responsible signature & Stamp
		A B C	С			

	CLINIC					
Date	Diagnosis of case	Examination			Plan	Responsible signature & Stamp
	_	A B C	С			

	CLINIC					
Date	Diagnosis of case	Ex	Examination		Plan	Responsible signature & Stamp
		A B C	С			

	REPORT SHEET for NOT CONFINED PATIENT					
Date	Number of Patients	Responsible Signature &Stamp	Date	Number of Patients	Responsible Signature &Stamp	

	REPORT SHEET for NOT CONFINED PATIENT					
Date	Number of Patients	Responsible Signature &Stamp	Date	Number of Patients	Responsible Signature &Stamp	

Please choose one of the most interesting cases and make a detailed case report on it! The detailed case report should contain the basic information about the patient' (The present illness or complaint); the significant family or past history; the problem list; the assessment and the final solution. Please mention why you found the chosen case Interesting.

Patient's initials:

Final evaluation					
Subject	Below expectation	Borderline	Meets expectation	Above expectation	
History taking skills					
Physical examination skills					
Communication skills					
Procedure skills					

FINAL MARK

Responsible signature & Stamp

Final comment: Please summarize your opinion and experi	ences gained during the course!
Thank you, Please sign below and return	
Sign:	Date:
We wish you success in your future care	er

Notes and Comments

Notes and Comments