

Book A

MINISTRY OF HEALTH MALAYSIA

MEDICAL

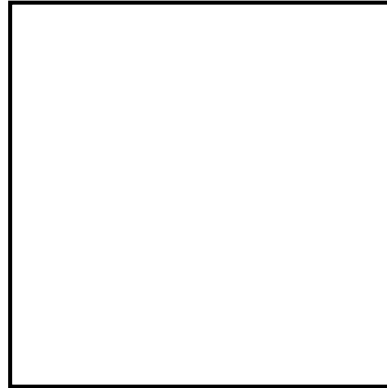
HOUSEMANSHIP TRAINING LOGBOOK
2021

BY:
HOUSEMANSHIP PROGRAMME UNIT
MEDICAL DEVELOPMENT DIVISION
MINISTRY OF HEALTH MALAYSIA



This page is intentionally left blank

PERSONAL PARTICULARS



NAME	:		
I/C NO.	:		
HOSPITAL OF POSTING (1)	:		
DATE OF POSTING	START :		END :
DATE OF EXTENSION (1) IF ANY	START :		END :
DATE OF EXTENSION (2) IF ANY	START :		END :
NAME OF SUPERVISOR	:		
DESIGNATION OF SUPERVISOR	:		

TO BE FILLED IF TRANSFERRED TO ANOTHER HOSPITAL FOR FINAL ASSESMENT

HOSPITAL OF POSTING	:		
DATE OF EXTENSION	START :		END :

This page is intentionally left blank

Table of Contents

This logbook consists of 4 parts which are:

Part A : General Clinical Procedures

Part B : Professionalism and ethics

Part C : Introduction to management of COVID-19

Part D : Department-specific procedures and assessment

Part A

General Clinical Procedures

List of General Clinical Procedures

1. Venepuncture
2. Intravenous Line Insertion
3. Arterial Puncture for Blood Gas Sampling
4. Blood Culture via Peripheral Venepuncture
5. Urinary Catheterisation (Male/Female)
6. Oxygen Administration and Therapy
7. Perform and Interpret Electrocardiogram (ECG)
8. Nasogastric Tube Insertion
9. Cardiopulmonary Resuscitation (Adult/Paediatrics)
10. Safe Prescribing of Intravenous Fluid Regime (Adult/Paediatrics)

General Clinical Procedures

1. VENEPUNCTURE (1 point for each)

NO.	DATE	PATIENT R/N	DIAGNOSIS	NAME OF ASSESSOR	SIGN AND STAMP OF ASSESSOR
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
TOTAL POINT					_____ / 10

General Clinical Procedures

2. INTRAVENOUS LINE INSERTION (1 point for each)

NO.	DATE	PATIENT R/N	DIAGNOSIS	NAME OF ASSESSOR	SIGN AND STAMP OF ASSESSOR
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
TOTAL POINT					_____ / 10

General Clinical Procedures

3. ARTERIAL PUNCTURE FOR BLOOD GAS SAMPLING (1 point for each)

NO.	DATE	PATIENT R/N	DIAGNOSIS	NAME OF ASSESSOR	SIGN AND STAMP OF ASSESSOR
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
TOTAL POINT					_____ / 10

General Clinical Procedures

4. BLOOD CULTURE VIA PERIPHERAL VENEPUNCTURE (1 point for each)

NO.	DATE	PATIENT R/N	DIAGNOSIS	NAME OF ASSESSOR	SIGN AND STAMP OF ASSESSOR
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
TOTAL POINT					_____ / 10

General Clinical Procedures

5. URINARY CATHETERISATION (MALE/FEMALE) (1 point for each)

NO.	DATE	PATIENT R/N	DIAGNOSIS	NAME OF ASSESSOR	SIGN AND STAMP OF ASSESSOR
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
TOTAL POINT					_____ / 10

General Clinical Procedures

6. OXYGEN ADMINISTRATION AND THERAPY (1 point for each)

NO.	DATE	PATIENT R/N	DIAGNOSIS	NAME OF ASSESSOR	SIGN AND STAMP OF ASSESSOR
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
TOTAL POINT					_____ / 10

General Clinical Procedures

7. PERFORM AND INTERPRET ECG (1 point for each)

NO.	DATE	PATIENT R/N	DIAGNOSIS	NAME OF ASSESSOR	SIGN AND STAMP OF ASSESSOR
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
TOTAL POINT					_____ / 10

General Clinical Procedures

8. NASOGASTRIC TUBE INSERTION (1 point for each)

NO.	DATE	PATIENT R/N	DIAGNOSIS	NAME OF ASSESSOR	SIGN AND STAMP OF ASSESSOR
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
TOTAL POINT					_____ / 10

General Clinical Procedures

9. CARDIOPULMONARY RESUSCITATION (ADULT/PAEDIATRICS) (1 point for each)

NO.	DATE	PATIENT R/N	DIAGNOSIS	NAME OF ASSESSOR	SIGN AND STAMP OF ASSESSOR
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
TOTAL POINT					_____ / 10

General Clinical Procedures

10. SAFE PRESCRIBING OF INTRAVENOUS FLUID REGIME (ADULT/PAEDIATRICS) (1 point for each)

NO.	DATE	PATIENT R/N	DIAGNOSIS	NAME OF ASSESSOR	SIGN AND STAMP OF ASSESSOR
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
TOTAL POINT					_____ / 10

Summary of General Clinical Procedures

No.	Component	Points Obtained
1.	Venepuncture	___ / 10
2.	Intravenous Line Insertion	___ / 10
3.	Arterial Puncture for Blood Gas Sampling	___ / 10
4.	Blood Culture via Peripheral Venepuncture	___ / 10
5.	Urinary Catheterisation (Male/Female)	___ / 10
6.	Oxygen Administration and Therapy	___ / 10
7.	Perform and Interpret ECG	___ / 10
8.	Nasogastric Tube Insertion	___ / 10
9.	Cardiopulmonary Resuscitation (Adult/Paediatrics)	___ / 10
10.	Safe Prescribing Of Intravenous Fluid Regime (Adult/Paediatrics)	___ / 10
Total points		___ / 100
Signature of Assessor :		Stamp :
		Date:

Part B

Professionalism & Ethics

Please rate the level of competency according to the scale (by circling a number for each component).

Part B : Professionalism & Ethics

Part B1	Communication and clinical skills	Extremely weak	Very weak	Weak	Below Average	Average	Above Average	Good	Very Good	Excellent	Out-standing
1.	Clerkship	1	2	3	4	5	6	7	8	9	10
2.	Clinical case presentation	1	2	3	4	5	6	7	8	9	10
3.	Writing discharge summary	1	2	3	4	5	6	7	8	9	10
4.	Breaking bad news	1	2	3	4	5	6	7	8	9	10
5.	Written Consent for procedures	1	2	3	4	5	6	7	8	9	10
6.	Do not Resuscitate (DNR) Orders	1	2	3	4	5	6	7	8	9	10
Part B2	Working in team	Extremely weak	Very weak	Weak	Below Average	Average	Above Average	Good	Very Good	Excellent	Out-standing
1.	Effective and safe handover	1	2	3	4	5	6	7	8	9	10
2.	Writing Referral letter	1	2	3	4	5	6	7	8	9	10
Total Points										____ / 80	
Signature of Assessor:				Stamp:				Date:			

Part C

Introduction to COVID-19

Please rate the level of competency according to the scale (by circling a number for each component).

Part C : Introduction to COVID-19

Points should be given by person-in-charge of the COVID Centre.

No.	Component	Extremely weak	Very weak	Weak	Below Average	Average	Above Average	Good	Very Good	Excellent	Out-standing
1.	Hand Hygiene	1	2	3	4	5	6	7	8	9	10
2.	Donning & Doffing	1	2	3	4	5	6	7	8	9	10
3.	Xray interpretation	1	2	3	4	5	6	7	8	9	10
4.	Swabbing & management of sampling	1	2	3	4	5	6	7	8	9	10
5.	Treatment of COVID-19	1	2	3	4	5	6	7	8	9	10
6.	Intubation / Oxygen therapy	1	2	3	4	5	6	7	8	9	10
7.	Ventilator care bundle	1	2	3	4	5	6	7	8	9	10
8.	Patient counselling	1	2	3	4	5	6	7	8	9	10
9.	Family therapy	1	2	3	4	5	6	7	8	9	10
10.	Rehabilitation post-covid	1	2	3	4	5	6	7	8	9	10
Total Points										____ / 100	
Signature of Assesor:				Stamp:				Date:			

Note: House Officer who is **pregnant** or **immunocompromised** is **NOT ALLOWED** to treat COVID-19 patients **directly**. Thus, they can be assessed theoretically for this part.

Part D

Department-specific
procedures and assessment

Part D1: Continuous Medical Education (CME)

No.	Topic	Date	Signature of Supervisor
1.			
2.			
3.			
4.			
5.			
Note : 1 point for each		Total Points	____ / 5

Part D2: Compulsory Performed/Assisted/Observed Procedures

Procedure 1 : Insertion of femoral venous catheter

No.	Date	R/N	Diagnosis	Name & Signature of Supervisor
1.				
2.				
3.				
4.				
5.				
Note : 1 point for each			Total Points	____ / 5

Part D2: Compulsory Performed/Assisted/Observed Procedures

Procedure 2 : Insertion of central venous catheter (jugular/subclavian)

No.	Date	R/N	Diagnosis	Name & Signature of Supervisor
1.				
2.				
3.				
4.				
5.				
Note : 1 point for each				Total Points
				____ / 5

Part D2: Compulsory Performed/Assisted/Observed Procedures

Procedure 3 : Nasogastric tube insertion

No.	Date	R/N	Diagnosis	Name & Signature of Supervisor
1.				
2.				
3.				
4.				
5.				
Note : 1 point for each			Total Points	____ / 5

Part D3: Mini Clinical Evaluation Exercise (Mini-CEX)

Patient's Name						Assessor
RN						Signature:
Diagnosis/Clinical category						Stamp:
	Scale					
Component	Very Weak	Weak	Average	Good	Excellent	Date:
1. History taking	1	2	3	4	5	
2. Examination	1	2	3	4	5	
3. Investigation	1	2	3	4	5	House Officer
4. Management	1	2	3	4	5	Signature:
5. Documentation	1	2	3	4	5	Stamp:
6. Communication skill	1	2	3	4	5	
				Total Point	___ / 30	
Suggestion for development						Date:

Part D4: Case Based Discussion (CBD)						
Patient's Name						Assessor
RN						Signature:
Topic						Stamp:
	Scale					Date:
Component	Very Weak	Weak	Average	Good	Excellent	
1. History taking	1	2	3	4	5	
2. Examination	1	2	3	4	5	
3. Investigation	1	2	3	4	5	
4. Management	1	2	3	4	5	Signature:
5. Documentation	1	2	3	4	5	Stamp:
6. Communication skill	1	2	3	4	5	
				Total Point	___ / 30	
Suggestion for development						Date:

Part D 5.1 : Multisource Feedback (Medical Assistant / Staff Nurse)

Component	Very Weak	Weak	Average	Good	Excellent
Maintaining trust/professional relationship with patients <ul style="list-style-type: none"> • Listens • polite and caring • Shows respect for patients' opinions, privacy, dignity, and is unprejudiced 	1	2	3	4	5
Verbal communication skills <ul style="list-style-type: none"> • Gives understandable information • Speaks clearly, at the appropriate level for the patient 	1	2	3	4	5
Team-working/ working with colleagues <ul style="list-style-type: none"> • Respects others' roles, and works constructively in the team • Hands over effectively, and communicates well • Is unprejudiced, supportive and fair 	1	2	3	4	5
Accessibility <ul style="list-style-type: none"> • Accessible • Takes proper responsibility • Does not shirk duty • Response when called • Arranges cover for absence 	1	2	3	4	5
COMMENT:				Total Point	____ / 20
Signature of Assessor:	Stamp:			Date:	

Part D 5.2 : Multisource Feedback (Medical Officer / Specialist)

Component	Very Weak	Weak	Average	Good	Excellent
Maintaining trust/professional relationship with patients <ul style="list-style-type: none"> • Listens • polite and caring • Shows respect for patients' opinions, privacy, dignity, and is unprejudiced 	1	2	3	4	5
Verbal communication skills <ul style="list-style-type: none"> • Gives understandable information • Speaks clearly, at the appropriate level for the patient 	1	2	3	4	5
Team-working/ working with colleagues <ul style="list-style-type: none"> • Respects others' roles, and works constructively in the team • Hands over effectively, and communicates well • Is unprejudiced, supportive and fair 	1	2	3	4	5
Accessibility <ul style="list-style-type: none"> • Accessible • Takes proper responsibility • Does not shirk duty • Response when called • Arranges cover for absence 	1	2	3	4	5
COMMENT:				Total Point	____ / 20
Signature of Assessor:	Stamp:			Date:	

Component and Weightage for Certificate of Completion of Posting (CCP)

Part	Component		Points	Weightage	Calculation	Marks obtained
A	General Clinical Procedures		____ / 100	30 %	$\frac{\text{point}}{100} \times 30$	
B	Professionalism & Ethics					
	B1	Communication and clinical skills	____ / 60			
	B2	Working in team	____ / 20			
	Total points for Part B		____ / 80	10 %	$\frac{\text{point}}{80} \times 10$	
C	Introduction to COVID-19		____ / 100	30 %	$\frac{\text{point}}{100} \times 30$	
D	Department-specific procedures and assessment					
	D1	CME	____ / 5			
	D2	Compulsory Performed/Assisted/Observed Procedures	____ / 15			
	D3	Mini-Clinical Evaluation Exercise (Mini-CEX)	____ / 30			
	D4	Case-Based Discussion (CBD)	____ / 30			
	D5	Multisource Feedback (MSF)	____ / 40			
	Total points for Part D		____ / 120	30 %	$\frac{\text{point}}{120} \times 30$	
Total Mark :						_____ %

Note: Passing mark (exit posting) is $\geq 60\%$

Certificate of Completion of Posting

NAME :
I/C NO. :
HOSPITAL OF POSTING (1) :
DATE OF POSTING START : END :
DATE OF EXTENSION (1) IF ANY START : END :
DATE OF EXTENSION (2) IF ANY START : END :

MARK OF CCP :

SUPERVISOR

HEAD OF DEPARTMENT

SIGNATURE:

SIGNATURE:

NAME:

NAME:

STAMP:

STAMP:

DATE:

DATE:

Note: This certificate is to be filled once the house officer has obtained CCP mark $\geq 60\%$.

This page is intentionally left blank

Certificate of Completion of Training

This is to certify that Dr. _____ has satisfactorily completed training in _____ as a House Officer in this Hospital _____ from _____ to _____ (including extension of Housemanship period, where applicable).

During that period, he/she was engaged in employment in a resident _____ post as required under Section 13 (2) of Medical Act, 1971 to my satisfaction.

Signature of Head Of Department :

Name :

Official Stamp :

Date :

This page is intentionally left blank

Certificate of Completion of Training

This is to certify that Dr. _____ has satisfactorily completed training in _____ as a House Officer in this Hospital _____ from _____ to _____ (including extension of Housemanship period, where applicable).

During that period, he/she was engaged in employment in a resident _____ post as required under Section 13 (2) of Medical Act, 1971 to my satisfaction.

Signature of Head Of Department :

Name :

Official Stamp :

Date :

This page is intentionally left blank

This page is intentionally left blank



Unit PPS

Unit Program Pegawai Perubatan Siswazah

Cawangan Pembangunan Profesion Perubatan
Bahagian Perkembangan Perubatan
Kementerian Kesihatan Malaysia