

Name of Trainee: _____

SUBSPECIALTY TRAINING IN NEONATOLOGY

LOG BOOK OF PROFESSIONAL DEVELOPMENT

Trainee's Name: _____

Period of training: from _____ to _____

Year of training	Supervisors' names	Names of Hospital where training took place	Dates of training

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1. Procedures carried out by trainee (Please add more pages wherever is needed)

1.1 High Frequency Ventilation

<i>Name of patient</i>	<i>Medical registration number</i>	<i>Indications</i>	<i>Date of onset of procedure</i>	<i>Duration of ventilation</i>	<i>Name & Signature of supervisor</i>

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1.2 Conventional mechanical ventilation in ELBW infants

<i>Name of patient</i>	<i>Medical registration number</i>	<i>Wt of infants in grams</i>	<i>Indications</i>	<i>Date of ventilation</i>	<i>Name & Signature of supervisor</i>

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1.3 Nitric Oxide Therapy

<i>Name of patient</i>	<i>Medical registration number</i>	<i>Indications</i>	<i>Date of therapy</i>	<i>Name & Signature of supervisor</i>

1.4 Percutaneous insertion of central venous catheter in extremely low birthweight (ELBW) infants

<i>Name of patient</i>	<i>registration number of infant</i>	<i>Weight of infant in grams</i>	<i>Date of insertion</i>	<i>Name & Signature of supervisor</i>

1.5 Cerebral ultrasound scanning

<i>Name of patient</i>	<i>Medical registration number</i>	<i>Indications (eg prematurity, encephalopathy and CNS abnormality)</i>	<i>Date of scan</i>	<i>Name & Signature of supervisor</i>

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1.6 Echocardiography

<i>Name of patient</i>	<i>Medical registration number</i>	<i>Indications for scanning</i>	<i>Date of scan</i>	<i>Name & Signature of supervisor</i>

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2. Other clinical workload of Trainee

Year of training	Type of service	Frequency of clinic (& average no. of patients managed per session)	Name & signature of Supervisor
1	After office hour call-duty (minimum 1 in 5)		
	High risk infants follow-up clinic		
2	After office hour call duty (minimum 1 in 5)		
	High risk infants follow-up clinic		
3	After office hour call duty (minimum 1 in 5)		
	High risk infants follow-up clinic		

***3. Administrative experience of trainee during the three-year period pertaining to individual subspecialty**

Year of training	Jobs assigned (please give a brief description)	Hospital	Date	Name & Signature of Supervisor

Example: Infection control, evaluation of use of biomedical equipment, collection & review of perinatal mortality & morbidity data

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***4. Research projects and medical audit activities completed**

Title of project	Date commenced	Date completed	Name & signature Supervisor

*Note: A minimum of one research project and one medical audit activity during the three year period is required.
Reports on these must be submitted for evaluation.*

5. Publications /Presentations

Authors	Title of article	Name of Journal/book/others	Year & volume	Page no.

Name of Trainee: _____

6. CME activities

Year	Name of meeting	Date	Place where CME activities are held	Paper presented by applicant (Yes/No)	Title of paper

Note: For in-hospital meeting, please attach meeting rosters. For meetings outside hospital, please attach meeting programs and abstracts. Please duplicate more copies as indicated

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7. Training courses attended by trainee during the three year period (Please attach certificates of attendance)

Name of training course	Date	Venue	Organiser
Malaysian NRP training course#			

During the three year training, the candidate should be re-certified at least every 2 years

***8. Teaching activities conducted by trainee during the three year (Please attach certificates of appreciation if any)**

Name of courses and other types of activities (e.g. ward round, in-service teaching of nurses)	No. of participants	Types of participants	Venue	Date	Name of Organiser