

The Society for Endocrinology, Metabolism and Diabetes of South Africa: Logbook for Endocrine Training

Personal details of trainee:

Surname: _____

First name(s): _____

Institution: _____

Date of commencement of training: _____

Date of completion of training: _____

Declaration:

I, undersigned, have read and understand the requirements for training in Endocrinology and Diabetology, as laid down by the Society for Endocrinology, Metabolism and Diabetes of South Africa. I have been given a printed copy of these requirements by: Professor / Doctor: _____ . I understand that I will be required to successfully complete an examination (under the auspices of the College of Medicine of South Africa) and fulfil all the requirements for training before being able to register as an Endocrinologist in South Africa.

Signed: _____

Print name: _____

Date: _____

Witness: _____

Print name: _____

Date: _____

New Patient Log

| No | Date | Patient Name | Diagnosis |
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Follow up patient Log

| No | Date | Patient Name | Diagnosis |
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Provocative Endocrine Testing Log

| No | Date | Patient Name | Test performed |
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Log of attendance at surgical procedures

| No | Date | Procedure | Comment |
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Journal Club attendance and presentation

| Attendance | | | Presentations | | |
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| No | Date | Comment | No | Date | Comment |
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Case presentations / Academic meetings

| No | Date | Case details | Detail of type of meeting |
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Laboratory skills / Practical experience

| No | Date | Laboratory procedure performed or observed |
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Progress reports (4 monthly)

Progress report number: _____ Months of training: _____

Performed by: _____

| Parameter of assessment | Satisfactory | Not satisfactory |
|-----------------------------------|--------------|------------------|
| New cases managed | | |
| Follow up cases managed | | |
| Ward work | | |
| Endocrine testing | | |
| Attendance at surgical procedures | | |
| Case presentations | | |
| Journal club attendance | | |
| Journal club presentations | | |
| Research project progress | | |
| Theoretical knowledge | | |
| Laboratory skills | | |
| Commitment to programme | | |

Comments: _____

Discussed with trainee: YES NO

If NO, reason to be supplied: _____

Signed: _____ Date: _____

Trainee: _____ Date: _____