

COLLEGE OF MEDICINE & DENTISTRY AT THE HILLS ABBOTTABAD

Department of Gynaecology & Obstetrics

LOG BOOK Gynae & Obstetrics

MBBS Session 2025-26

NAME	
FATHER NAME	
ROLL NUMBER	
ВАТСН	
DATES OF ROTATION	

Prepared By Prof. Dr. Zahida Pereen With Help of DME

INTRODUCTION

As part of structured learning program, this log book will identify the objectives for each period / rotation of learning. The main purpose of the log book is to help you monitor your own competence, to recognize gaps and address them. Its second purpose is to describe the minimum competence level expected of you at the end of every rotation.

STRUCTURE

The skills to be achieved are laid out in 2 sections. The first section relates to history taking, examination and presentation of a case. Every organ system has representation in this section as mentioned in the top row of each table. The second section includes procedural skills. Competencies in procedural skills from all organ systems are presented together. Untitled, additional tables for both sections are included in the end in case some competencies have to be reassessed / repeated.

LEVEL OF COMPETENCE

Each competency has an expected level of competence to be achieved. The level of competence ranges from observation (1) to independent practice (5). The following list specifies what is meant by each level.

Level 1	Observes	Observes the clinical activity performed by a colleague / senior
Level 2	Assists	Assists a colleague / senior perform the clinical activity
Level 3	Direct supervision	Performs the entire activity under direct supervision of a senior
Level 4	Indirect supervision	Performs the entire activity within direct supervision of a senior colleague
Level 5	independent	Performs the entire activity without need for supervision

USING THE LOGBOOK

Each organ system commences on a new page. The pages contain numbered competencies. Many of the competencies do not require an assessment of every competence level and these are indicated by shaded boxes. Certain competencies e.g. procedures do not require the student to be level 5 (independent) by the end of the learning period. These are identified by black boxes.

Teacher / trainer will tick off competence levels as you achieve them and sign them with date.

SECTION 1: HISTORY TAKING, EXAMINATION AND PRESENTATION OF A CASE

Ob	stetrics Mini-Cex 1						
Pati	ent Name:	Diagnosis:			Date:		
	COMPETENCIES	EXPECTED LEVEL OF COMPETENCE 1. Below Expectation 2. Adequate 3. Excellent			er to sign & date		
Н	ISTORY / EXAM / MANAGEMENT PLAN	Below Expectat ion	Adequate	Excellent	Sign	Date	
1	Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.						
2	Perform complete GPE with Systemic & Abdominal examination (Leopold maneuvers). Perform Pelvic exam.						
3	Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion						
4	Arrange a focused list of differential diagnosis						
5	Prepare a diagnostic plan, selecting investigations appropriate for the patient						
6	Design a treatment plan taking into consideration the risk vs benefit of treatment options and the resources available						
7	Effectively communicate with the patient / family regarding the differential diagnosis, intended investigations & treatment options, and prognosis						
8	Respect the cultural and ethnic diversity of their patient's beliefs						
9	Display honesty, integrity, respect, and compassion for patient & family						

Good points

SECTION 1: HISTORY TAKING, EXAMINATION AND PRESENTATION OF A CASE

Obstetrics Mini-Cex 2							
Pati	ent Name:	Diagnos	is:	D	ate:		
	COMPETENCIES	EXPECTED LEVEL OF COMPETENCE 1. Below Expectation 2. Adequate 3. Excellent			Teacher to sign & date		
Н	ISTORY / EXAM / MANAGEMENT PLAN	Below Expectat ion	Adequate	Excellent	Sign	Date	
1	Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.						
2	Perform complete GPE with Systemic & Abdominal examination (Leopold maneuvers). Perform Pelvic exam.						
3	Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion						
4	Arrange a focused list of differential diagnosis						
5	Prepare a diagnostic plan, selecting investigations appropriate for the patient						
6	Design a treatment plan taking into consideration the risk vs benefit of treatment options and the resources available						
7	Effectively communicate with the patient / family regarding the differential diagnosis, intended investigations & treatment options, and prognosis						
8	Respect the cultural and ethnic diversity of their patient's beliefs						
9	Display honesty, integrity, respect, and compassion for patient & family						

Good	noints
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SECTION 1: HISTORY TAKING, EXAMINATION AND PRESENTATION OF A CASE

Obstetrics Mini-Cex 3							
Pati	ent Name:	Diagno	sis:		Date:		
COMPETENCIES		EXPECTEDLEVEL OF COMPETENCE 1. Below Expectation 2. Adequate 3. Excellent			Teacher to sign & date		
Н	ISTORY / EXAM / MANAGEMENT PLAN	Belo w Expec tation	Adequate	Excellent	Sign	Date	
1	Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.						
2	Perform complete GPE with Systemic & Abdominal examination (Leopold maneuvers). Perform Pelvic exam.						
3	Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion						
4	Arrange a focused list of differential diagnosis						
5	Prepare a diagnostic plan, selecting investigations appropriate for the patient						
6	Design a treatment plan taking into consideration the risk vs benefit of treatment options and the resources available						
7	Effectively communicate with the patient / family regarding the differential diagnosis, intended investigations & treatment options, and prognosis						
8	Respect the cultural and ethnic diversity of their patient's beliefs						
9	Display honesty, integrity, respect, and compassion for patient & family						

Good points	
Suggestions for improvement	

	SECTION 2: PMC Designated Competer	encies	for	Obs	tetri	cs			
	Competencies	Expected level of competencies					Teacher to		
	Competences	1	mpe 2	tenc	1	5	sigi	า Date	
1	PATIENT ASSESSMENT	ı ı		3	4	5	Sign	Date	
	PATIENT ASSESSMENT								
	Measure BP and pulse								
	Measure temperature								
	Measure respiratory rate								
	Measure Urine output								
	Measure O2 saturation								
	Leopold manure								
	FHS monitoring								
	Bishope score								
	Partogram								
2	Neonatal assessment PROCEDURAL SKILLS								
	Venipuncture								
	ECG								
	Take wound swab								
	Capillary blood glucose								
	Urine dipstick test for sugar/ protien								
	Perform CTG								
	Normal Vaginal Delivery								
	Neonatal Resuscitation								
	Maternal Resuscitation								
	Pass Airway								
3	PATIENT CARE	•							
	Surgical scrubbing / hand washing								
	Gloving and gowning								
	Pre Op care								
	Post OP care								
	Cord care								
	Using correct technique for moving and handling including patients who are frail/unconscious/ eclamptic								
	Breast feeding								
4	PRESCRIBING								

Instruction to patient

		1	•		ı	1
	Prepare and administer inject able (I/M, I/V, S/C)					
	Prescribing drugs for induction of labour					
	Prepare & adminster Hydralazine infusion					
	Prepare & adminsterLabetalol infusion					
	Prepare & adminsterOxytocin infusion					
	Prepare & adminsterMgSO4					
5	THERAPEUTIC PROCEDURES					
	I/V cannula					
	Blood transfusion					
	Catheterization					
	Instrumental vaginal delivery					
	Cesearean section					
	management of PPH					
	Wound care/ dressing					
	NG tube					
	Give local anesthetic for episiotomy					

SE	CTION 3: Gynecology Mir	ni-Cex 1					
Pati	ent Name:	Diagnos	is:	D	ate:		
	COMPETENCIES	EXPECTED LEVEL OF COMPETENCE 1. Below Expectation 2. Adequate 3. Excellent			Teacher to sign & date		
HIST PLA	ORY / EXAM MANAGEMENT	Below Expectat ion	Adequate	Excellent	Sign	Date	
1	Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.						
2	Perform complete GPE with Systemic & Abdominal examination (Leopold maneuvers). Perform Pelvic exam.						
3	Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion						
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7	Effectively communicate with the patient / family regarding the differential diagnosis, intended investigations & treatment options, and prognosis						
8	Respect the cultural and ethnic diversity of their patient's beliefs						
9	Display honesty, integrity, respect, and compassion for patient & family						

Good points	
Suggestions for improvement	

Gy	necology Mini-Cex 2						
Pati	ent Name:	Diagnos	is:		Date:		
COMPETENCIES		EXPECTED LEVEL OF COMPETENC E 1. Below Expectation 2. Adequate 3. Excellent			Teacher to sign & date		
HIS ⁻ PLA	TORY / EXAM / MANAGEMENT N	Below Expectat ion	Adequate	Excellen t	Sign	Date	
1	Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.						
2	Perform complete GPE with Systemic & Abdominal examination (Leopold maneuvers). Perform Pelvic exam.						
3	Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion						
4	Arrange a focused list of differential diagnosis						
5	Prepare a diagnostic plan, selecting investigations appropriate for the patient						
6	Design a treatment plan taking into consideration the risk vs benefit of treatment options and the resources available						
7	Effectively communicate with the patient / family regarding the differential diagnosis, intended investigations & treatment options, and prognosis						
8	Respect the cultural and ethnic diversity of their patient's beliefs						
9	Display honesty, integrity, respect, and compassion for patient & family						

Good points	
Suggestions for improvement	

Gy	necology Mini-Cex 3						
Patient Name:		Diagnosis:			Date:		
COMPETENCIES		EXPECTED LEVEL OF COMPETENCE 1. Below Expectation 2. Adequate 3. Excellent			Teacher to sign & date		
HIST PL/	TORY / EXAM / MANAGEMENT	Belo w Expec t ation	Adequate	Excellent	Sign	Date	
1	Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.						
2	Perform complete GPE with Systemic & Abdominal examination (Leopold maneuvers). Perform Pelvic exam.						
3	Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion						
4	Arrange a focused list of differential diagnosis						
5	Prepare a diagnostic plan, selecting investigations appropriate for the patient						
6	Design a treatment plan taking into consideration the risk vs benefit of treatment options and the resources available						
7	Effectively communicate with the patient / family regarding the differential diagnosis, intended investigations & treatment options, and prognosis						
8	Respect the cultural and ethnic diversity of their patient's beliefs						
9	Display honesty, integrity, respect, and compassion for patient & family						

Good points	
Suggestions for improvement	

SECTION 4: PMC Designated Competencies for Gynecology								
	Competencies		Expected level of competencies			Teacher to sign		
	Cymagalamy	1	2	3	4	5	Sign	Date
	Gynecology		1				I	1
1	PATIENT ASSESSMENT							
	Measure BP							
	Measure temperature					-		
	Measure respiratory rate							
	Measure O2 saturation							
	Measure Output		-			-		
	Speculum examination		-			-		
	Bimanual examination							
	Semen Analysis		1			1		
	Hormonal profile							
	Breast examination							
2	PROCEDURAL SKILLS						I	1
	Venipuncture							
	ECG							
	Take wound swab							
	Take HVS							
	Capillary blood glucose							
	Urine dipstick for sugar / protien							
	Pap smear							
	Insert Vaginal pessary							
	IUCD Insertion							
	IUCD removal							
	Insert Jadelle							
	Implanon insertion							
	Mirena insertion							
3	PATIENT CARE							
	Surgical scrubbing / hand washing							
	Gloving and gowning							
	Pre Op care							
	Post OP care							
	Using correct technique for moving and handling including patients who are frail/unconscious/eclamptic							

4	PRESCRIBING				
	Instruction to patient on inhaled medicine				
	Prescribing and administering O2				
	Prepare and administer injectable (I/M, I/V, S/C)				
	Prescribing Contraceptive Pills				
	Prescribing injectible contraceptives				
	Advising barrier methods for contraception				
5	THERAPEUTIC PROCEDURES				
	I/V cannula				
	Blood transfusion				
	Catheterization				
	Repair Of 3rd & 4th degree Tears				
	Wound care/ dressing				
	NG tube				
	Hystrosalphing ography				
	Incision & Drainage				
	EnC/ DnC				
	Diagnostic laproscopy				
	Hysteroscopy				
	suction & Evacuation				
	Total Abdominal hysterectomy				
	AP Repair				
	vaginal hystrectomy				
	Myomectomy				
	Pass Flatus tube				