

# INDIAN COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

*The Federation of Obstetric and Gynaecological Societies of India (FOGSI) office.  
Trade World, C-5,6,7,9,12,13, 1<sup>st</sup> Floor, D wing Entrance, Kamala City, SenapatiBapat Marg,  
Lower Parel (W) , Mumbai-400013. Tel Nos. 022-2302 1648/1654/1343  
Email: icogoffice@gmail.com; Website: <http://www.icogonline.org>*



Founded 1984

## LOG BOOK for *Certificate Course* *in*

*Fetal Medicine*

Candidate Name:-----

Examination Reg. No:-----

# Declaration

I, .....hereby do  
solemnly declare that all information contained in this LOGBOOK is a true  
and accurate record of my professional experience, education and  
training from ..... to ..... representing the  
period of training for the Certificate Course in Fetal Medicine.

Signature of Candidate: .....

Trainee Number: .....

Date: .....

Signature of Guide:

## **GENERAL INSTRUCTIONS TO CANDIDATES**

### **The purpose of the Log Book is:**

- i) To help the candidate record his training so that identified and remedied.**
- ii) To help both consultants and the college to assess overall training and provide the extra experience for trainees in the areas where it is most needed.**

### **The timing of the Log Book:**

**Logbooks should be completed during training in centres recognized by the College. Any queries concerning log book/training should be referred to the Examination Department (Chairman/Secretary) of the Indian College of Obstetricians and Gynaecologists.**

**The candidate should bring to the examination completed Log Books.**

**Candidates are strongly advised to carry the Log Book with them at all times and to fill it in on a daily basis. This will avoid much retrospective record hunting. Candidates should discuss the progress of the Log Book with their Consultant at least every week and a summary of experience must be signed by the consultant.**

### **Confidentiality:**

**Candidate must not identify patients by name. Cases should be recorded by hospital number and /or patient's initials.**

**INSTRUCTIONS:**

BY THE END OF THE COURSE THE CANDIDATE SHOULD HAVE SEEN/ASSISTED IN

–

- 15 Early pregnancy scans
- 20 First trimester scans
- 20 Anomaly scans
- 20 Growth and Doppler scans
- 10 Cervical length scans
- 5 Multiple pregnancy scans
- 10 Counselling sessions for High Risk pregnancies & Invasive procedures in Fetal medicine
- 10 Prenatal invasive procedures with reports from the lab attached

BY THE END OF THE COURSE THE CANDIDATE MUST HAVE DONE-the following Sonographies (supervised)

- 5 Early pregnancy scans
- 5 First trimester scans
- 10 Anomaly scans
- 10 Growth and Doppler scans
- 5 Cervical length scans
- 5 Multiple pregnancy scans

TO BE FILLED:

Seminars Attended:

- 1>
- 2>
- 3>
- 4>
- 5>
- 6>

Seminars Presented

- 1>
- 2>
- 3>
- 4>
- 5>

Conferences attended

- 1>
- 2>
- 3>
- 4>
- 5>

Paper/Poster presented

- 1>
- 2>
- 3>
- 4>
- 5>

Total Attendance :

Signature of Director:

	<b>PERSONAL</b>			
1.	Name (in full):			
2.	Date of Birth:			
3.	Permanent Address:			
4.	Address for communication:			
5.	Centre :		Guide :	
6.	Date of the joining for this course:			
7.	Qualifications:	Degree	Year of Passing	University
8.	Experience :			
9.	Title of research conducted (if any) :			

## MEDICAL PROCEDURES

PROCEDURES	SEEN	ASSISSTED	PERFORMED
1. Investigative Approach to a High risk fetus			
2. Dating scans			
3. Nuchal scans			
4. Anomaly scans			
5. Growth Scans			
6. Multiple pregnancy scans			
7. Counselling sessions			
8. Invasive procedures			
9. Audit of 10 cases			

## Ultrasound in Fetal Medicine

USG	SEEN	PERFORMED
• Dating Scan		
• First trimester Scan		
• Anomaly Scan		

• Growth Scan		
• Doppler scan		
• cervical length scan		
• multiple gestation scan		

## OPD PROCEDURES

	Seen	Performed
History taking		
Investigations		
Counseling		
Planning follow up visits		
Correlation of scans to clinical findings		
Specialty referrals if any		
Outcome		



## CLINICAL CASES

Month wise tables and cases to be put according to date. 10 interesting cases with details of -History, Examination, Investigations, & Outcome.

SEEN/ASSISTED (should be mentioned in tabular forms) –

20 First trimester scans

20 Anomaly scans

20 Growth and Doppler scans

10 Cervical length scans

5 Multiple pregnancy scans

10 Counselling sessions for High Risk pregnancies & Invasive procedures  
in Fetal medicine

10 Prenatal invasive procedures

TO BE PERFORMED (should be mentioned in tabular form) –

Table 1 First trimester scans

S No	Date	Case No/ Initials	Indication	Finding	Outcome
1					
2					
3					
4					
5					

6					
7					
8					
9					
10					

Table 2 – Anomaly scans

Serial No	Date	Case no / Initials	Indication	Finding	Outcome
1					
2					
3					
4					
5					

Table 3 – Growth and Doppler scans

Serial No	Date	Case No / Initials	Indication	Finding	Outcome
1					
2					
3					
4					
5					

Table -4 Cervical length Scans

Serial No	Date	Case No / Initials	Indication	Findings	Outcome
1					
2					
3					
4					
5					

Table -5 Multiple pregnancy scans

Serial No	Date	Case No/ Initials	Indication	Findings	Outcome
1					
2					
3					
4					
5					

Table -6 Prenatal invasive procedures

Serial No	Date	Name of procedure	Case No/ Initials	Indication	Findings	Outcome
1						
2						
3						
4						

Table -7 Counselling Sessions

Serial No	Date	Case No / Initials	Indication	Findings	Outcome
1					
2					
3					
4					
5					

### Complications Observed and Management

Table 7

Serial No	Date	Case no / Initials	Complication	Management	Outcome
1					
2					
3					

4					
5					

Local SEMINARS PRESENTED and ATTENDED

Table 8

<u>Serial No</u>	<u>Date</u>	<u>Topic</u>	<u>Presenter</u>	<u>Sig of guide</u>
<u>1</u>				
<u>2</u>				
<u>3</u>				
<u>4</u>				
<u>5</u>				
<u>6</u>				
<u>7</u>				
<u>8</u>				
<u>9</u>				

CONFERENCES ATTENDED (Mention Paper or Poster  
Presented& Awards if any )

Table 9

<u>Serial No</u>	<u>Date</u>	<u>Conference</u>	<u>City</u>	<u>Paper /Poster</u>	<u>ICOG credit points</u>
<u>1</u>					
<u>2</u>					
<u>3</u>					
<u>4</u>					
<u>5</u>					
<u>6</u>					

REMARKS BY THE GUIDE

Table 10

<u>Regularity</u>	
<u>Knowledge</u>	
<u>Practical skills</u> <u>USS</u>	
<u>Practical Skills</u> <u>Mat Medicine</u>	
<u>Practical Skills</u> <u>Neonatal</u>	
<u>Counselling Skills</u>	
<u>Overall</u> <u>Performance</u>	