

***NATIONAL BOARD OF EXAMINATIONS
NEW DELHI***

DEPARTMENT OF RADIODIAGNOSIS

LOG BOOK
DIPLOMATE OF NATIONAL BOARD

Name of P.G. Student:

Name of P.G. Guide

Name of hospital:

Department of Radiology

Certificate

**This is to certify that Dr. _____ is registered as a Resident in the Dept. of Radiology.
All the entries in the Logbook have been checked and authenticated.**

Signature

Signature

Post – Graduate Teacher

Head of the Department

Name:

Name:

Date:

Date:

INDEX

Sl. No.	Topic	Page No.
1.	General Information	
2.	Clinical Postings	
3.	Log Of cases	
4.	Presentations	
	➤ Case Presentations Sessions	
	➤ Seminars	
	➤ Journal Club Meetings	
	➤ Basic Sciences Lecture for DNB	
	➤ CME / Workshop / Conference	
	➤ Inter Hospital Clinical Meetings	
	➤ Inter Departmental Meetings	
	➤ Other Meetings	
5.	Workshop, Seminars, Conference and Guest Lecture Attended	
6.	Scientific Papers presented at Conferences	
7.	Awards, Prizes and Certificates of Appreciation obtained.	
8.	Publications in the Books & Scientific Journals	
9.	Resident evaluation	

GENERAL INFORMATION

Name:

Address:

Tel.No.:

E-mail ID:

Date of joining the course:

Date of Completion:

Registered for:

Registration Number:

Post-Graduate Teacher:

Under-Graduate and Post Graduate Qualification

Degree/Diploma	College & University	Year of Passing	Attempt	Distinction & Prizes

Signature of the Student

Signature of the HOD
Date with Stamp

Signature of the Director Academics
/ DNB Program

Date with Stamp

CLINICAL POSTING

		Period		POSTING	Signature of Unit Incharge
		From	To		
1st Year	1st Month				
	2nd Month				
	3rd Month				
	4th Month				
	5th Month				
	6th Month				
	7th Month				
	8th Month				
	9th Month				
	10th Month				
	11th Month				
	12th Month				
2nd Year	1st Month				
	2nd Month				
	3rd Month				
	4th Month				
	5th Month				
	6th Month				
	7th Month				
	8th Month				
	9th Month				
	10th Month				
	11th Month				
	12th Month				

		Period		POSTING	Signature of Unit Incharge
		From	To		
3rd Year	1st Month				
	2nd Month				
	3rd Month				
	4th Month				
	5th Month				
	6th Month				
	7th Month				
	8th Month				
	9th Month				
	10th Month				
	11th Month				
	12th Month				

LOG OF CASES – (A) RADIOLOGY – BARIUM / IVP / UROLOGY / OTHERS

Sl.No.	DATE	NAME HOSP. NO. AGE / SEX	PROCEDURE PERFORMED	CASE DISCUSSED WITH DOCTOR	REMARKS	NAME OF THE CONSULTANT & SIGNATURE

Signature of the Candidate

*Signature of the Head of the Department
With Stamp*

**LOG OF CASES – (B) ULTRASOUND / COLOR DOPPLER – OBSTETRICS / GYNAE / ABDOMEN /
SMALL PARTS / OTHERS**

Sl.No.	DATE	NAME HOSP. NO. AGE / SEX	PROCEDURE PERFORMED	CASE DISCUSSED WITH DOCTOR	REMARKS	NAME OF THE CONSULTANT & SIGNATURE

Signature of the Candidate

**Signature of the Head of the Department
With Stamp**

LOG OF CASES – (C) CT : NEURO / BODY / ANGIO / OTHERS

Sl.No.	DATE	NAME HOSP. NO. AGE / SEX	PROCEDURE PERFORMED	CASE DISCUSSED WITH DOCTOR	REMARKS	NAME OF THE CONSULTANT & SIGNATURE

Signature of the Candidate

*Signature of the Head of the Department
With Stamp*

LOG OF CASES – (D) MRI : NEURO / BODY / ANGIO / MRCP / MUSCULOSKELETAL / OTHERS

Sl.No.	DATE	NAME HOSP. NO. AGE / SEX	PROCEDURE PERFORMED	CASE DISCUSSED WITH DOCTOR	REMARKS	NAME OF THE CONSULTANT & SIGNATURE

Signature of the Candidate

*Signature of the Head of the Department
With Stamp*

LOG OF CASES – (E) MAMMOGRAPHY : BIOPSY

Sl.No.	DATE	NAME HOSP. NO. AGE / SEX	PROCEDURE PERFORMED	CASE DISCUSSED WITH DOCTOR	REMARKS	NAME OF THE CONSULTANT & SIGNATURE

Signature of the Candidate

*Signature of the Head of the Department
With Stamp*

LOG OF CASES – (F) ANGIOGRAPHY: CEREBRAL / PERIPHERAL / RENAL / OTHERS

Sl.No.	DATE	NAME HOSP. NO. AGE / SEX	PROCEDURE PERFORMED	CASE DISCUSSED WITH DOCTOR	REMARKS	NAME OF THE CONSULTANT & SIGNATURE

Signature of the Candidate

*Signature of the Head of the Department
With Stamp*

LOG OF CASES – (G) INTERVENTIONAL: DIAGNOSTIC / THERAPEUTIC

<i>Sl.No.</i>	<i>DATE</i>	<i>NAME HOSP. NO. AGE / SEX</i>	<i>PROCEDURE PERFORMED</i>	<i>CASE DISCUSSED WITH DOCTOR</i>	<i>REMARKS</i>	<i>NAME OF THE CONSULTANT & SIGNATURE</i>

Signature of the Candidate

***Signature of the Head of the Department
With Stamp***

LOG OF CASES – (H) MISCELLANEOUS :

Sl.No.	DATE	NAME HOSP. NO. AGE / SEX	PROCEDURE PERFORMED	CASE DISCUSSED WITH DOCTOR	REMARKS	NAME OF THE CONSULTANT & SIGNATURE

Signature of the Candidate

*Signature of the Head of the Department
With Stamp*

LOG OF CASES – (I) EMERGENCY RADIOLOGY & IMAGING :

Sl.No.	DATE	NAME HOSP. NO. AGE / SEX	PROCEDURE PERFORMED	CASE DISCUSSED WITH DOCTOR	REMARKS	NAME OF THE CONSULTANT & SIGNATURE

Signature of the Candidate

*Signature of the Head of the Department
With Stamp*

CASE PRESENTATION

<i>SL.NO.</i>	<i>DATE</i>	<i>CASE</i>	<i>SIGNATURE OF CONSULTANT / FACULTY / MODERATOR</i>

Signature of the Candidate

*Signature of the Head of the Department
With Stamp*

SEMINAR / REVIEW FOR DNB TRAINEES

<i>SL.NO.</i>	<i>DATE</i>	<i>TOPIC</i>	<i>SIGNATURE OF CONSULTANT / FACULTY / MODERATOR</i>

Signature of the Candidate

*Signature of the Head of the Department
With Stamp*

JOURNAL CLUB FOR DNB TRAINEES

<i>SL.NO.</i>	<i>DATE</i>	<i>TOPIC</i>	<i>SIGNATURE OF CONSULTANT / FACULTY / MODERATOR</i>

Signature of the Candidate

***Signature of the Head of the Department
With Stamp***

BASIC SCIENCES LECTURE FOR DNB TRAINEES

<i>SL.NO.</i>	<i>DATE</i>	<i>TOPIC</i>	<i>SIGNATURE OF CONSULTANT / FACULTY / MODERATOR</i>

Signature of the Candidate

*Signature of the Head of the Department
With Stamp*

CME / WORKSHOP / CONFERENCE FOR DNB TRAINEES

<i>SL.NO.</i>	<i>DATE</i>	<i>TOPIC</i>	<i>SIGNATURE OF CONSULTANT / FACULTY / MODERATOR</i>

Signature of the Candidate

***Signature of the Head of the Department
With Stamp***

**AWARDS, PRIZES
AND CERTIFICATES OF APPRECIATION**

<i>SL. NO.</i>	<i>Date</i>	<i>Prize / Certificate</i>	<i>Signature Prof / assoc. Prof / Lecturer</i>

PUBLICATION IN BOOK & SCIENTIFIC JOURNALS:

RESIDENT EVALUATION

Name of Resident:

Below competence (BC) Competent (C) Above competence (AC)

BC C AC

Patient care (*Residents should provide compassionate, appropriate, and effective patient care*)

1. Develop a clinical plan and proper technique based on radiologic findings and clinical information.

--	--	--

Medical Knowledge (*Residents should be knowledgeable, scholarly, and committed to lifetime learning*)

--	--	--

1. Recognize and describe relevant radiologic findings.

--	--	--

2. Synthesize radiologic and clinical information and form an impression

--	--	--

3. Utilize information technology to investigate clinical questions and for continuous self-learning

Interpersonal / communication skills (*Residents should communicate and teach effectively*)

--	--	--

4. Show sensitivity to and communicate effectively with clinical colleagues and health care team

--	--	--

5. Appropriately obtain informed consent

--	--	--

6. Recognize, appropriately communicate, and documents in the patient record urgent or unexpected radiologic findings

--	--	--

7. Produce radiologic reports that are accurate, concise, and grammatically correct

--	--	--

8. Effectively teach residents, medical students and other health care professional

Practice – based learning and improvement (*Residents should investigate and evaluate Patient care practices, and appraises and assimilate scientific evidence in order to improve their practices*)

--	--	--

9. Participate in QI (Quality improvement) / QA (Quality assurance) activities

--	--	--

10. Recognize and correct personal errors

Professionalism (*Residents should be altruistic and accountable, and adhere to principles of medical ethics by respecting and protecting patient's best interests*)

--	--	--

11. Demonstrate a responsible work ethic with regard to conference attendance and work assignments

--	--	--

12. Demonstrate acceptable personal demeanour and hygiene

--	--	--

Overall performance:

Comments: (An overall impression of below competence (BC) or above competence (AC) requires narrative comments).

Signatures / Date