***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:**

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|  | **Scientific Papers presented at Conferences** |  |
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**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**

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| **Degree/Diploma** | **College & University** | **Year of Passing** | **Attempt** | **Distinction & Prizes** |
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***Signature of the Student***

***Signature of the HOD Signature of the Director Academics***

***Date with Stamp / DNB Program***

***Date with Stamp***

***CLINICAL POSTING***

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

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

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

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| ***Sl.No.*** | ***DATE*** | ***NAME***  ***HOSP. NO.***  ***AGE / SEX*** | ***PROCEDURE***  ***PERFORMED*** | ***CASE DISCUSSED WITH DOCTOR*** | ***REMARKS*** | ***NAME OF THE CONSULTANT & SIGNATURE*** |
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***Signature of the Candidate***

***Signature of the Head of the Department***

***With Stamp***

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

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| ***Sl.No.*** | ***DATE*** | ***NAME***  ***HOSP. NO.***  ***AGE / SEX*** | ***PROCEDURE***  ***PERFORMED*** | ***CASE DISCUSSED WITH DOCTOR*** | ***REMARKS*** | ***NAME OF THE CONSULTANT & SIGNATURE*** |
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***Signature of the Candidate***

***Signature of the Head of the Department***

***With Stamp***

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

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| ***Sl.No.*** | ***DATE*** | ***NAME***  ***HOSP. NO.***  ***AGE / SEX*** | ***PROCEDURE***  ***PERFORMED*** | ***CASE DISCUSSED WITH DOCTOR*** | ***REMARKS*** | ***NAME OF THE CONSULTANT & SIGNATURE*** |
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***Signature of the Candidate***

***Signature of the Head of the Department***

***With Stamp***

***LOG OF CASES – (E) MAMMOGRAPHY : BIOPSY***

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| ***Sl.No.*** | ***DATE*** | ***NAME***  ***HOSP. NO.***  ***AGE / SEX*** | ***PROCEDURE***  ***PERFORMED*** | ***CASE DISCUSSED WITH DOCTOR*** | ***REMARKS*** | ***NAME OF THE CONSULTANT & SIGNATURE*** |
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***Signature of the Candidate***

***Signature of the Head of the Department***

***With Stamp***

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

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| ***Sl.No.*** | ***DATE*** | ***NAME***  ***HOSP. NO.***  ***AGE / SEX*** | ***PROCEDURE***  ***PERFORMED*** | ***CASE DISCUSSED WITH DOCTOR*** | ***REMARKS*** | ***NAME OF THE CONSULTANT & SIGNATURE*** |
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***Signature of the Candidate***

***Signature of the Head of the Department***

***With Stamp***

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

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| ***Sl.No.*** | ***DATE*** | ***NAME***  ***HOSP. NO.***  ***AGE / SEX*** | ***PROCEDURE***  ***PERFORMED*** | ***CASE DISCUSSED WITH DOCTOR*** | ***REMARKS*** | ***NAME OF THE CONSULTANT & SIGNATURE*** |
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***Signature of the Candidate***

***Signature of the Head of the Department***

***With Stamp***

***LOG OF CASES – (H) MISCELLANEOUS :***

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| ***Sl.No.*** | ***DATE*** | ***NAME***  ***HOSP. NO.***  ***AGE / SEX*** | ***PROCEDURE***  ***PERFORMED*** | ***CASE DISCUSSED WITH DOCTOR*** | ***REMARKS*** | ***NAME OF THE CONSULTANT & SIGNATURE*** |
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***Signature of the Candidate***

***Signature of the Head of the Department***

***With Stamp***

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

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| ***Sl.No.*** | ***DATE*** | ***NAME***  ***HOSP. NO.***  ***AGE / SEX*** | ***PROCEDURE***  ***PERFORMED*** | ***CASE DISCUSSED WITH DOCTOR*** | ***REMARKS*** | ***NAME OF THE CONSULTANT & SIGNATURE*** |
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***Signature of the Candidate***

***Signature of the Head of the Department***

***With Stamp***

***CASE PRESENTATION***

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| ***SL.NO.*** | ***DATE*** | ***CASE*** | ***SIGNATURE OF CONSULTANT / FACULTY / MODERATOR*** |
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***Signature of the Candidate***

***Signature of the Head of the Department***

***With Stamp***

***SEMINAR / REVIEW FOR DNB TRAINEES***

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| ***SL.NO.*** | ***DATE*** | ***TOPIC*** | ***SIGNATURE OF CONSULTANT / FACULTY / MODERATOR*** |
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***Signature of the Candidate***

***Signature of the Head of the Department***

***With Stamp***

***JOURNAL CLUB FOR DNB TRAINEES***

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***Signature of the Candidate***

***Signature of the Head of the Department***

***With Stamp***

***BASIC SCIENCES LECTURE FOR DNB TRAINEES***

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***Signature of the Candidate***

***Signature of the Head of the Department***

***With Stamp***

***CME / WORKSHOP / CONFERENCE FOR DNB TRAINEES***

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| ***SL.NO.*** | ***DATE*** | ***TOPIC*** | ***SIGNATURE OF CONSULTANT / FACULTY / MODERATOR*** |
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***Signature of the Candidate***

***Signature of the Head of the Department***

***With Stamp***

***Inter- Hospital & Inter – Departmental Clinical Meetings Attended***

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| ***SL.NO.*** | ***DATE*** | **Title of the Case Presented** | **Signature Prof / Assoc. Prof /**  **Lecturer** |
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***Presentation at other Meetings***

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| ***SL.NO.*** | ***DATE*** | ***Topic*** | ***Signature Prof / Assoc. Prof /***  ***Lecturer*** |
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**WORKSHOPS / SEMINARS / CONFERENCES / GUEST LECTURERS ATTENDED**

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| ***SL.NO.*** | ***DATE*** | ***Workshop / Seminar / Conference /***  ***Lecturer*** | ***Signature Prof / Assoc.***  ***Prof / Lecturer*** |
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**SCIENTIFIC PAPERS PRESENTED AT CONFERENCES**

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| ***SL.***  ***NO.*** | ***Date*** | ***Title of the paper*** | ***Conference*** | ***Signature Prof / assoc.***  ***Prof / Lecturer*** |
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**AWARDS, PRIZES**

**AND CERTIFICATES OF APPRECIATION**

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| ***SL.***  ***NO.*** | ***Date*** | ***Prize / Certificate*** | ***Signature Prof / assoc. Prof /***  ***Lecturer*** |
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**PUBLICATION IN BOOK & SCIENTIFIC JOURNALS:**

**RESIDENT EVALUATION**

**Name of Resident:**

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

**BC CAC**

**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.

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

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1. Recognize and describe relevant radio logic findings.

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1. Synthesize radiologic and clinical information and form as impression

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1. Utilize information technology to investigate clinical questions and for continuous self – learning

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

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

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1. Appropriately obtain informed consent

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

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

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1. 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)*

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

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1. 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)*

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

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1. Demonstrate acceptable personal demeanour and hygiene

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**Overall performance:**

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

**Signatures / Date**