****

## POSTGRADUATE YEAR 1

***LOGBOOK***

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| **Name:** |  | |
|  | | |
| **I/C or P/P No. :** | |  |

How to use this logbook

This logbook is for you to record your learning experience throughout the year. You will be required to review your logbook with your supervisor every month. Hence, it is your responsibility to keep your logbook current and ready for review. Please use only patients’ initials or last four digits and alphabet of patients’ NRIC when recording conditions/procedures in your logbook, and ensure it is kept safely.

**Instructions on filling in the logbook**

*Logging of training activities for each posting*

* Posting Period & Training Programme:

Please record the period of posting, discussions with your supervisors and induction programme attended.

* Learning sessions:

Please record sessions organised by your department/hospital which you have attended.

* Training Log:

The logbook is pre-populated with the list of core conditions for each posting which you must complete for the postings that you are rotated through. You may also record other conditions seen for your own learning reference. Your supervisor will choose any case(s) from this list of logged conditions for discussion during the monthly assessment.

* Reflective Log:

You are encouraged to reflect on any aspect of your training and record your experience and learning points every month into this section.

*Logging of attendance at compulsory learning activities/courses*

* Compulsory Learning Activities:

Institutions will organise sessions pertaining to systems-based practice, practice-based learning and improvement, patient safety and cost effectiveness. You must attend them and record attendance into this section.

* BCLS:

You are required to successfully complete the BCLS course and record attendance into this section.

*Logging of core procedures performed*

* Common core procedures:

The logbook is pre-populated with the list of core procedures which you must complete. Documenting supervision for the procedures done is optional. You may also record other procedures done for your own learning reference. Your supervisor will choose any case(s) from this list of logged procedures for discussion during the monthly assessment.

* Common core procedures in Paediatric Medicine:

The logbook is pre-populated with the list of core procedures for paediatric medicine which you are required to complete and document supervision, only if you are rotated through Paediatric Medicine. You may also record other procedures done for your own learning reference. Your supervisor will choose any case(s) from this list of logged procedures for discussion during the monthly assessment.

**PERSONAL INFORMATION**

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| --- | --- | --- | --- |
| **Name**  ***(Please print name and underline surname)*** |  | | |
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| **Date of Graduation** |  | | |
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| **Place of Graduation** | |  | |
|  | | | |
|  | | ***Hospital/Specialty*** | ***Period*** |
|  | |  |  |
| **First HO Posting** | |  |  |
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| **Second HO Posting** | |  |  |
|  | |  | |
| **Third HO Posting** | |  |  |
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| **Fourth HO Posting**  ***(if on 3-monthly rotation)*** | |  |  |

**Contents**

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| *Each Posting consist of:* | | * *Posting Period & Training Programme* * *Training Log* * *Reflective Log* |
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| **01** | Medicine Posting | |
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| **11** | General Surgery Posting | |
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| **19** | Orthopaedic Surgery Posting | |
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| **27** | Obstetrics & Gynaecology Posting | |
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| **67** | List of Compulsory Learning Activities and Courses | |
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| **68** | Common List of Core Procedures | |
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| **71** | List of Core Procedures (Paediatric Medicine) | |

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| **MEDICAL POSTING**  **MEDICAL POSTING** | | | | |
|  | | | | |
| **POSTING PERIOD** | **:** |  | **to** |  |
|  | | | | |
| **HOSPITAL\*** | **:** | **AH / CGH / KKWCH / KTPH / NUH / NTFGH/SGH / TTSH** | | |
| *\* Please circle where appropriate* | | | | |
|  | | | | |
| **Summary of scheduled discussions / review on training with Supervisor(s):** *\* Please indicate NA (not applicable) if on less than 4 monthly rotation* | | | | |
|  | | | | |
|  | | **Name of Supervisor** | | **Date of Discussion** |
| Initial Discussion | |  | |  |
| 1st Month Review | |  | |  |
| 2nd Month Review | |  | |  |
| 3rd Month Review | |  | |  |
| End-of-Posting Review | |  | |  |
| Additional Meetings: | | | | |
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| **TRAINING PROGRAMME** |
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| **Induction Programme (Department or Institution Level)** |
| *Please provide outline and duration:* |
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| **Learning Sessions**  Medical | | |
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| **Type** | | **Details of Sessions** |
| 🞎 | Grand Ward Round |  |
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| 🞎 | Mortality Round |  |
|  | | |
| 🞎 | Morbidity Round |  |
|  | | |
| 🞎 | X-Ray Round |  |
|  | | |
| 🞎 | Clinico-pathological Conference |  |
|  | | |
| 🞎 | Journal Club |  |
|  | | |
| 🞎 | Dept Teaching Sessions |  |
|  | | |
| 🞎 | Dept Research Activities |  |
|  | | |
| 🞎 | Involvement in SIP |  |
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| 🞎 | Teaching of Other Health Professionals |  |
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| Others (please specify): | | |
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| **List of Core Conditions** | | | |
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| **Diagnosis/Condition** | **Date** | **\*Patient ID** | **Learning Points** |
| Abdominal pain |  |  |  |
| Altered mental state including management of: |  |  |  |
| * Alcohol-intoxicated patients |  |  |  |
| * Change in mentation |  |  |  |
| * Seizures |  |  |  |
| * Meningitis |  |  |  |
| * Encephalitis |  |  |  |
| Atrial fibrillation and other dysrhythmias |  |  |  |
| Change in bowel habits |  |  |  |
| Chest pain including acute management of acute coronary syndromes |  |  |  |
| Drug allergy, overdose and poisoning |  |  |  |
| Dyspnoea and cough including management of: |  |  |  |
| * Acute pulmonary oedema |  |  |  |
| * Pneumonia |  |  |  |
| * Pneumothorax |  |  |  |
| Acute respiratory distress including management of: |  |  |  |
| * Chronic Bronchitis |  |  |  |
| * Asthma |  |  |  |
| * COPD |  |  |  |
| Electrolyte disturbances *(e.g. hyponatraemia, hyperkalaemia, hypokalaemia)* including management of: |  |  |  |
| * Acute renal failure |  |  |  |
| * Chronic renal failure |  |  |  |
| * Uncontrolled diabetes (includes DKA & hypoglycaemia) |  |  |  |
| Falls in elderly |  |  |  |
| Fever |  |  |  |
| Gastrointestinal bleeding |  |  |  |
| Headache & giddiness |  |  |  |
| Hypertension including severe hypertension |  |  |  |
| Joint pain |  |  |  |
| Liver failure/jaundice |  |  |  |
| Loss of appetite and weight and nutrition |  |  |  |
| Loss of consciousness (syncope and fits) |  |  |  |
| Lower limb swelling |  |  |  |
| Nausea/vomiting and diarrhoea |  |  |  |
| Pain management |  |  |  |
| Weakness, numbness and stroke |  |  |  |
| \**Use only patients’ initials or last four digits and alphabet of patients’ NRIC* | | | |

| **List of other conditions clerked** | | | |
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| **Diagnosis/Condition** | **Date** | **\*Patient ID** | **Learning Points** |
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| **Reflection of learning in the past 1 month** |
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| *(You may include any aspect of your training in the past 1 month - from patients cared for, procedures done, and any other experience which you feel has added to your learning journey)* |
| **Month/Year:** |
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| **GENERAL SURGERY POSTING**  **GENERAL SURGERY POSTING** | | | | |
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| **POSTING PERIOD** | **:** |  | **to** |  |
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| **HOSPITAL\*** | **:** | **AH / CGH / KKWCH / KTPH / NUH / NTFGH/SGH / TTSH** | | |
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| **Summary of scheduled discussions / review on training with Supervisor(s):** *\* Please indicate NA (not applicable) if on less than 4 monthly rotation* | | | | |
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|  | | **Name of Supervisor** | | **Date of Discussion** |
| Initial Discussion | |  | |  |
| 1st Month Review | |  | |  |
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| End-of-Posting Review | |  | |  |
| Additional Meetings: | | | | |
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| **TRAINING PROGRAMME** |
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| **Induction Programme (Department or Institution Level)** |
| *Please provide outline and duration:* |
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| **Learning Sessions**  General Surgery | | |
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| **Type** | | **Details of Sessions** |
| 🞎 | Grand Ward Round |  |
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| 🞎 | Mortality Round |  |
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| 🞎 | Morbidity Round |  |
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| 🞎 | X-Ray Round |  |
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| 🞎 | Clinico-pathological Conference |  |
|  | | |
| 🞎 | Journal Club |  |
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| 🞎 | Dept Teaching Sessions |  |
|  | | |
| 🞎 | Dept Research Activities |  |
|  | | |
| 🞎 | Involvement in SIP |  |
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| 🞎 | Teaching of Other Health Professionals |  |
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| Others (please specify): | | |
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| **List of Core Conditions** | | | |
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| **Diagnosis/Condition** | **Date** | **\*Patient ID** | **Learning Points** |
| Acute abdomen including management of acute appendicitis |  |  |  |
| Acute limb ischaemia |  |  |  |
| Acute urinary retention |  |  |  |
| Change in bowel habits |  |  |  |
| Common cancers |  |  |  |
| Gastrointestinal bleed |  |  |  |
| Hernias |  |  |  |
| Intestinal obstruction |  |  |  |
| Intra-abdominal sepsis including management of cholangitis and pancreatitis |  |  |  |
| Trauma patient survey including management of head injury |  |  |  |
| \**Use only patients’ initials or last four digits and alphabet of patients’ NRIC* | | | |

| **List of other conditions clerked** | | | |
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| **Diagnosis/Condition** | **Date** | **\*Patient ID** | **Learning Points** |
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| **Reflection of learning in the past 1 month** |
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| *(You may include any aspect of your training in the past 1 month - from patients cared for, procedures done, and any other experience which you feel has added to your learning journey)* |
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| **ORTHOPAEDIC SURGERY POSTING**  **ORTHOPAEDIC SURGERY POSTING** | | | | |
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| **POSTING PERIOD** | **:** |  | **to** |  |
|  | | | | |
| **HOSPITAL\*** | **:** | **AH / CGH / KKWCH / KTPH / NUH / NTFGH/SGH / TTSH** | | |
| *\* Please circle where appropriate* | | | | |
|  | | | | |
| **Summary of scheduled discussions / review on training with Supervisor(s):** *\* Please indicate NA (not applicable) if on less than 4 monthly rotation* | | | | |
|  | | | | |
|  | | **Name of Supervisor** | | **Date of Discussion** |
| Initial Discussion | |  | |  |
| 1st Month Review | |  | |  |
| 2nd Month Review | |  | |  |
| 3rd Month Review | |  | |  |
| End-of-Posting Review | |  | |  |
| Additional Meetings: | | | | |
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| **TRAINING PROGRAMME** |
|  |
| **Induction Programme (Department or Institution Level)** |
| *Please provide outline and duration:* |
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| **Learning Sessions**  Orthopaedic Surgery | | |
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| **Type** | | **Details of Sessions** |
| 🞎 | Grand Ward Round |  |
|  | | |
| 🞎 | Mortality Round |  |
|  | | |
| 🞎 | Morbidity Round |  |
|  | | |
| 🞎 | X-Ray Round |  |
|  | | |
| 🞎 | Clinico-pathological Conference |  |
|  | | |
| 🞎 | Journal Club |  |
|  | | |
| 🞎 | Dept Teaching Sessions |  |
|  | | |
| 🞎 | Dept Research Activities |  |
|  | | |
| 🞎 | Involvement in SIP |  |
|  | | |
| 🞎 | Teaching of Other Health Professionals |  |
|  | | |
| Others (please specify): | | |
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| **List of Core Conditions** | | | |
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| **Diagnosis/Condition** | **Date** | **\*Patient ID** | **Learning Points** |
| Acute compartment syndrome |  |  |  |
| Avascular necrosis |  |  |  |
| Backache |  |  |  |
| Degenerative conditions of the spine |  |  |  |
| Joint dislocations |  |  |  |
| Musculoskeletal sepsis including management of: |  |  |  |
| * Septic arthritis |  |  |  |
| * Osteomyelitis |  |  |  |
| Osteoarthritis |  |  |  |
| Osteoporosis |  |  |  |
| Spinal trauma including management of: |  |  |  |
| * Acute cord compression |  |  |  |
| * Chronic cord compression |  |  |  |
| Trauma – fractures (open and closed) and soft tissue injuries |  |  |  |
| \**Use only patients’ initials or last four digits and alphabet of patients’ NRIC* | | | |

| **List of other conditions clerked** | | | |
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| **Diagnosis/Condition** | **Date** | **\*Patient ID** | **Learning Points** |
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| **Reflection of learning in the past 1 month** |
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| *(You may include any aspect of your training in the past 1 month - from patients cared for, procedures done, and any other experience which you feel has added to your learning journey)* |
| **Month/Year:** |
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| **OBSTETRICS & GYNAECOLOGY POSTING**  **OBSTETRICS & GYNAECOLOGY POSTING** | | | | |
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| **POSTING PERIOD** | **:** |  | **to** |  |
|  | | | | |
| **HOSPITAL\*** | **:** | **AH / CGH / KKWCH / KTPH / NUH / NTFGH/SGH / TTSH** | | |
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|  | | **Name of Supervisor** | | **Date of Discussion** |
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| 1st Month Review | |  | |  |
| 2nd Month Review | |  | |  |
| 3rd Month Review | |  | |  |
| End-of-Posting Review | |  | |  |
| Additional Meetings: | | | | |
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| **TRAINING PROGRAMME** |
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| **Induction Programme (Department or Institution Level)** |
| *Please provide outline and duration:* |
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| **Learning Sessions**  OBSTETRICS & GYNAECOLOGY | | |
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| **Type** | | **Details of Sessions** |
| 🞎 | Grand Ward Round |  |
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| 🞎 | Mortality Round |  |
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| 🞎 | Morbidity Round |  |
|  | | |
| 🞎 | X-Ray Round |  |
|  | | |
| 🞎 | Clinico-pathological Conference |  |
|  | | |
| 🞎 | Journal Club |  |
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| 🞎 | Dept Teaching Sessions |  |
|  | | |
| 🞎 | Dept Research Activities |  |
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| 🞎 | Involvement in SIP |  |
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| 🞎 | Teaching of Other Health Professionals |  |
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| Others (please specify): | | |
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| **List of Core Conditions** | | | |
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| **Diagnosis/Condition** | **Date** | **\*Patient ID** | **Learning Points** |
| Abnormal uterine/vaginal bleeding including management of menorrhagia |  |  |  |
| Acute abdomen in gynaecology including management of ectopic pregnancy |  |  |  |
| Basic antenatal care and early pregnancy problems including management of: |  |  |  |
| * Pregnancy of unknown location |  |  |  |
| * Miscarriages |  |  |  |
| * Hyperemesis gravidarum |  |  |  |
| Chronic pelvic pain |  |  |  |
| Contraception and infertility |  |  |  |
| Dysmenorrhoea |  |  |  |
| Evaluation of abnormal pap smears including cervical cancer |  |  |  |
| Gestational diabetes |  |  |  |
| Hypertension in pregnancy |  |  |  |
| Indications for caesarean section and management of postoperative complications |  |  |  |
| Normal and abnormal gynaecological vaginal examination |  |  |  |
| Normal labour and delivery of newborns including basic resuscitation of newborns, episiotomy repair and associated problems |  |  |  |
| Sexually transmitted diseases |  |  |  |
| Trophoblastic disease |  |  |  |
| \**Use only patients’ initials or last four digits and alphabet of patients’ NRIC* | | | |

| **List of other conditions clerked** | | | |
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| **Diagnosis/Condition** | **Date** | **\*Patient ID** | **Learning Points** |
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| **Reflection of learning in the past 1 month** |
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| *(You may include any aspect of your training in the past 1 month - from patients cared for, procedures done, and any other experience which you feel has added to your learning journey)* |
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| **Reflection of learning in the past 1 month** |
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| **Reflection of learning in the past 1 month** |
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| **PAEDIATRIC MEDICINE POSTING**  **PAEDIATRIC MEDICINE POSTING** | | | | |
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| **POSTING PERIOD** | **:** |  | **to** |  |
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| **HOSPITAL\*** | **:** | **AH / CGH / KKWCH / KTPH / NUH / NTFGH/SGH / TTSH** | | |
| *\* Please circle where appropriate* | | | | |
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| **Summary of scheduled discussions / review on training with Supervisor(s):** *\* Please indicate NA (not applicable) if on less than 4monthly rotation* | | | | |
|  | | | | |
|  | | **Name of Supervisor** | | **Date of Discussion** |
| Initial Discussion | |  | |  |
| 1st Month Review | |  | |  |
| 2nd Month Review | |  | |  |
| 3rd Month Review | |  | |  |
| End-of-Posting Review | |  | |  |
| Additional Meetings: | | | | |
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| **TRAINING PROGRAMME** |
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| **Induction Programme (Department or Institution Level)** |
| *Please provide outline and duration:* |
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| **Learning Sessions**  PAEDIATRIC MEDICINE | | |
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| **Type** | | **Details of Sessions** |
| 🞎 | Grand Ward Round |  |
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| 🞎 | Mortality Round |  |
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| 🞎 | Morbidity Round |  |
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| 🞎 | X-Ray Round |  |
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| 🞎 | Clinico-pathological Conference |  |
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| 🞎 | Journal Club |  |
|  | | |
| 🞎 | Dept Teaching Sessions |  |
|  | | |
| 🞎 | Dept Research Activities |  |
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| 🞎 | Involvement in SIP |  |
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| 🞎 | Teaching of Other Health Professionals |  |
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| Others (please specify): | | |
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| **List of Core Conditions** | | | |
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| **Diagnosis/Condition** | **Date** | **\*Patient ID** | **Learning Points** |
| Acute gastroenteritis |  |  |  |
| Acute respiratory distress including management of: |  |  |  |
| * Asthma |  |  |  |
| * Bronchitis |  |  |  |
| * Croup |  |  |  |
| Allergic rhinitis |  |  |  |
| Constipation |  |  |  |
| Convulsions (febrile seizures, epilepsy) |  |  |  |
| Dehydration and electrolyte disturbances |  |  |  |
| Developmental delay |  |  |  |
| Eczema |  |  |  |
| Failure to thrive |  |  |  |
| Feeding and nutrition in childhood |  |  |  |
| Hyperbilirubinaemia |  |  |  |
| Iron deficiency anaemia |  |  |  |
| Management of persistently crying baby |  |  |  |
| Meningitis |  |  |  |
| Neonatal jaundice |  |  |  |
| Neonatal pyrexia/sepsis |  |  |  |
| Non-accidental injury |  |  |  |
| Obesity |  |  |  |
| Severe allergic reactions (anaphylaxis, Stevens-Johnson syndrome) |  |  |  |
| Urinary tract infection |  |  |  |
| Fever with/without rash |  |  |  |
| Common childhood infections e.g. Otitis media, URTI, pneumonia, IMS, measles, varicella |  |  |  |
| \**Use only patients’ initials or last four digits and alphabet of patients’ NRIC* | | | |

| **List of other conditions clerked** | | | |
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| **Diagnosis/Condition** | **Date** | **\*Patient ID** | **Learning Points** |
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| **Reflection of learning in the past 1 month** |
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| *(You may include any aspect of your training in the past 1 month - from patients cared for, procedures done, and any other experience which you feel has added to your learning journey)* |
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| **Reflection of learning in the past 1 month** |
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| **Reflection of learning in the past 1 month** |
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| *(You may include any aspect of your training in the past 1 month - from patients cared for, procedures done, and any other experience which you feel has added to your learning journey)* |
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| **Reflection of learning in the past 1 month** |
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| **ADDITIONAL APPROVED SPECIALTY POSTING**  **ADDITIONAL APPROVED SPECIALTY POSTING** | | | | |
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| **POSTING** | **:** |  |
| **POSTING PERIOD** | **:** |  | **to** |  |
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| **HOSPITAL\*** | **:** | **AH / CGH / KKWCH / KTPH / NUH / NTFGH /SGH / TTSH / IMH** | | |
| *\* Please circle where appropriate* | | | | |
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| **Summary of scheduled discussions / review on training with Supervisor(s):** *\* Please indicate NA (not applicable) if on less than 4 monthly rotation* | | | | |
|  | | | | |
|  | | **Name of Supervisor** | | **Date of Discussion** |
| Initial Discussion | |  | |  |
| 1st Month Review | |  | |  |
| 2nd Month Review | |  | |  |
| 3rd Month Review | |  | |  |
| End-of-Posting Review | |  | |  |
| Additional Meetings: | | | | |
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| **TRAINING PROGRAMME** |
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| **Induction Programme (Department or Institution Level)** |
| *Please provide outline and duration:* |
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| **Learning Sessions**  ADDITIONAL APPROVED SPECIALTY | | |
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| **Type** | | **Details of Sessions** |
| 🞎 | Grand Ward Round |  |
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| 🞎 | Mortality Round |  |
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| 🞎 | Morbidity Round |  |
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| 🞎 | X-Ray Round |  |
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| 🞎 | Clinico-pathological Conference |  |
|  | | |
| 🞎 | Journal Club |  |
|  | | |
| 🞎 | Dept Teaching Sessions |  |
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| 🞎 | Dept Research Activities |  |
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| 🞎 | Involvement in SIP |  |
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| 🞎 | Teaching of Other Health Professionals |  |
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| Others (please specify): | | |
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| **List of conditions clerked** | | | |
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| **Diagnosis/Condition** | **Date** | **\*Patient ID** | **Learning Points** |
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| **Reflection of learning in the past 1 month** |
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| **Reflection of learning in the past 1 month** |
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| **Reflection of learning in the past 1 month** |
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| **REPOSTING**  **REPOSTING** | | | | |
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| **HOSPITAL\*** | **:** | **AH / CGH / KKWCH / KTPH / NUH / NTFGH /SGH / TTSH / IMH** | | |
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|  | | | | |
|  | | **Name of Supervisor** | | **Date of Discussion** |
| Initial Discussion | |  | |  |
| 1st Month Review | |  | |  |
| 2nd Month Review | |  | |  |
| 3rd Month Review | |  | |  |
| End-of-Posting Review | |  | |  |
| Additional Meetings: | | | | |
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| **TRAINING PROGRAMME** |
|  |
| **Induction Programme (Department or Institution Level)** |
| *Please provide outline and duration:* |
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| **Learning Sessions**  REPOSTING | | |
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| **Type** | | **Details of Sessions** |
| 🞎 | Grand Ward Round |  |
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| 🞎 | Mortality Round |  |
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| 🞎 | Morbidity Round |  |
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| 🞎 | Involvement in SIP |  |
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| 🞎 | Teaching of Other Health Professionals |  |
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| Others (please specify): | | |
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| **List of Core Conditions** | | | |
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| **Diagnosis/Condition** | **Date** | **\*Patient ID** | **Learning Points** |
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| **List of other conditions clerked** | | | |
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| **Diagnosis/Condition** | **Date** | **\*Patient ID** | **Learning Points** |
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| **Reflection of learning in the past 1 month** |
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| *(You may include any aspect of your training in the past 1 month - from patients cared for, procedures done, and any other experience which you feel has added to your learning journey)* |
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| **Reflection of learning in the past 1 month** |
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| **POSTING PERIOD** | **:** |  | **to** |  |
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| **HOSPITAL\*** | **:** | **AH / CGH / KKWCH / KTPH / NUH / NTFGH /SGH / TTSH / IMH** | | |
| *\* Please circle where appropriate* | | | | |
|  | | | | |
| **Summary of scheduled discussions / review on training with Supervisor(s):** *\* Please indicate NA (not applicable) if on less than 4 monthly rotation* | | | | |
|  | | | | |
|  | | **Name of Supervisor** | | **Date of Discussion** |
| Initial Discussion | |  | |  |
| 1st Month Review | |  | |  |
| 2nd Month Review | |  | |  |
| 3rd Month Review | |  | |  |
| End-of-Posting Review | |  | |  |
| Additional Meetings: | | | | |
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| **TRAINING PROGRAMME** |
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| **Induction Programme (Department or Institution Level)** |
| *Please provide outline and duration:* |
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| **Learning Sessions**  MEDICINE / GEN. SURGERY / ORTHO SURGERY / PAEDS / O&G | | |
|  | | |
| **Type** | | **Details of Sessions** |
| 🞎 | Grand Ward Round |  |
|  | | |
| 🞎 | Mortality Round |  |
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| 🞎 | Morbidity Round |  |
|  | | |
| 🞎 | X-Ray Round |  |
|  | | |
| 🞎 | Clinico-pathological Conference |  |
|  | | |
| 🞎 | Journal Club |  |
|  | | |
| 🞎 | Dept Teaching Sessions |  |
|  | | |
| 🞎 | Dept Research Activities |  |
|  | | |
| 🞎 | Involvement in SIP |  |
|  | | |
| 🞎 | Teaching of Other Health Professionals |  |
|  | | |
| Others (please specify): | | |
| 🞎 |  |  |
| 🞎 |  |  |
| 🞎 |  |  |

| **List of Core Conditions** | | | |
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| **Diagnosis/Condition** | **Date** | **\*Patient ID** | **Learning Points** |
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| \**Use only patients’ initials or last four digits and alphabet of patients’ NRIC* | | | |

| **List of other conditions clerked** | | | |
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| **Diagnosis/Condition** | **Date** | **\*Patient ID** | **Learning Points** |
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| **Reflection of learning in the past 1 month** |
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| *(You may include any aspect of your training in the past 1 month - from patients cared for, procedures done, and any other experience which you feel has added to your learning journey)* |
| **Month/Year:** |
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| **Reflection of learning in the past 1 month** |
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| *(You may include any aspect of your training in the past 1 month - from patients cared for, procedures done, and any other experience which you feel has added to your learning journey)* |
| **Month/Year:** |
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| **Reflection of learning in the past 1 month** |
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| *(You may include any aspect of your training in the past 1 month - from patients cared for, procedures done, and any other experience which you feel has added to your learning journey)* |
| **Month/Year:** |
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| **Reflection of learning in the past 1 month** |
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| *(You may include any aspect of your training in the past 1 month - from patients cared for, procedures done, and any other experience which you feel has added to your learning journey)* |
| **Month/Year:** |
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| **Compulsory Learning Activities** | | | |
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| **No.** | **Learning Activities** | **Details** | **Date Attended** |
| 1. | Patient safety |  |  |

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| **Optional Learning Activities** | | | |
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| **No.** | **Learning Activities** | **Details** | **Date Attended** |
| 1. | Systems-based practice |  |  |
| 2. | Practice-based learning and improvement |  |  |
| 3. | Cost effectiveness |  |  |

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| **Compulsory Courses** | | |
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| **No.** | **Course** | **Date Attended** |
| 1. | BCLS (File certificates of attendance separately as evidence of attendance) |  |

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| **Optional Courses** | | |
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| **No.** | **Course** | **Date Attended** |
| 1. | ACLS |  |

| **Common List of Core Procedures** | | | |
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| **Procedure/Skill** | **Date done** | **\*Patient ID/Indication for procedure** | **Supervised by/Date (Optional)** |
| Administer nebulisation |  |  |  |
| Alcohol-based hand rub |  |  |  |
| ^Arterial blood gas |  |  |  |
| Aseptic technique |  |  |  |
| Blood cultures |  |  |  |
| Blood transfusion check list |  |  |  |
| Handling sharps |  |  |  |
| Hand washing |  |  |  |
| ^Insulin management, including glucose monitoring |  |  |  |
| Intra-muscular administration of medication |  |  |  |
| Parenteral administration of medication |  |  |  |
| Removal of surgical drains/chest tubes |  |  |  |
| Removal of urinary catheter |  |  |  |
| Subcutaneous administration of medication |  |  |  |
| ^Sutures, tying of knots and securing of lines |  |  |  |
| Urinary catheterisation |  |  |  |
| Venepuncture and the insertion and removal of IV plugs and lines |  |  |  |
|  | | | |
| \**Use only patients’ initials or last four digits and alphabet of patients’ NRIC* | | | |
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| ^Not applicable in Paediatric Medicine posting | | | |

| **List of other common procedures** | | | |
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| **Procedure/Skill** | **Date done** | **\*Patient ID/Indication for procedure** | **Supervised by/Date (Optional)** |
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| **List of Core Procedures (Paediatric Medicine)** | | | |
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| **Procedure/Skill** | **Date done** | **\*Patient ID/Indication for procedure** | **Supervised by/Date (Optional)** |
| Assessing vaccination records and ordering vaccines |  |  |  |
| Bag and mask a child (Real patient/Simulation) |  |  |  |
| Bedside glucose monitoring and responding appropriately to patient’s blood glucose |  |  |  |
| Blood pressure measurement |  |  |  |
| Capillary/finger prick for blood investigation |  |  |  |
| Developmental assessment |  |  |  |
| Heel prick for serum bilirubin |  |  |  |
| MDI administration of medications/use of spacer devices |  |  |  |
| Measuring and plotting growth (height, weight, OFC) |  |  |  |
| Ordering appropriate oxygen therapy |  |  |  |
| Paediatric prescribing |  |  |  |
|  | | | |
| \*Use only patients’ initials or last four digits and alphabet of patients’ NRIC | | | |

| **List of other common procedures (Paediatric Medicine)** | | | |
| --- | --- | --- | --- |
|  | | | |
| **Procedure/Skill** | **Date done** | **\*Patient ID/Indication for procedure** | **Supervised by/Date (Optional)** |
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