

HISTOPATHOLOGY



**RESIDENCY PROGRAM
LOGBOOK**

2014-2019

Page 1 – Resident's Details

Name Date of Birth OMSB No.

Degree Year Region

Date of entry into residency

Date of completion of residency

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PART 1 - INTRODUCTION

Logbook of histopathology is intended for the resident trainee to document training activities regularly. This helps in knowing the experience gained in different aspects of the training at the end of each rotation. The resident should consider this as a diary to record all activities during the period.

Each documentation needs to be countersigned by the concerned supervisor/s. The logbook also aims to help the Programme Director and Assistant Directors to follow-up the progress of the resident. The Program Director will be responsible for half yearly verification of the entries in this book.

PART 2 – OBJECTIVES

The objectives of the Training Logbook are to ensure that the trainees have adequately covered all the general and specialist areas of histopathology.

1. The trainee will have a personal record of his/her experience in all aspects of surgical pathology, cytopathology, neuropathology, paediatric pathology and aspects of forensic pathology.
2. The trainee will have a record of autopsies performed and reported.
3. The trainee and Training Committee will be able to identify deficiencies in his/her training and arrange for these to be met as appropriate.
4. The Training Logbook will serve as part of the summative assessment processes during and on completion of the training programme.

PART 3 – R1 – R5 ASSESSMENT OUTCOME

Name:

Date of Birth:

Basic degrees/qualifications (University and dates):

R1 – R5 Assessment Outcome

R1 – Date of end of year examination	Outcome
R2 – Date of end of year examination	Outcome
R3 – Date of end of year examination	Outcome
R4 – Date of end of year examination	Outcome
R5 – Date of end of year examination	Outcome

Part I Exam (Date attained)

Part II Exam (Date attained)

PART 4 - SUMMARY OF TRAINING (please enter number of weeks spent and indicate hospital you were attached to)

Attachment	Year 1		Year 2		Year 3	
	Period	Institution	Period	Institution	Period	Institution
Surgical and autopsy experience						
Cytopathology experience						
Neuropathology experience						
Paediatric pathology						
Specialist area experience e.g. renal, liver, dermatopathology (Please specify)						
Research activities						
Additional experience e.g. audit/management, administrative (Please specify)						
Miscellaneous (Please specify)						

SUMMARY OF TRAINING (please enter number of months spent and indicate hospital you were attached to)

Attachment	Year 4		Year 5	
	Period	Institution	Period	Institution
Surgical and autopsy experience				
Cytopathology experience				
Neuropathology experience				
Paediatric pathology				
Specialist area experience e.g. renal, liver, dermatopathology (Please specify)				
Research activities				
Additional experience e.g. audit/management, administrative (Please specify)				
Miscellaneous (Please specify)				

PART 5 - RECORD OF TRAINING

Resident Level: **RI**

Period: From ___/___/___ to ___/___/___

P.D./Assoc. : _____

<i>Rotation</i>	<i>Time spent in weeks/months</i>	<i>Institute:</i> Date: From ___/___/___ to ___/___/___
General Histopathology		
Cytopathology		
Paediatric Pathology		
Neuropathology		
Orthopaedic Pathology		
Other specialist area (pls. specify)		
<i>Experience gained (Approximate No).</i>		
<u>Surgical Pathology</u>		
Cut ups		
Surgical cases (microscopy)		
Frozen sections attended		
Neuropathology (surgical cases)		
Paediatric pathology (surgical cases)		
Orthopaedic pathology (surgical cases)		
Other specialist areas (pls specify)		
<u>Cytopathology</u>		
Techniques (pls specify Observed, Supervised, Independently done)		
Cytospin		
Papanicolau		
Giemsa		
Modified methenamine silver for Pneumocystis		
Others (specify)		
<u>Cytopathology</u>		
• Gynae		
• Screened		
○ Reported with Supervision		
• Non-gynae		
○ Body fluids		
○ Urine		
○ Sputum		
• Nipple discharge		
• Fine needle aspiration		
○ Performed		
○ Reported with supervision		
<u>Autopsy</u>		
No. Observed		
No. Performed		
Name and Signature of Supervisor:		

	<i>Time spent in weeks/months</i>	<i>Institute:</i>
		Date: From __/__/____ to __/__/____
<i>Additional Experience (please specify)</i>		
Clinical Conferences		
Hospital clinical meetings		
Journal Clubs		
Local Seminars		
Slide Sessions		
National Conferences		
International Conferences		
Research activities		
Examinations		

Name of Trainee:

Signature:

Name of Program Director/PD Assistant:

Signature:

<i>Institute:</i>	<i>Institute:</i>	<i>Institute:</i>	<i>Institute:</i>
Date: From ___/___/___ to ___/___/___	Date: From ___/___/___ to ___/___/___	Date: From ___/___/___ to ___/___/___	Date: From ___/___/___ to ___/___/___

Name of Trainee:
Signature:

Name of Program Director/PD Assistant:
Signature:

PART 5 - RECORD OF TRAINING

Resident Level: **R2**

Period: From ___/___/___ to ___/___/___

P.D./Assoc. : _____

<i>Rotation</i>	<i>Time spent in weeks/months</i>	<i>Institute:</i> Date: From ___/___/___ to ___/___/___
General Histopathology		
Cytopathology		
Paediatric Pathology		
Neuropathology		
Orthopaedic Pathology		
Other specialist area (pls. specify)		
<i>Experience gained (Approximate No).</i>		
<u>Surgical Pathology</u>		
Cut ups		
Surgical cases (microscopy)		
Frozen sections attended		
Neuropathology (surgical cases)		
Paediatric pathology (surgical cases)		
Orthopaedic pathology (surgical cases)		
Other specialist areas (pls specify)		
<u>Cytopathology</u>		
Techniques (pls specify Observed, Supervised, Independently done)		
Cytospin		
Papanicolau		
Giemsa		
Modified methenamine silver for Pneumocystis		
Others (specify)		
<u>Cytopathology</u>		
• Gynae		
• Screened		
○ Reported with Supervision		
• Non-gynae		
○ Body fluids		
○ Urine		
○ Sputum		
• Nipple discharge		
• Fine needle aspiration		
○ Performed		
○ Reported with supervision		
<u>Autopsy</u>		
No. Observed		
No. Performed		
Name and Signature of Supervisor:		

	<i>Time spent in weeks/months</i>	<i>Institute:</i>
		Date: From __/__/____ to __/__/____
<i>Additional Experience (please specify)</i>		
Clinical Conferences		
Hospital clinical meetings		
Journal Clubs		
Local Seminars		
Slide Sessions		
National Conferences		
International Conferences		
Research activities		
Examinations		

Name of Trainee:
Signature:

Name of Program Director/PD Associate:
Signature:

<i>Institute:</i>	<i>Institute:</i>	<i>Institute:</i>	<i>Institute:</i>
Date: From __/__/____ to __/__/____	Date: From __/__/____ to __/__/____	Date: From __/__/____ to __/__/____	Date: From __/__/____ to __/__/____

Name of Trainee:
Signature:

Name of Program Director/PD Associate:
Signature:

PART 5 - RECORD OF TRAINING

Resident Level: **R3**

Period: From ___/___/___ to ___/___/___

P.D./Assoc. : _____

<i>Rotation</i>	<i>Time spent in weeks/months</i>	<i>Institute:</i> Date: From ___/___/___ to ___/___/___
General Histopathology		
Cytopathology		
Paediatric Pathology		
Neuropathology		
Orthopaedic Pathology		
Other specialist area (pls. specify)		
<i>Experience gained (Approximate No).</i>		
<u>Surgical Pathology</u>		
Cut ups		
Surgical cases (microscopy)		
Frozen sections attended		
Neuropathology (surgical cases)		
Paediatric pathology (surgical cases)		
Orthopaedic pathology (surgical cases)		
Other specialist areas (pls specify)		
<u>Cytopathology</u>		
Techniques (pls specify Observed, Supervised, Independently done)		
Cytospin		
Papanicolau		
Giemsa		
Modified methenamine silver for Pneumocystis		
Others (specify)		
<u>Cytopathology</u>		
• Gynae		
• Screened		
○ Reported with Supervision		
• Non-gynae		
○ Body fluids		
○ Urine		
○ Sputum		
• Nipple discharge		
• Fine needle aspiration		
○ Performed		
○ Reported with supervision		
<u>Autopsy</u>		
No. Observed		
No. Performed		
Name and Signature of Supervisor:		

	<i>Time spent in weeks/months</i>	<i>Institute:</i>
		Date: From __/__/____ to __/__/____
<i>Additional Experience (please specify)</i>		
Clinical Conferences		
Hospital clinical meetings		
Journal Clubs		
Local Seminars		
Slide Sessions		
National Conferences		
International Conferences		
Research activities		
Examinations		

Name of Trainee:
Signature:

Name of Program Director/PD Associate:
Signature:

PART 5 - RECORD OF TRAINING

Resident Level: **R4**

Period: From ___/___/___ to ___/___/___

P.D./Assoc. : _____

<i>Rotation</i>	<i>Time spent in weeks/months</i>	<i>Institute:</i> Date: From ___/___/___ to ___/___/___
General Histopathology		
Cytopathology		
Paediatric Pathology		
Neuropathology		
Orthopaedic Pathology		
Other specialist area (pls. specify)		
<i>Experience gained (Approximate No).</i>		
<u>Surgical Pathology</u>		
Cut ups		
Surgical cases (microscopy)		
Frozen sections attended		
Neuropathology (surgical cases)		
Paediatric pathology (surgical cases)		
Orthopaedic pathology (surgical cases)		
Other specialist areas (pls specify)		
<u>Cytopathology</u>		
Techniques (pls specify Observed, Supervised, Independently done)		
Cytospin		
Papanicolau		
Giemsa		
Modified methenamine silver for Pneumocystis		
Others (specify)		
<u>Cytopathology</u>		
• Gynae		
• Screened		
○ Reported with Supervision		
• Non-gynae		
○ Body fluids		
○ Urine		
○ Sputum		
• Nipple discharge		
• Fine needle aspiration		
○ Performed		
○ Reported with supervision		
<u>Autopsy</u>		
No. Observed		
No. Performed		
Name and Signature of Supervisor:		

	<i>Time spent in weeks/months</i>	<i>Institute:</i>
		Date: From ___/___/___ to ___/___/___
<i>Additional Experience (please specify)</i>		
Clinical Conferences		
Hospital clinical meetings		
Journal Clubs		
Local Seminars		
Slide Sessions		
National Conferences		
International Conferences		
Research activities		
Examinations		

Name of Trainee:
Signature:

Name of Program Director/PD Associate:
Signature:

PART 5 - RECORD OF TRAINING

Resident Level: **R5**

Period: From ___/___/___ to ___/___/___

P.D./Assoc. : _____

<i>Rotation</i>	<i>Time spent in weeks/months</i>	<i>Institute:</i> Date: From ___/___/___ to ___/___/___
General Histopathology		
Cytopathology		
Paediatric Pathology		
Neuropathology		
Orthopaedic Pathology		
Other specialist area (pls. specify)		
<i>Experience gained (Approximate No).</i>		
<u>Surgical Pathology</u>		
Cut ups		
Surgical cases (microscopy)		
Frozen sections attended		
Neuropathology (surgical cases)		
Paediatric pathology (surgical cases)		
Orthopaedic pathology (surgical cases)		
Other specialist areas (pls specify)		
<u>Cytopathology</u>		
Techniques (pls specify Observed, Supervised, Independently done)		
Cytospin		
Papanicolau		
Giemsa		
Modified methenamine silver for Pneumocystis		
Others (specify)		
<u>Cytopathology</u>		
• Gynae		
• Screened		
○ Reported with Supervision		
• Non-gynae		
○ Body fluids		
○ Urine		
○ Sputum		
• Nipple discharge		
• Fine needle aspiration		
○ Performed		
○ Reported with supervision		
<u>Autopsy</u>		
No. Observed		
No. Performed		
Name and Signature of Supervisor:		

	<i>Time spent in weeks/months</i>	<i>Institute:</i>
		Date: From __/__/____ to __/__/____
<i>Additional Experience (please specify)</i>		
Clinical Conferences		
Hospital clinical meetings		
Journal Clubs		
Local Seminars		
Slide Sessions		
National Conferences		
International Conferences		
Research activities		
Examinations		

Name of Trainee:

Signature:

Name of Program Director/PD Associate:

Signature:

<i>Institute:</i>	<i>Institute:</i>	<i>Institute:</i>	<i>Institute:</i>
Date: From ___/___/___ to ___/___/___	Date: From ___/___/___ to ___/___/___	Date: From ___/___/___ to ___/___/___	Date: From ___/___/___ to ___/___/___

Name of Trainee:
Signature:

Name of Program Director/PD Associate:
Signature:

Attachment	Hospital	Date: from __/__/__ to __/__/__	Educational Supervisor

HISTOLOGICAL STAINS and STAINING METHODS*

Techniques and Procedures done	Year	Date	Comments	Signature of Technical Supervisor
Know the use of haematoxylin and Eosin stains including variants				
Van Gieson stain				
Reticulin stain				
Elastic stain				
Trichrome stain				
M.S.B. stain				
Periodic Acid Schiff stain				
Alcian blue				
Mucicarmine				
Oil red O/Sudan black				
Van Kossa				
Perl's stain				
Gram stain for organisms				
Ziehl Neelsen stain				
Wade fite stain				
Congo red stain				
Control of staining methods				
Recognition of staining artefacts				

Note:

- H&E stain should be done at least three (3) times
- Applicable only to Year I
- Applicable only to Year 1

Attachment	Hospital	Date: from __/__/__ to __/__/__	Educational Supervisor
Haematology			

<i>Attachment</i>		<i>Signature of Educational Supervisor</i>
HAEMATOLOGY	Experience Gained	
	<ul style="list-style-type: none"> • Peripheral blood film seen (give approximate number) 	
	<ul style="list-style-type: none"> • Peripheral smear making <ul style="list-style-type: none"> ○ staining techniques 	
	<ul style="list-style-type: none"> • Identification of malaria and subtypes, microfilariae, and Leishmania Donovanii 	
	Interpretation	
	<ul style="list-style-type: none"> • Bone marrow aspirates <ul style="list-style-type: none"> ○ Smear making ○ Staining ○ Interpretation 	
	<ul style="list-style-type: none"> • Case studies such as: <ul style="list-style-type: none"> ○ Sickle cell disease ○ Thalassaemia ○ Leukaemias ○ Myeloma 	
	<ul style="list-style-type: none"> • Flow cytometry <ul style="list-style-type: none"> ○ Principle discussed ○ Technique observed ○ Scatter plot interpretation basics <ul style="list-style-type: none"> ▪ Normal blood ▪ ALL ▪ AML 	
	<ul style="list-style-type: none"> • Blood bank 	

IMMUNOFLUORESCENCE

Procedure	Date	Comments	Signature of PD/Assistant
Observed			
Interpret results on			
* Kidney			
* Skin biopsy			
Other			

IMMUNOHISTOCHEMISTRY

Procedure	Date	Comments	Signature of PD/Assistant
Observed			
Principle			
Interpretation			
Pitfalls			
* Examples of Immuno- markers (procedure observed and result interpreted)			

ELECTRON MICROSCOPY

Procedure	Date	Comments	Signature of PD/Assistant
Observed			
Identification of normal cell organelles			
Diagnostic ultrastructure			
Example of cases seen			

CONTACT DETAILS

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