MASTER OF MEDICINE

(PAEDIATRICS)

UNIVERSITI SAINS MALAYSIA

LOG BOOK

Name of Candidate: _____

Name of Personal Supervisor (USM): _____

Name of Personal Supervisor (KKM): _____

Date of Joining Programme :_____/_____/_____

MASTER OF MEDICINE (PAEDIATRICS) LOG BOOK

This is intended to:

1. Enable the candidate to record his/her professional training and experience.
2. Help the Supervisor assess the overall training and review the trainee's progress.

WHEN TO FILL-UP ENTRIES?

These should be entered:

1. At first enrolment to the course.
2. As soon as possible after an experience is gained or activity carried out
3. Regularly at the end of every ward or clinic posting.

(Nos 2 and 3 are important to avoid retrospective record hunting)

WHO KEEPS THE LOG BOOK?

The Log Book is to be kept by the students itself at all times but needs to be submitted to the supervisor for review at least once every 3 months or every time a review of the candidate's progress is required. Failure to submit the **Log Book** and **Assessment Form (Overall Supervisor Report/CEX/CBD/DOPS/SAIL),** may result in candidates not eligible to sit for **Theory, Clinical and VIVA examination**.

TABLE OF CONTENTS

No.	Contents		Page No.
i	**Personal Data** **Logbook Descriptions**		1 2-3
ii	**Record of Master of Medicine (Paediatrics) Training Programme**		
	1.	Ward/Clinic Rotations & Posting	4
	2.	Departmental Teaching Activites Attended Record Of CME Presentations	5
	3.	Record of Conferences/Seminar/Course Record of Publications Award & Prizes	6
	4.	Examination Details	7
	5.	Record of Leaves	8
iii	**Documentation of Consultation for Research Project**		9
iv	**Documentation of Meeting Between Candidate and Supervisor**		10

WARD/CLINIC ROTATION AND POSTING

Year of study	Date of posting	Supervisor/ Consultant	Ward /Team (Specialty)	Hospital	Assessment (please √ if already submit)

Supervisor please ensure that all students are also assessed at the end of the rotation using the assessment form (Overall Supervisor Report, CEX, CBD, SAIL & DOPS

DEPARTMENTAL TEACHING ACTIVITIES ATTENDED

Date	Title of Lecture/Topic/Others	Given by/Lecturer

RECORD OF CME PRESENTATION

Date	Title of Presentation	Supervisor

RECORD OF CONFERENCES/SEMINAR/COURSES ATTENTED

Date	Name of Conference/Seminar/Course	Organization/Place	Role (Presenter/Participant)

RECORD OF PUBLICATIONS

Year	Title of Paper	

AWARD & PRIZES

Year	AWARD	Awarding Body

EXAMINATION DETAILS

Academic Session and Year (Mac May/ Oct Nov) ***example Mac 2020***	**EXAM (THEORY/CLINICAL/VIVA)**	**PASS/REPEAT**	**PLACE OF EXAM**

RECORD OF LEAVES

DATE		TYPE OF LEAVE
From	**To**	

Cuti Rehat: MMed hanya dibenarkan mengambil cuti rehat 14 hari sahaja untuk 1 semester. Bagi 1 tahun pengajian, MMed mempunyai 28 hari jumlah cuti rehat. Sila ambil maklum, cuti rehat yang tidak dihabiskan dalam 1 tahun pengajian, tidak boleh dibawa kehadapan dan dikira luput.

Cuti Sakit: MMed mempunyai cuti sakit tambahan sebanyak 7 hari selain dari cuti rehat 14 hari **(dengan syarat pelajar perlu menghabiskan dulu cuti rehat 14 hari yang diberikan**). Mmed yang mengambil cuti rehat melebihi kuota yang ditetapkan, perlu menghubungi Bahagian Siswazah USM untuk perbincangan selanjutnya.

Cuti Kecemasan: Cuti kecemasan yang diambil perlu ditolak dari cuti rehat sedia ada

Cuti bersalin: Cuti bersalin yang diambil perlu dari cuti rehat dan cuti sakit sedia ada. MMed tidak dibenarkan mengambil cuti bersalin 3 bulan kerana masih di dalam tempoh pengajian. MMed yang mengambil cuti bersalin yang melebihi tempoh cuti rehat dan cuti sakit yang diberikan, perlulah mengisi borang penangguhan semester pengajian.

MMed tidak dibenarkan untuk mengambil cuti separuh gaji atau cuti tanpa gaji walau apa pun jua alasan sepanjang tempoh pengajian, melainkan MMed sedang di dalam tempoh penangguhan pengajian.

Cuti tanpa rekod hanya dibenarkan untuk MMed menghadiri kursus yang dianjurkan oleh USM dan Conjoint Pediatrik (contoh: Kursus Intensif Mmed Pediatrik)

DOCUMENTATION OF DISSERTATION/RESEARCH PROJECT

Topic of Dissertation: _____

_____

Main Supervisor: _____

Co Supervisor 1: _____

Co Supervisor 2: _____

No	Stages of Dissertation (Presentation at Dept Level/Ethics Approval/Data Collection/Data Analysis/Writing/Publish)	Supervisor Comments	Supervisor Signature & Date

DOCUMENTATION OF MEETINGS BETWEEN CANDIDATE AND SUPERVISOR

No	Date	Supervisor Comments/ Type of Meeting (Personal/Academic/Examination)	Supervisor Signature