



**LOG BOOK**  
**3<sup>rd</sup> Year MBBS**  
**Gastroenterology Clinical Rotation 2025**

## Department Of Gastroenterology 3<sup>rd</sup> Clinical Rotation Logbook

Hospital: \_\_\_\_\_

Duration: \_\_\_\_\_ to \_\_\_\_\_

**Timetable:**

### WEEK 1

Academic activity					
Day	08:30 – 09:30 am	09:30 – 10: 00 am	10:00- 10:30 am	Teacher/ Facilitator	Evening duty 2:0 – 5:0 pm
Monday	Students gathering and Orientation to Gastroenterology  components in 3 <sup>rd</sup> Year MBBS, including medical ethics	Introduction to Different GI Symptomatology  (Jaundice, Malena, hematemesis, hematochezia, diarrhea, abdominal pain, dysphagia, odynophagia, Abdominal distension, nausea, vomiting)	Clinical methods (Hands on training)	HOD	Batch A: ER  Batch B: Ward
Tuesday	Art of History Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness. Systemic Inquiry, Past Medical History, Family History, Occupational History, Personal History, Travel History, Blood	Small Group Interactive session (GI symptomatology)	Clinical methods (Hands on training)  General physical examination (focus on Gastrointestinal & Hepatology)	AP/Senior Registrar	Batch A: Ward  Batch B: ER

	transfusion History, Developmental& Obstetrics History.				
Wednesday	Abdominal examination:  Inspection, Palpation ( including superficial and deep palpation for visceromegaly, abdominal masses.	Small Group Interactive session  (History taking components, including systemic inquiry)	Clinical    methods (Hands on training)  Abdominal examination, including inspection, palpation	AP/Senior Registrar	Batch C: ER  Batch D: Ward
Thursday	Abdominal examination:  Inspection, Palpation, including superficial and deep for visceromegaly, abdominal masses, Percussion including shifting dullness, fluid thrill and visceral/ mass, and Auscultation of bowel sound, visceral bruit	Small Group Interactive session  (GPE)	Clinical    methods (Hands on training)  Abdominal examination, including inspection, palpation, Percussion and Auscultation.	AP/Senior Registrar	Batch C: Ward  Batch D: ER
Friday    & Saturday	No Ward Rotation				
*All students will be regularly evaluated by attendance and participation.					

## WEEK 2

Academic activity					
Day	08:30 – 09:30 am	09:30 – 10:00 am	10:10;30 am	Teacher / Facilitator	Evening duty 2:00 – 5:00 pm
Monday	Reinforcement of GI history taking and examinations including (hematemesis, melena, jaundice, dysphagia, diarrhea, abdominal pain, GPE (palmar erythema, koilonychia, leukonychia, clubbing, Dupuytren contracture, LN, jaundice, eye brow/ lashes, oral cavity, edema, gynecomastia, wasting, proximal myopathy), inspection, palpation, percussion and auscultation.	Small Group Interactive session (CBD, regarding upper GI Bleed, VB / NVB)	Clinical methods (Hands on training), GPE  Abdominal examination, including inspection, palpation, Percussion and Auscultation.	HOD	Batch A: ER  Batch B: Ward
Tuesday	Approach to patient with Gastrointestinal bleed, including causes, clinical signs, investigations, plan and, initial management	Small Group Interactive session (CBD on acid peptic disease/ GERD)	Small Group Interactive session (CBD on acid peptic disease/ GERD)	AP/Senior Registrar	Batch A: Ward  Batch B: ER

Wednesday	Approach to patient with ascites, including causes, clinical signs, investigations plan and initial management	Small Group Interactive session  (CBD on abdominal distension/ jaundice	Small Group Discussion/ Activity (Patient Counseling)	AP/ Senior Registrar	Batch C: ER  Batch D: Ward
Thursday	WARD TEST --- End of Clinical Rotation				Batch C: Ward  Batch D: ER
*All students will be regularly evaluated by attendance and participation.					

### Gastroenterology Clinical Training Program Week 1-2

Hospital \_\_\_\_\_ Unit \_\_\_\_\_ Duration from \_\_\_\_\_ to \_\_\_\_\_

No.	Date	Topic	Attendance Morning	Sign
1				
2				
3				
4				
5				
6				
7				
8				

### Gastroenterology Clinical Training Program Week 1-2

No.	Date	Topic	Attendance Evening	Sign
1				
2				
3				
4				
5				
6				
7				
8				

Signature: \_\_\_\_\_

## Self-Directed Learning

[illegible]

## EPA's History and Examination

EPA	Task	Learning Objectives	EPA Level /Supervision level	Level Achieved
History Taking	Students should be able to obtain a comprehensive history	Students should be able to demonstrate art of history taking including all components of history.	3	
General Physical examination	Perform a detailed general physical examination.	Students should be able to take vitals accurately and identify common general physical findings.	3	
GIT examination	Perform GI examination	Students should be able to demonstrate accurate methods of abdominal examination including inspection, palpation and describe their abnormal findings.	3	
GIT examination	Perform GI examination	Students should be able to demonstrate accurate methods of abdominal examination including auscultation, percussion and describe their abnormal findings.	3	
Educate basic disease/ problem information to patients and families.	Practice explaining basic problem information to patients and families	Students should be able to communicate effectively with patients and families, to provide basic disease/ problem information and establish rapport with them.	2	
Able to write progress notes in SOAP format.	Write progress in SOAP format	Students should be able to write morning progress notes in the form of Subjective, Objective, Assessment and Plan	3	

**EPA level 1 = Observation**  
**EPA Level 3= Supervision available**

**EPA Level 2 = Direct supervision**  
**EPA Level 4= Performs independently**



## EPA's Skills (Procedures)

EPA	Task	Learning Objectives	EPA Level/ Supervision level	Level Achieved
I/V, I/M, S/C, intra dermal injections	Observe and perform IV/IM/SC/Intra dermal injection after informed consent	Should be able to inject IV/IM/SC/intra dermal under direct supervision after obtaining informed consent.	2	
I/V lines	Observe and perform the task of maintaining IV line	Should be able to maintain line IV under supervision after taking informed consent	2	
Blood transfusion	Observe blood transfusion	Should observe the protocol of blood transfusion and should know the indications and contraindications.	1	
Oxygen therapy	Observe and attach oxygen to the patient	Should have knowledge of oxygen delivery devices, their indications and should be able to attach oxygen to patients as per requirement.	2	
Passing the N/G Tube, feeding, suction.	Observe Nasogastric intubation procedure	Should be able to describe the indications and contraindications of NG tube and its uses.	1	
Aspiration for ascitic fluid	Observe aspiration of ascitic fluid	Should know the indications and contraindications of peritoneal aspiration	2/1	

Tutor signature\_\_\_\_\_

## ASSESSMENT

OSCE:

Total stations: 7

Each station mark: 10

Sr. No	Skill/Competency	Findings	Diagnosis	Marks Obtained	Total Marks	Signature
1	Structured History of Dysphagia					
2	Structured History of GI Bleed					
3	Structured History of abdominal distension					
4	Structured History of abdominal pain					
5	GPE (focused on gastrointestinal signs)					
6	Abdominal examination (inspection & palpation)					
7	Abdominal examination (palpation & percussion)					

## Continuous Internal Assessment

CIA		Total Marks: 30
<p>Histories and Logbook</p> <p>20 marks</p>	<p>Attendance</p> <p>10 marks</p>	
<p>If 5 Histories and Logbook are completed</p> <p style="text-align: center;">20 marks</p> <p>less than 5 histories and Logbook is not completed</p> <p style="text-align: center;">0 marks</p>	<p>&gt;90%</p>	<p>10marks</p>

Total number of Histories = \_\_\_\_\_/5\_\_\_\_\_

Logbook entries : Yes/ No

Average score = \_\_\_\_\_

Percentage of Attendance = \_\_\_\_\_

Average score of Attendance= \_\_\_\_\_

Total CIA marks = Av. of Hx & Logbook + Av. of Attendance = \_\_\_\_\_ / 30

Ward test marks = OSCE + AV OSCE = \_\_\_\_\_/70

Total Marks = Ward test + CIA = \_\_\_\_\_ Percentage: \_\_\_\_\_

In charge AP/SR \_\_\_\_\_ Signature: \_\_\_\_\_

Name Head of Unit: \_\_\_\_\_ Signature: \_\_\_\_\_

