UNDERGRADUATE LOGBOOK

Name .....

Year of Admission ..... Batch Roll No. .....

Reg. No. (Univ) .....

DEPARTMENT OF PEDIATRICS

Created by:

Dr. Tejinder Singh[1], Dr. Roosy Aulakh[2], Dr. Priyanka Gupta[3], Dr. Jugesh Chhatwal[4] and Dr. Piyush Gupta[5]

1. Professor, Departments of Pediatrics and Medical Education, SGRD Institute of Medical Sciences and Research, Amritsar, Punjab.
2. Professor, Department of Pediatrics, Government Medical College & Hospital, Chandigarh.
3. Professor, Department of Pediatrics, ESIC Medical College and Hospital, Faridabad, Haryana.
4. Professor & Head of Pediatrics, Kalpana Chawla Govt Medical college, Karnal, Haryana.
5. Professor and Head, Department of Pediatrics, University College of Medical Sciences; New Delhi.

With inputs from:

Dr. Ajay Gaur[1], Dr. Anju Kapoor[2], Dr. Dheeraj Shah[3], Dr. Harmesh Singh Bains[4], Dr. Kuldeep Singh[5], Dr. Manab Narayan Baruah[6], Dr. Shashi Kant Dhir[7] and Dr. Sujata Kanhere[8]

1. Professor & Head, Department of Pediatrics, GR Medical College, Gwalior, Madhya Pradesh.
2. Professor, Department of Pediatrics, People's College of Medical Sciences & Research Centre, Bhanpur, Bhopal, Madhya Pradesh.
3. Director-Professor, Department of Pediatrics, University College of Medical Sciences, Delhi.
4. Professor & Head, Punjab Institute of Medical Sciences, Jalandhar, Punjab.
5. Professor and Head, Department of Pediatrics, All India Institute of Medical Sciences, Jodhpur, Rajasthan.
6. Associate Professor, Department of Pediatrics, Jorhat Medical College, Jorhat, Assam.
7. Associate Professor, Department of Pediatrics, Guru Gobind Singh Medical College & Hospital, Faridkot, Punjab.
8. Professor & Head, Department of Pediatrics & Neonatology, K.J. Somaiya Medical College, Hospital & Research Centre, Mumbai.

College Emblem

Name & Address of Medical College

DEPARTMENT OF PEDIATRICS UNDERGRADUATE LOGBOOK

Student's Photograph

Name……

Year of Admission……...

Batch Roll No…… Reg. No. (Univ)……..

Permanent Address……..

Local Address……..

E-mail ID……Mobile Number……

This document includes the minimum basic requirements as per extant competencies/curriculum/regulations on Graduate Medical Education, 2018.

The user departments are free to add other competencies/skills/activities for documentation to improve the pedagogic utility of this logbook. An electronic version will make documentation and retrieval much easy.

All competencies listed are copyright of MCI/NMC.

LOGBOOK CERTIFICATE

This is to certify that the student Mr/Ms ……

admitted at …….....

in the year……....., Batch Roll No. ……..and University Reg. No…… has satisfactorily completed / has not completed all assignments /requirements mentioned in this logbook for final year MBBS course in the subject of Pediatrics.

The student is/is not eligible to appear for the summative (University) assessment.

Signature of Faculty
Name and Designation

Signature and Seal
Head of Pediatric Department

Signature and Seal
Principal/Dean of the College

GENERAL INSTRUCTIONS

1. This logbook is a record of academic and other activities of the student in the Department of Pediatrics.
2. Entries in the logbook reflect the activities undertaken by the student and certified by the faculty.
3. The student would be responsible for maintaining his/her logbook regularly.
4. The student is responsible for getting the logbook entries verified by concerned faculty regularly.
5. The logbook should be verified by the Head of Department before forwarding the application of the student for the University Examination.
6. The reflections should demonstrate the learning that has taken place. Don't simply repeat the activities performed. Emphasize the learning experience, what you learnt and how it is going to be useful in future. At times, mistakes also provide great learning opportunities. Reflections provide a useful opportunity to document and assess learning for many competencies where there is no formal assessment. A deliberate effort should be made to teach the students to write academically useful reflections. Similarly, the teachers should acquire the skills for assessing reflections.
7. Colleges may consider using an electronic version of this logbook to facilitate documentation and retrieval of the work, if required.

Clinical Posting

Rotation	*Phase*	*Duration (Weeks)*	*From*	*To*	*Faculty Signature*
1st	Phase II				
2nd	Phase III Part I				
3rd	Phase III Part II				

INDEX

S. No.	Contents	Page No
I.	Clinical Case Presentations	
II.	Competencies A. Requiring Certification B. Requiring Documentation	
III.	Skill Learning Sessions A. Certifiable Procedural Skills B. Other Skills	
IV.	Affective Competencies Requiring Documentation	
V.	Clinic/ Field Visits	
VI.	Participation in Departmental Activities	
VII.	Self-Directed Learning (SDL) Sessions	
VIII.	Integrated Learning Sessions	

Glossary*

Attempt at Competency
F: First or only
R: Repeat
Re: Remedial

Rating**
B: Below expectations
M: Meets expectation
E: Exceeds Expectation

Decision of Faculty
C: Completed
R: Repeat
Re: Remedial

*The terms used are expanded in NMC Logbook available at https://www.nmc.org.in/MCIRest/open/getDocument?path=/Documents/Public/Portal/LatestNews/Logbook%20Guidelines_17.01.2020.pdf. This may also be referred to in case any clarification is required. Sufficient flexibility has been provided to the colleges in designing the logbook, as long as the basic guidelines are adhered to.
**A numerical score can also be used

I. CLINICAL CASE PRESENTATIONS

Summary of Clinical Case Presentations*

(*Departments may create/continue with a case record book for documentation of cases)

Phase II:

S. No.	Date	Patient Name & ID	Diagnosis	Case Presented/ Attended Write P/A	Teacher's Signature

Phase III (Part I):

S. No.	Date	Patient Name & ID	Diagnosis	Case Presented/ Attended Write P/A	Teacher's Signature

S. No.	Date	Patient Name & ID	Diagnosis	Case Presented/ Attended Write P/A	Teacher's Signature

Phase III (Part II):

S. No.	Date	Patient Name & ID	Diagnosis	Case Presented/ Attended Write P/A	Teacher's Signature

S. No.	Date	Patient Name & ID	Diagnosis	Case Presented/ Attended Write P/A	Teacher's Signature

REFLECTIONS: CLINICAL CASE PRESENTATION

(Students should preferably reflect on cases which they themselves have presented)

S. No	Patient Name Diagnosis:	Age/Sex	UHID No
Student Presenter		Date	
What happened?			
So what?			
What next?			
Faculty signature		Date	

REFLECTIONS: CLINICAL CASE PRESENTATION

S. No	Patient Name Diagnosis:	Age/Sex	UHID No
Student Presenter		Date	
What happened?			
So what?			
What next?			
Faculty signature		Date	

REFLECTIONS: CLINICAL CASE PRESENTATION

S. No	Patient Name Diagnosis:	Age/Sex	UHID No
Student Presenter		Date	
What happened?			
So what?			
What next?			
Faculty signature		Date	

REFLECTIONS: CLINICAL CASE PRESENTATION

S. No	Patient Name Diagnosis:	Age/Sex	UHID No
Student Presenter		Date	
What happened?			
So what?			
What next?			
Faculty signature		Date	

REFLECTIONS: CLINICAL CASE PRESENTATION

S. No	Patient Name Diagnosis:	Age/Sex	UHID No
Student Presenter		Date	
What happened?			
So what?			
What next?			
Faculty signature		Date	

Name……

Year of Admission……...

Batch Roll No…… Reg. No. (Univ)……..

II. COMPETENCIES

A. COMPETENCIES REQUIRING CERTIFICATION*

Summary of Certifiable competencies

Number	Competency Details	Number required to Certify P	Date completed	Reference Page no.
PE 1.4	Perform anthropometric measurements, document in growth charts and interpret	3		
PE 1.7	Perform developmental assessment and interpret	3		
PE 7.5	Observe the correct technique of breast feeding and distinguish right from wrong techniques	3		
PE 11.5	Calculate BMI, document in BMI chart and interpret	3		
PE 19.6	Assess patient for fitness for immunization and prescribe an age-appropriate immunization schedule	5		
PE 24.15	Perform NG tube insertion in a manikin	2		
PE 24.16	Perform IV cannulation in a model	2		
PE 24.17	Perform interosseous insertion model	2		
PE 27.15	Assess airway and breathing: recognize signs of severe respiratory distress. Check for cyanosis, severe chest indrawing, grunting	3		

PE 27.16	Assess airway and breathing. Demonstrate the method of positioning of an infant & child to open airway in a simulated environment	3		
PE 27.17	Assess airway and breathing: administer oxygen using correct technique and appropriate flow rate	3		
PE 27.18	Assess airway and breathing: perform assisted ventilation by bag and mask in a simulated environment	3		
PE 27.19	Check for signs of shock i.e. pulse, blood pressure, CRT	3		
PE 27.20	Secure an IV access in a simulated environment	3		
PE 27.21	Choose the type of fluid and calculate the fluid requirement in shock	3		
PE 27.22	Assess level of consciousness & provide emergency treatment to a child with convulsions/coma Position an unconscious child Position a child with suspected trauma Administer IV/per rectal Diazepam for a convulsing child in a simulated environment	3		
PE 27.23	Assess for signs of severe dehydration	3		
PE 27.28	Provide BLS for children in manikin	3		
PE 33.6	Perform and interpret urine dip stick for sugar	3		
PE 33.11	Identify deviations in growth and plan appropriate referral	2		
PE 34.6	Identify a BCG scar	3		
PE 34.7	Interpret a Mantoux test	3		
PE 34.11	Perform AFB staining	3		

Student's Signature

Signature of Faculty
Name and Designation

**This page can be kept as a perforated sheet, which can be torn and put in student file after completion.*

PE1.4 Perform anthropometric measurements, document in growth charts and interpret

Minimum number required to certify-3*

Date Completed	Attempt at Competency (F/R/Re)	Rating (B/M/E) **	Decision of Faculty (C/R/Re)	Initial of Faculty & Date	Feedback Received Initial of Learner with Date

*Additional rows have been provided to document repeat or remediation, as the case may be.
**A numerical value may be used.

Only performance is to be documented here. Other details like steps (if required) can be documented in the student record book.

PE1.7 Perform developmental assessment and interpret

Minimum number required to certify-3

Date Completed	Attempt at Competency (F/R/Re)	Rating (B/M/E) **	Decision of Faculty (C/R/Re)	Initial of Faculty & Date	Feedback Received Initial of Learner with Date

PE7.5 Observe the correct technique of breast feeding and distinguish right from wrong techniques

Minimum number required to certify-3

Date Completed	Attempt at Competency (F/R/Re)	Rating (B/M/E) **	Decision of Faculty (C/R/Re)	Initial of Faculty & Date	Feedback Received Initial of Learner with Date

PE11.5 Calculate BMI, document in BMI chart and interpret

Minimum number required to certify-3

Date Completed	Attempt at Competency (F/R/Re)	Rating (B/M/E) **	Decision of Faculty (C/R/Re)	Initial of Faculty & Date	Feedback Received Initial of Learner with Date

PE19.6 Assess patient for fitness for immunization and prescribe an age-appropriate immunization schedule

Minimum number required to certify- 5

Date Completed	Attempt at Competency (F/R/Re)	Rating (B/M/E) **	Decision of Faculty (C/R/Re)	Initial of Faculty & Date	Feedback Received Initial of Learner with Date

PE24.15 Perform NG tube insertion in a manikin

Minimum number required to certify-2

Date Completed	Attempt at Competency (F/R/Re)	Rating (B/M/E) **	Decision of Faculty (C/R/Re)	Initial of Faculty & Date	Feedback Received Initial of Learner with Date

PE24.16 Perform IV cannulation in a model

Minimum number required to certify-2

Date Completed	Attempt at Competency (F/R/Re)	Rating (B/M/E) **	Decision of Faculty (C/R/Re)	Initial of Faculty & Date	Feedback Received Initial of Learner with Date

PE24.17 Perform interosseous insertion in a model

Minimum number required to certify-2

Date Completed	Attempt at Competency (F/R/Re)	Rating (B/M/E) **	Decision of Faculty (C/R/Re)	Initial of Faculty & Date	Feedback Received Initial of Learner with Date

PE27.15 Assess airway and breathing: recognize signs of severe respiratory distress. Check for cyanosis, severe chest indrawing, grunting

Minimum number required to certify- 3

Date Completed	Attempt at Competency (F/R/Re)	Rating (B/M/E) **	Decision of Faculty (C/R/Re)	Initial of Faculty & Date	Feedback Received Initial of Learner with Date

PE27.16 Assess airway and breathing. Demonstrate the method of positioning of an infant & child to open airway in a simulated environment

Minimum number required to certify- 3

Date Completed	Attempt at Competency (F/R/Re)	Rating (B/M/E) **	Decision of Faculty (C/R/Re)	Initial of Faculty & Date	Feedback Received Initial of Learner with Date

PE27.17 Assess airway and breathing: administer oxygen using correct technique and appropriate flow rate

Minimum number required to certify- 3

Date Completed	Attempt at Competency (F/R/Re)	Rating (B/M/E) **	Decision of Faculty (C/R/Re)	Initial of Faculty & Date	Feedback Received Initial of Learner with Date

PE27.18 Assess airway and breathing: perform assisted ventilation by Bag and mask in a simulated environment

Minimum number required to certify- 3

Date Completed	Attempt at Competency (F/R/Re)	Rating (B/M/E) **	Decision of Faculty (C/R/Re)	Initial of Faculty & Date	Feedback Received Initial of Learner with Date

PE27.19 Check for signs of shock i.e., Pulse, Blood Pressure, CRT

Minimum number required to certify- 3

Date Completed	Attempt at Competency (F/R/Re)	Rating (B/M/E) **	Decision of Faculty (C/R/Re)	Initial of Faculty & Date	Feedback Received Initial of Learner with Date

PE27.20 Secure an IV access in a simulated environment

Minimum number required to certify- 3

Date Completed	Attempt at Competency (F/R/Re)	Rating (B/M/E) **	Decision of Faculty (C/R/Re)	Initial of Faculty & Date	Feedback Received Initial of Learner with Date

PF27.21 Choose the type of fluid and calculate the fluid requirement in shock

Minimum number required to certify- 3

Date Completed	Attempt at Competency (F/R/Re)	Rating (B/M/E) **	Decision of Faculty (C/R/Re)	Initial of Faculty & Date	Feedback Received Initial of Learner with Date

PE27.22 Assess level of consciousness & provide emergency treatment to a child with convulsions/ coma

- **Position an unconscious child**
- **Position a child with suspected trauma**
- **Administer IV/per rectal Diazepam for a convulsing child in a simulated environment**

Minimum number required to certify- 3

Date Completed	Attempt at Competency (F/R/Re)	Rating (B/M/E) **	Decision of Faculty (C/R/Re)	Initial of Faculty & Date	Feedback Received Initial of Learner with Date

PE27.23 Assess for signs of severe dehydration

Minimum number required to certify- 3

Date Completed	Attempt at Competency (F/R/Re)	Rating (B/M/E) **	Decision of Faculty (C/R/Re)	Initial of Faculty & Date	Feedback Received Initial of Learner with Date

PE27.28 Provide BLS for children in manikin

Minimum number required to certify- 3

Date Completed	Attempt at Competency (F/R/Re)	Rating (B/M/E) **	Decision of Faculty (C/R/Re)	Initial of Faculty & Date	Feedback Received Initial of Learner with Date

PE33.6 Perform and interpret urine dip stick for sugar

Minimum number required to certify- 3

Date Completed	Attempt at Competency (F/R/Re)	Rating (B/M/E) **	Decision of Faculty (C/R/Re)	Initial of Faculty & Date	Feedback Received Initial of Learner with Date

PE33.11 Identify deviations in growth and plan appropriate referral

Minimum number required to certify- 2

Date Completed	Attempt at Competency (F/R/Re)	Rating (B/M/E) **	Decision of Faculty (C/R/Re)	Initial of Faculty & Date	Feedback Received Initial of Learner with Date

PE34.6 Identify a BCG scar

Minimum number required to certify- 3

Date completed	Attempt at Competency (F/R/Re)	Rating (B/M/E) **	Decision of Faculty (C/R/Re)	Initial of Faculty & Date	Feedback Received Initial of Learner with Date

PE34.7 Interpret a Mantoux test

Minimum number required to certify- 3

Date completed	Attempt at Competency (F/R/Re)	Rating (B/M/E) **	Decision of Faculty (C/R/Re)	Initial of Faculty & Date	Feedback Received Initial of Learner with Date

PE34.11 Perform AFB staining

Minimum number required to certify- 3

Date completed	Attempt at Competency (F/R/Re)	Rating (B/M/E) **	Decision of Faculty (C/R/Re)	Initial of Faculty & Date	Feedback Received Initial of Learner with Date

REFLECTIONS: COMPETENCIES REQUIRING CERTIFICATION

S. No	Competency No: Date: Competency Detail:
What happened?	
So what?	
What next?	
Faculty signature	Date:

REFLECTIONS: COMPETENCIES REQUIRING CERTIFICATION

S. No	Competency No: Competency Detail:	Date:
What happened?		
So what?		
What next?		
Faculty signature		Date:

REFLECTIONS: COMPETENCIES REQUIRING CERTIFICATION

S. No	Competency No: Competency Detail:	Date:
What happened?		
So what?		
What next?		
Faculty signature		Date:

REFLECTIONS: COMPETENCIES REQUIRING CERTIFICATION

S. No	Competency No: Date: Competency Detail:
What happened?	
So what?	
What next?	
Faculty signature	Date:

REFLECTIONS: COMPETENCIES REQUIRING CERTIFICATION

S. No	Competency No: Date: Competency Detail:
What happened?	
So what?	
What next?	
Faculty signature	Date:

B. COMPETENCIES REQUIRING DOCUMENTATION*

**These can be integrated with the case presentations/ demonstrations/ seminars or may be undertaken as standalone activities.*

Summary of Competencies requiring Documentation:

S. No	Competency No.	Competency Detail	Date Completed	Faculty Signature
1.	PE 9.7	Plan an appropriate diet in health and disease		
2.	PE 10.4	Identify children with under nutrition as per IMNCI criteria and plan		
3.	PE 11.3	Assessment of a child with obesity with regard to eliciting history including physical activity, charting and dietary recall.		
4.	PE 12.3	Identify the clinical features of dietary deficiency / excess of Vitamin A		
5.	PE 12.4	Diagnose patients with Vitamin A deficiency, classify and plan management.		
6.	PE 12.8	Identify the clinical features of dietary deficiency of Vitamin D		
7.	PE 12.9	Assess patients with Vitamin D deficiency, diagnose, classify and plan management		
8.	PE 12.17	Identify the clinical features of Vitamin B complex deficiency		
9.	PE 12.18	Diagnose patients with Vitamin B complex deficiency and plan management		
10.	PE 12.21	Identify the clinical features of Vitamin C deficiency		
11.	PE 13.3	Identify the clinical features of dietary deficiency of Iron and make a diagnosis		
12.	PE 16.2	Assess children < 2 months using IMNCI guidelines		
13.	PE 16.3	Assess children > 2 to 5 years using IMNCI guidelines and Stratify Risk.		

14.	PE 18.4	Provide intra-natal care and conduct a normal delivery in a simulated environment.		
15.	PE 18.5	Provide intra-natal care and observe the conduct of a normal delivery		
16.	PE 19.13	Demonstrate the correct administration of different vaccines in a mannequin		
17.	PE 20.6	Explain the follow up care for neonates including breast feeding, temperature maintenance, immunization, importance of growth monitoring and red flags		
18.	PE20.18	Identify and stratify risk in a sick neonate using IMNCI guidelines		
19.	PE 21.9	Identify external markers for kidney disease, like failing to thrive, hypertension, pallor, ichthyoses, anasarca		
20.	PE 21.10	Analyse symptom and interpret the physical findings and arrive at an appropriate provisional/differential diagnosis		
21.	PE 21.12	Interpret report of Plain X Ray of KUB		
22.	PE 21.13	Enumerate the indications for and interpret the written report of ultrasonogram of KUB		
23.	PE 21.14	Recognize common surgical conditions of the abdomen and genitourinary system and enumerate the indications for referral including acute and subacute intestinal obstruction, appendicitis, pancreatitis, perforation, intussusception, phimosis, undescended testis, chordee, hypospadias, torsion testis, hernia hydrocele, vulval synechiae.		
24.	PE 21.15	Discuss and enumerate the referral criteria for children with genitourinary disorder		
25.	PE 23.11	Develop a treatment plan and prescribe appropriate drugs including fluids in cardiac diseases, anti-failure drugs, and inotropic agents.		
26.	PE23.12	Interpret a chest X ray and recognize cardiomegaly		

27.	PE23.13	Choose and Interpret blood reports in cardiac illness		
28.	PE 23.14	Interpret Pediatric ECG		
29.	PE 23.15	Use the ECHO reports in management of cases		
30.	PE 24.11	Apply the IMNCI guidelines in risk stratification of children with diarrheal dehydration and refer.		
31.	PE 24.12	Perform and interpret stool examination including hanging drop		
32.	PE 24.13	Interpret RFT and electrolyte report		
33.	PE 26.10	Demonstrate the technique of liver biopsy & perform liver biopsy in a simulated environment		
34.	PE 27.10	Observe the various methods of administering oxygen		
35.	PE 27.31	Assess child for signs of abuse		
36.	PE 28.15	Stratify risk in children with stridor using IMNCI guidelines		
37.	PE 28.16	Interpret blood tests relevant to upper respiratory problems		
38.	PE 29.15	Perform and interpret peripheral smear		
39.	PE 29.17	Demonstrate performance of bone marrow aspiration in manikin		
40.	PE 30.20	Interpret and explain the findings in a CSF analysis.		
41.	PE 30.21	Enumerate the indication and discuss the limitations of EEG, CT, MRI		
42.	PE 30.22	Interpret the reports of EEG, CT, MRI		
43.	PE 31.11	Observe administration of nebulization		
44.	PE 32.2	Identify the clinical features of Down's Syndrome		
45.	PE 32.3	Interpret normal karyotype & recognize Trisomy 21		

46.	PE 32.7	Identify the clinical features of Turner Syndrome		
47.	PE 32.8	Interpret normal karyotype and recognize the Turner karyotype		
48.	PE 32.12	Identify the clinical features of Klinefelter Syndrome		
49.	PE 32.13	Interpret normal karyotype and recognize the Klinefelter karyotype		
50.	PE 33.10	Recognize precocious and delayed puberty and refer		
51.	PE 34.9	Interpret blood tests in the context of laboratory evidence for tuberculosis		

REFLECTIONS: COMPETENCIES REQUIRING DOCUMENTATION

S. No	Competency No: Date: Competency Detail:
What happened?	
So what?	
What next?	
Faculty signature Date:	

REFLECTIONS: COMPETENCIES REQUIRING DOCUMENTATION

S. No	Competency No: Date: Competency Detail:
What happened?	
So what?	
What next?	
Faculty signature	Date:

III. SKILL LEARNING SESSIONS

A. CERTIFIABLE PROCEDURAL SKILLS

Neonatal resuscitation (D)*

Date Completed	Attempt at Competency (F/R/Re)	Rating (B/M/E) **	Decision of Faculty (C/R/Re)	Initial of Faculty & Date	Feedback Received Initial of Learner with Date

Setting up Pediatric IV infusion and calculating drip rate (I)**

Date Completed	Attempt at Competency (F/R/Re)	Rating (B/M/E) **	Decision of Faculty (C/R/Re)	Initial of Faculty & Date	Feedback Received Initial of Learner with Date

Setting up Pediatric interosseous line (O)***

Date Completed	Attempt at Competency (F/R/Re)	Rating (B/M/E) **	Decision of Faculty (C/R/Re)	Initial of Faculty & Date	Feedback Received Initial of Learner with Date

***D: Demonstration on patients or simulations and performance under supervision in patients**

****I: Independently performed on patients**

*****O: Observed in patients or on simulations**

REFLECTIONS: NEONATAL RESUSCITATION

S. No	Competency No: Date: Competency Detail:
What happened?	
So what?	
What next?	
Faculty signature	Date:

REFLECTIONS: SETTING UP PEDIATRIC IV INFUSION AND CALCULATING DRIP RATE

S. No	Competency No: Date: Competency Detail:
What happened?	
So what?	
What next?	
Faculty signature	Date:

REFLECTIONS: SETTING UP PEDIATRIC INTEROSSEOUS LINE

S. No	Competency No: Date: Competency Detail:
What happened?	
So what?	
What next?	
Faculty signature	Date:

B. OTHER SKILLS*

S. No	Competency No.	Competency Detail	Date Completed	Faculty Signature	Feedback Received Initial of Learner with Date

Departments can decide on including other skills taught.

REFLECTIONS: OTHER SKILLS

S. No	Competency No: Date: Competency Detail:
What happened?	
So what?	
What next?	
Faculty signature	Date:

IV. AFFECTIVE COMPETENCIES REQUIRING DOCUMENTATION

Summary of Affective Competencies:

S. No	Competency No.	Competency Detail	Date Completed	Integration	Faculty Signature
1.	PE 2.3	Counselling a parent with failing to thrive child			
2.	PE 3.4	Counsel a parent of a child with developmental delay			
3.	PE 6.8	Respecting patient privacy and maintaining confidentiality while dealing with adolescents.			
4.	PE 7.8	Educate mothers on antenatal breast care and prepare mothers for lactation.			
5.	PE 7.9	Educate and counsel mothers for best practices in breast feeding.			
6.	PE 7.10	Respects patient privacy			
7.	PE 7.11	Participate in Breast Feeding Week celebration			
8.	PE 8.5	Counsel and educate mothers on the best practices in complementary feeding.			
9.	PE 10.5	Counsel parents of children with SAM and MAM.			
10.	PE 19.7	Educate and counsel a patient for immunization.			
11.	PE 19.8	Demonstrate willingness to participate in the national and subnational immunization days			

12.	PE 20.5	Counsel /educate mothers on the care of neonates.			
13.	PE 21.16	Counsel / educate a patient for referral appropriately			
14.	PE 22.2	Counsel a patient with chronic illness			
15.	PE 23.18	Demonstrate empathy while dealing with children with cardiac diseases in every patient encounter.			
16.	PE 26.13	Counsel and educate patients and their family appropriately on liver diseases			
17.	PE 27.32	Counsel parents of dangerously ill / terminally ill child to break bad news			
18.	PE 27.33	Obtain informed consent			
19.	PE 27.34	Willing to be a part of the ER team			
20.	PE 27.35	Attends to emergency calls promptly			
21.	PE 29.19	Counsel and educate patients about prevention and treatment of anemia.			
22.	PE 32.5	Counsel parents regarding 1. Present child 2. Risk in next pregnancy (Down's Syndrome)			
23.	PE 32.10	Counsel parents regarding 1. Present child 2. Risk in next pregnancy (Turner Syndrome)			

REFLECTIONS: AFFECTIVE COMPETENCIES

S. No	Competency No: Date: Competency Detail:
What happened?	
So what?	
What next?	
Faculty signature	Date:

REFLECTIONS: AFFECTIVE COMPETENCIES

S. No	Competency No: Date: Competency Detail:
What happened?	
So what?	
What next?	
Faculty signature	Date:

REFLECTIONS: AFFECTIVE COMPETENCIES

S. No	Competency No: Date: Competency Detail:
What happened?	
So what?	
What next?	
Faculty signature Date:	

REFLECTIONS: AFFECTIVE COMPETENCIES

S. No	Competency No: Date: Competency Detail:
What happened?	
So what?	
What next?	
Faculty signature	Date:

REFLECTIONS: AFFECTIVE COMPETENCIES

S. No	Competency No: Date: Competency Detail:
What happened?	
So what?	
What next?	
Faculty signature	Date:

V. CLINIC/FIELD VISITS

Summary of Clinic/Field Visits:

Visit to…	Number	Competency	Date Completed	Reference Page No.
Child Developmental Unit	PE 3.7	Visit a Child Developmental Unit and observe its functioning **Topic:** Developmental Delay & Cerebral palsy		
Child Guidance Clinic	PE 4.6	Visit to the Child Guidance Clinic **Topic:** Scholastic backwardness, Learning Disabilities, Autism, ADHD		
	PE 5.11	Visit to Child Guidance Clinic and observe functioning **Topic:** Common Problems related to Behaviour		
Adolescent Clinic	PE 6.11	Visit to the Adolescent Clinic		
Rural Health Center	PE 18.8	Observe the implementation of the program by visiting the Rural Health Centre		
Immunization Clinic	PE 19.10	Observe the handling and storing of vaccines		
	PE 19.11	Document immunization in an immunization record		
	PE 19.12	Observe the administration of UIP vaccines		
	PE 19.14	Practice infection control measures and appropriate handling of the sharps		

REFLECTIONS: AFFECTIVE COMPETENCIES

S. No	Competency No: Date: Competency Detail:
What happened?	
So what?	
What next?	
Faculty signature	Date:

REFLECTIONS: AFFECTIVE COMPETENCIES

S. No	Competency No: Date: Competency Detail:
What happened?	
So what?	
What next?	
Faculty signature	Date:

REFLECTIONS: AFFECTIVE COMPETENCIES

S. No	Competency No: Date: Competency Detail:
What happened?	
So what?	
What next?	
Faculty signature	Date:

REFLECTIONS: AFFECTIVE COMPETENCIES

S. No	Competency No: Date: Competency Detail:
What happened?	
So what?	
What next?	
Faculty signature	Date:

REFLECTIONS: AFFECTIVE COMPETENCIES

S. No	Competency No: Date: Competency Detail:
What happened?	
So what?	
What next?	
Faculty signature	Date:

VI. PARTICIPATION IN DEPARTMENTAL ACTIVITIES

Summary of Departmental Activities*:

Activity	Details/Competency Addressed:	Date	Faculty Signature
Participation in celebration and IEC activities like Breastfeeding Week, National Newborn Week, World Immunization Week, World Tuberculosis Day, World Health Day, World Asthma Day, World Thalassemia Day*			
Participation in IAP/ Other Quiz			
Participation in ICMR STS/ Other Research Projects			
Research paper presented/ submitted/ published			
Participation in Seminars/Conferences & Role			
Other Activities			
Pediatric Specialties			

**This is only an illustrative list and departments can include actual events.*

REFLECTIONS: PARTICIPATION IN DEPARTMENTAL ACTIVITIES

S. No	Departmental Activity: Date: Details/Competency Addressed:
What happened?	
So what?	
What next?	
Faculty signature	Date:

REFLECTIONS: PARTICIPATION IN DEPARTMENTAL ACTIVITIES

S. No	Departmental Activity: Date: Details/Competency Addressed:
What happened?	
So what?	
What next?	
Faculty signature	Date:

VII. SELF-DIRECTED LEARNING

Phase III (Part I)

Self-Directed Learning

Topic:

Objectives:

Task:

Methodology:

REFLECTIONS: SELF-DIRECTED LEARNING

S. No	Competency No: Date: Competency Detail:
What happened?	
So what?	
What next?	
Faculty signature	Date:

Phase III (Part II)

Self-Directed Learning

Topic:

Objectives:

Task:

Methodology:

REFLECTIONS: SELF-DIRECTED LEARNING

S. No	Competency No: Date: Competency Detail:
What happened?	
So what?	
What next?	
Faculty signature Date:	

VIII. INTEGRATED LEARNING SESSIONS

Summary of Integrated Learning Sessions:

S. No.	Competency No.	Topic	Departments Involved	Date

REFLECTIONS: INTEGRATED LEARNING SESSIONS

Phase II

S. No	Competency No: Date: Competency Detail:
What happened?	
So what?	
What next?	
Faculty signature Date:	

REFLECTIONS: INTEGRATED LEARNING SESSIONS

Phase III (Part I)

S. No	Competency No: Date: Competency Detail:
What happened?	
So what?	
What next?	
Faculty signature Date:	

REFLECTIONS: INTEGRATED LEARNING SESSIONS

Phase III (Part II)

S. No	Competency No: Date: Competency Detail:
What happened?	
So what?	
What next?	
Faculty signature	Date:

NOTES

NOTES

NOTES

NOTES

NOTES

NOTES