

ARAB BOARD OF MEDICAL SPECIALIZATIONS

LOG BOOK

FOR

Pediatric Emergency Medicine Fellowship

ACADAMIC YEAR:

NAME OF CANDIDATE	
CANDIDATE NO.	
PEDIATRIC EMERGENCY MEDICINE PROGRAM DIRACTOR	
HOSPITAL OR TRAINING INSTITUTE	

CERTIFICATE

This is to certify that to the best of my knowledge all the entries in the log book of Are correct.

Name & signature-----

Place of Training-----

Procedures:

Month:

Year:

INSTRUCTIONS TO TRAINEES

- 1- This logbook has to be maintained by all trainees preparing for The Arab Board in Pediatric Emergency Medicine.
- 2- Trainees are advised to make the required entries on the day of the event. All entries must be signed immediately by the supervisor on the day of the event.
- 3- The trainee is required to maintain the logbook throughout the training period.
- 4- The logbook will form a part of the eligibility requirements for the examinations.

GUIDELINES FOR SUPERVISOR

- 1- The logbook is a day record of the clinical procedures done by the trainee.
- 2- Its purpose is to assess the overall training of the candidate and determine deficiencies, if any, so that they may be corrected.
- 3- The head of the unit shall verify the entries by signing the certificate. It is suggested that the heads of the unit check the logbook at least once a month so that they can spot any deficiencies in the training (e.g the trainee has not rotated through a subspecialty which is required)

General Comments

- 1- You can have more in performed and less in observed or simulated but the confirmed can't be less than what is indicated.
- 2- If simulation is not available or not possible then that number to be divided 50% on observed and 50% on performed.
- 3- Number of Observed can be done in Simulation either as observed in Simulation or performed in simulation.

Procedures:**Month:****Year:****Procedures performed**

Date	Age	Procedure	Total Number required	Observed	Performed	Simulated	Remarks
		General					
		Restraint techniques	4	1	1	2	
		Gastrostomy tube replacement	2	1	1	0	
		Trauma and Resuscitation					
		Trauma code	10	2	6	2	
		C-Spine immobilization	4	1	2	1	
		Chest tube	10	2	4	4	
		Needle thoracostomy	4	1	1	2	
		Pediatric resuscitation (PALS)team leader	30	5	10	15	
		Chest compression	10	0	6	4	
		BMV	10	2	6	2	
		LMA	2	0	1	1	
		Rapid sequence induction for intubation (RSI)	20	5	10	5	
		NIV setting	4	1	2	1	
		Initiation of mechanical ventilation	4	1	2	1	
		Cardioversion	4	1	2	1	
		IO	6	2	2	2	

Procedures:

Month:

Year:

		Central line	6	2	1	3	
		Procedural sedation Analgesia (PSA)	20	5	10	5	
		Removal of supraglottic foreign body	3	1	1	1	
		Transcutaneous Cardiac pacing	4	2	0	2	
		Dental / OMF					
		Reimplantation of an avulsed permanent tooth	2	1	0	1	Can be done in adult or children to acquire the skill or simulated
		Reduction of temporomandibular joint dislocation	2	1	0	1	Can be done in adult or children to acquire the skill or simulated
		ENT					
		Acute upper airway foreign body removal	4	2	0	2	
		Removal of impacted cerumen	4	2	2	0	
		Foreign body removal from the external auditory canal	4	1	1	2	
		Management of epistaxis	4	2	2	0	Can be done in adult or children to acquire the skill or simulated
		Nasal foreign body removal	4	2	1	1	
		Neurological					
		Lumbar puncture	10	2	4	4	
		Orthopedics / injuries					
		Splinting /casting procedures	6	2	2	2	

Procedures:

Month:

Year:

		Reduction of common dislocations	6	2	2	2	
		Closed reductions under sedation in the emergency department	4	2	0	2	
		Wound closure	20	2	8	10	
		Digital Block	8	2	2	4	
		Nail-bed Repair	4	1	3	0	Can be done in adult or children to acquire the skill or simulated
		Paronychia	4	1	3	0	Can be done in adult or children to acquire the skill or simulated
		Trephination	4	1	2	1	Can be done in adult or children to acquire the skill or simulated
		Splinter Removal	2	1	1	0	Can be done in adult or children to acquire the skill or simulated
		Fish hook Removal	4	1	1	2	Can be done in adult or children to acquire the skill or simulated
		Abscess I&D	4	1	2	1	Can be done in adult or children to acquire the skill or simulated
		<p>General Comments:</p> <ol style="list-style-type: none"> 1- You can have more in performed and less in observed or simulated but the confirmed can't be less than what is indicated. 2- If simulation is not available or not possible then that number to be divided 50% on observed and 50% on performed. 3- Number of Observed can be done in Simulation either as observed in Simulation or performed in simulation. 					