

Book H

# MINISTRY OF HEALTH MALAYSIA

## PSYCHIATRY

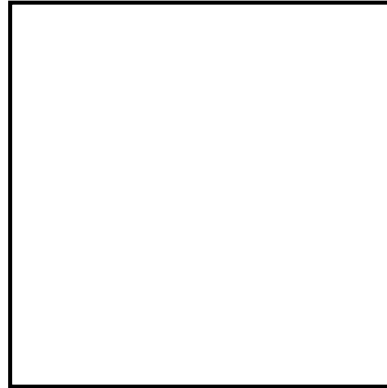
HOUSEMANSHIP TRAINING LOGBOOK  
2021

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



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# 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 :

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# 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.					
<b>TOTAL POINT</b>					<b>_____ / 10</b>



## 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.					
<b>TOTAL POINT</b>					<b>_____ / 10</b>

## 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.					
<b>TOTAL POINT</b>					<b>_____ / 10</b>

## 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.					
<b>TOTAL POINT</b>					<b>_____ / 10</b>

## 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.					
<b>TOTAL POINT</b>					<b>_____ / 10</b>

## 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.					
<b>TOTAL POINT</b>					<b>_____ / 10</b>

## 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.					
<b>TOTAL POINT</b>					<b>_____ / 10</b>

## 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.					
<b>TOTAL POINT</b>					<b>_____ / 10</b>

## 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.					
<b>TOTAL POINT</b>					<b>_____ / 10</b>



## 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.					
<b>TOTAL POINT</b>					<b>_____ / 10</b>

# 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
<b>Total points</b>		<b>___ / 100</b>
<b>Signature of Assessor :</b>		<b>Stamp :</b>
		<b>Date:</b>

## 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**

<b>Part B1</b>	<b>Communication and clinical skills</b>	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
<b>Part B2</b>	<b>Working in team</b>	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
<b>Total Points</b>										<b>____ / 80</b>	
<b>Signature of Assessor:</b>				<b>Stamp:</b>				<b>Date:</b>			

# 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
<b>Total Points</b>										<b>____ / 100</b>	
<b>Signature of Assesor:</b>				<b>Stamp:</b>				<b>Date:</b>			

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 : Psychoeducation

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 : Mental health promotion

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 : Assertive community care

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)**

<b>Patient's Name</b>						<b>Assessor</b>
<b>RN</b>						Signature:
<b>Diagnosis/Clinical category</b>						Stamp:
	<b>Scale</b>					Date:
<b>Component</b>	<b>Very Weak</b>	<b>Weak</b>	<b>Average</b>	<b>Good</b>	<b>Excellent</b>	
1. History taking	1	2	3	4	5	House Officer
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	Date:
				<b>Total Point</b>	<b>___ / 30</b>	
Suggestion for development						

Part D4: Case Based Discussion (CBD)						
Patient's Name						Assessor
RN						Signature:  Stamp:
Topic						
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	<b>House Officer</b>
4. Management	1	2	3	4	5	Signature:  Stamp:
5. Documentation	1	2	3	4	5	
6. Communication skill	1	2	3	4	5	
				<b>Total Point</b>	<b>___ / 30</b>	Date:
Suggestion for development						

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

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

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

Component	Very Weak	Weak	Average	Good	Excellent
<b>Maintaining trust/professional relationship with patients</b> <ul style="list-style-type: none"> <li>• Listens</li> <li>• polite and caring</li> <li>• Shows respect for patients' opinions, privacy, dignity, and is unprejudiced</li> </ul>	1	2	3	4	5
<b>Verbal communication skills</b> <ul style="list-style-type: none"> <li>• Gives understandable information</li> <li>• Speaks clearly, at the appropriate level for the patient</li> </ul>	1	2	3	4	5
<b>Team-working/ working with colleagues</b> <ul style="list-style-type: none"> <li>• Respects others' roles, and works constructively in the team</li> <li>• Hands over effectively, and communicates well</li> <li>• Is unprejudiced, supportive and fair</li> </ul>	1	2	3	4	5
<b>Accessibility</b> <ul style="list-style-type: none"> <li>• Accessible</li> <li>• Takes proper responsibility</li> <li>• Does not shirk duty</li> <li>• Response when called</li> <li>• Arranges cover for absence</li> </ul>	1	2	3	4	5
<b>COMMENT:</b>				<b>Total Point</b>	____ / 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 %	$\frac{\text{point}}{120} \times 30$	
<b>Total Mark :</b>						_____ %

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  $\geq 60\%$ .

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# 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 :

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# 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 :

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# Unit PPS

## Unit Program Pegawai Perubatan Siswazah

Cawangan Pembangunan Profesion Perubatan  
Bahagian Perkembangan Perubatan  
Kementerian Kesihatan Malaysia