



**MASEÑO UNIVERSITY
SCHOOL OF MEDICINE**

DEPARTMENT OF INTERNAL MEDICINE

LOG BOOK FOR CLINICAL ROTATION:

6TH YEAR MBChB STUDENTS

Student's Reg. No: _____

Name: _____

Date of Clinical Rotation:

Start _____

End _____

INSTRUCTIONS

- 1) Log books should be handed in 2 days before the end of the rotation
- 2) All procedures must be done in consultation and under the supervision of the consultant or medical officer in charge of the patient
- 3) Signatures from the overseeing doctor/Instructor must be obtained on the day of the procedure and not at the end
- 4) In the column labeled O/A/P indicate if you Observed, Assisted or Performed the procedure
- 5) All procedures marked to be performed by the medical student must first be observed and this should be documented in the log book

Procedures performed under supervision

- Bone Marrow Aspirate (3)
- Lymph node biopsy (3)
- Male urethral catheterization (5)
- Pleural Tap (5)
- Ascitic Tap (5)
- Lumbar puncture (5)
- Female urethral catheterization (5)
- Veinpuncture for phlebotomy (10)

Procedures to Assist

- Insertion of dialysis catheter /CVP (3)

M) Overall Comments Regarding Student/Supervisor Instructions & Progress:

Date	Issues raised by student/supervisor	Discussion points by supervisor	Resolution comments	Student's signature	Supervisor's signature

**L) Overall Comments Regarding Student/Supervisor Instructions
& Progress:**

Date	Issues raised by student/supervisor	Discussion points by supervisor	Resolution comments	Student's signature	Supervisor's signature

A) Vein-puncture for phlebotomy

Date	Pat. No	Diagnosis	O/A/P	Name/signature of supervisor

B) Insertion of IV Cannula

Date	Patient No. (OP/IP No.)	Diagnosis	O/A/P	Name/Signature of Supervisor

K) Clinic Attendance/Cases clerked and presented

Date	Patient No. (OP/IP No.)	Diagnosis	O/A/P	Name/Signature of Supervisor

J) Clinic Attendance/Cases clerked and presented

Date	Patient No. (OP/IP No.)	Diagnosis	O/A/P	Name/Signature of Supervisor

C) Urethral Catheterization

Date	Patient No. (OP/IP No.)	Diagnosis	O/A/P	Name/Signature of Supervisor

D) Lumbar Puncture

Date	Patient No. (OP/IP No.)	Diagnosis	O/A/P	Name/Signature of Supervisor

I) Insertion of Dialysis Catheter/CVP

Date	Patient No. (OP/IP No.)	Diagnosis	O/A/P	Name/Signature of Supervisor

H) Pleural Tap

Date	Patient No. (OP/IP No.)	Diagnosis	O/A/P	Name/Signature of Supervisor

E) Bone Marrow Aspirate

Date	Patient No. (OP/IP No.)	Diagnosis	O/A/P	Name/Signature of Supervisor

F) Lymph Node Biopsy/FNA

Date	Patient No. (OP/IP No.)	Diagnosis	O/A/P	Name/Signature of Supervisor

G) Ascitic Tap

Date	Patient No. (OP/IP No.)	Diagnosis	O/A/P	Name/Signature of Supervisor