

Rawalpindi Medical University



Log Book
MD Hematology

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SECTION-I

SECTION - I

CERTIFICATE

This is to certify that, to the best of my knowledge, all the entries in the

Log Book of _____
(Name of Trainee)

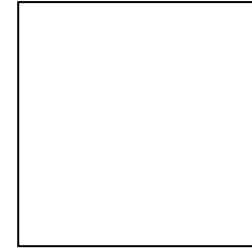
having the Registration No. _____ are correct.

Signature of Head of the Department _____

Signature of Head of the Institution _____

SECTION - I

STUDENT'S PROFILE



Name : _____

Father's Name: _____

Date of Birth: _____ N.I.C NO. _____

Address: _____

Phone No: Office: _____ Res: _____ Mobile: _____

E-Mail: _____

University registration #: _____

Programme (Discipline): _____

Mode of Study: _____ Full Time / Part Time

SECTION – I

SUPERVISOR/CO-SUPERVISOR'S DETAILS

Main Supervisor:

Name: _____

Qualification : _____

Designation: _____

Registration #: _____

Email: _____

Co-Supervisor(s):

1. _____

2. _____

SECTION – I

GRADUATION HISTORY (MBBS)

Institution : _____

University : _____

Year of Passing : _____

ANY OTHER COURSE (S) COMPLETED AFTER M.B.B.S. BEFORE JOINING MD Haematology

SECTION 1

INSTITUTION'S DETAILS

Name: _____

Address: _____

Vice Chancellor: _____

Training Department: _____

CHAIRPERSON/HEAD OF THE DEPARTMENT:

Name: _____

Academic and professional details _____

Designation: _____

Section II

SECTION II

ASSESSMENT PROCEDURE

Formative assessment

Summative assessment

Semester Examination marks

Yealy Examination marks will have three components

- In training assessment 100 marks
- Mid training assessment 200 marks
- Internal Assessment: 100 marks
- Final Assessment 400 marks
- Thesis 100 marks

In Training Assessment :

Max marks 100

Theory (MCQs)

Max marks 100

Mid Term Assessment

Max marks 200

Theory MCQs

Marks 100

Practical

Marks 100

Final assessment:

Max marks 400

Theory

Max marks 200

- MCQs 100 marks
- SEQs 100 marks

Practical

Max marks 100

Viva

Max marks 100

Internal Assessment:

Max marks 100

- Presentation
- Journal club
- Quizes

Thesis

Max marks 100

SECTION - II

DEPARTMENT OF HEMATOLOGY RAWALPINDI MEDICAL UNIVERSITY, RWP
PGT EVALUATION PROFORMA BY SUPERVISOR (FIRST YEAR ASSESSMENT)

NAME: _____ SESSION: _____

PROGRAMME: _____ COURSE TITLE: _____

Attendance		
Presentations		
Lecturers		
SGD		
Tutorials/Guided self Study		
Practical		
Professionalism		
Conduct		

TEST RESULTS			
WRITTEN	MCQ	SEQ	
VIVA			
OSPE			
PRACTICAL ASSIGNMENT			
PRESENTATION			
TOTAL			
REMARKS			

SUPERVISOR SIGNATURE : _____

SECTION - II**DEPARTMENT OF HEMATOLOGY RAWALPINDI MEDICAL UNIVERSITY, RWP
PGT EVALUATION PROFORMA BY SUPERVISOR (SECOND YEAR ASSESSMENT)**

NAME: _____ SESSION: _____

PROGRAMME: _____ COURSE TITLE: _____

Attendance		
Presentations		
Lectures		
SGDs		
Tutorials/Guided self study		
Practical		
Professionalism		
Conduct		

TEST RESULTS			
WRITTEN	MCQ	SEQ	
VIVA			
OSPE			
PRACTICAL ASSIGNMENT			
PRESENTATION			
TOTAL			
REMARKS			

SUPERVISOR SIGNATURE : _____

DEPARTMENT OF HEMATOLOGY RAWALPINDI MEDICAL UNIVERSITY, RWP

PGT EVALUATION PROFORMA BY SUPERVISOR (THIRD YEAR ASSESSMENT)

NAME: _____ SESSION: _____

PROGRAMME: _____ COURSE TITLE: _____

ATTENDANCE		
Presentations		
Lectures		
SGD		
Tutorials/guided self study		
Practical		
Professionalism		
Conduct		

TEST RESULTS			
WRITTEN	MCQ	SEQ	
VIVA			
OSPE			
PRACTICAL ASSIGNMENT			
PRESENTATION			
TOTAL			
REMARKS			

**DEPARTMENT OF HEMATOLOGY RAWALPINDI MEDICAL UNIVERSITY, RWP
PGT EVALUATION PROFORMA BY SUPERVISOR (FOURTH YEAR ASSESSMENT)**

NAME: _____ SESSION: _____

PROGRAMME: _____ COURSE TITLE: _____

ATTENDANCE		
PRESENTATIONS		
LECTURES		
SGD		
TUTORIALS/ Guided self Study		
Practical		
PROFESSIONALISM		
CONDUCT		

TEST RESULTS			
WRITTEN	MCQ	SEQ	
VIVA			
OSPE			
PRACTICAL ASSIGNMENT			
PRESENTATION			
TOTAL			
REMARKS			

Section III

DETAILS OF LEAVE FROM THE MAIN TRAINING INSTITUTION

S.No.	Nature of Leave	Period (Dates)	Number Of Days	Reasons For Leave

CALENDAR YEAR

NUMBER OF DAYS OF LEAVE

Signature of the Supervisor _____

SECTION-IV

Content to be Covered

Basic

- Anatomy and Physiology of Blood and Bone Marrow
- Hematopoiesis: Normal and Abnormal
- Biochemistry of Blood Components
- Immunology and Blood Disorders
- Genetics and Molecular Biology in Hematology

****2. Clinical Hematology:****

- Diagnosis and Management of Anemia
- Diagnosis and Management of Bleeding Disorders
- Diagnosis and Management of Thrombotic Disorders
- Diagnosis and Management of Hematological Malignancies (Leukemia, Lymphoma, Myeloma)
- Diagnosis and Management of Myeloproliferative Disorders
- Diagnosis and Management of Myelodysplastic Syndromes
- Diagnosis and Management of Hemoglobinopathies
- Diagnosis and Management of Platelet Disorders
- Diagnosis and Management of Coagulation Disorders

****3. Laboratory Medicine:****

- Hematological Laboratory Techniques (Blood Cell Counting, Coagulation Studies, Bone Marrow Aspiration and Biopsy)
- Interpretation of Hematological Tests
- Blood Transfusion Medicine
- Molecular Diagnostics in Hematology

****4. Hematological Procedures:****

- Bone Marrow Aspiration and Biopsy
- fine needle aspiration Biopsy

****5. Transplantation:****

- Hematopoietic Stem Cell Transplantation
- Blood and Marrow Transplantation

****6. Research Methodology:****

- Principles of Clinical Research
- Biostatistics
- Research Ethics

LECTURES

Sr. No.	Date	Topic	Attended/ conducted	Signature of supervisor

Signature of the Supervisor _____

PROBLEM BASED LEARNING (PBL)

Sr. No.	Date	Topic	Attended/ conducted	Signature of supervisor

Signature of the Supervisor_____

SMALL GROUP DISCUSSION (SGD)

Sr. No.	Date	Topic	Attended/ conducted	Signature of supervisor

Signature of supervisor: _____

Practical work in Laboratory

Sr. No.	Date	Topic	Attended/ conducted	Signature of supervisor

Signature of the Supervisor _____

SECTION-V:

SYNOPSIS:

Proposed topic: _____

Date of presentation: _____

Date of Approval : _____

Proposed place of study: _____

Approval status	Yes/No
Approved as such	
Approved with minor changes	
Rejected	

RESEARCH/THESIS:

Title: _____

Date of commencement: _____

Place of research work: _____

Duration: _____

Supervised by: _____

Data compilation date: _____

Thesis compilation date: _____

SECTION-VI

MISCELLANEOUS ACADEMIC ACTIVITIES:

JOURNAL CLUB MEETINGS

Sr. No.	Date	Topic	Attended/ conducted	Signature of supervisor

Signature of the Supervisor_____

RESEARCH PUBLICATIONS

Sr. No.	Date	Topic	Attended/ conducted	Signature of supervisor

Signature of the Supervisor _____

SEMINARS

Sr. No.	Date	Topic	Attended/ conducted	Signature of supervisor

Signature of the Supervisor _____

WORKSHOPS

Sr. No.	Date	Topic	Attended/ conducted	Signature of supervisor

Signature of the Supervisor _____

Clinico Pathological Conference

S. No.	TOPIC	DATE

Signature of the Supervisor_____

LIBRARY RESEARCH

S. No.	RESEARCH TOPIC	DATE

Signature of the Supervisor _____

BIOSTATISTICS

S. No.	TOPIC	DATE

Signature of the Supervisor _____

RESEARCH METHODOLOGY

S. No.	TOPIC	DATE

Signature of the Supervisor _____

MEDICAL WRITING & EDITING

S. No.	TOPIC	DATE

Signature of the Supervisor _____

