

Log Book-Pg. Diploma in
Legal Medicine
In-service training
programme Pg. Diploma in
Legal Medicine

Postgraduate Institute of Medicine
University of Colombo, Sri Lanka

This record book is the property of the Postgraduate Institute of Medicine and should be handed over to the Director of the Institute when applications are made for portfolio assessment. It may be returned to the trainee after successful completion of the Portfolio Assessment

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1. Personal Data of trainee

1.1. Full Name of trainee:

1.2. Date of Birth:

1.3. Sex:

1.4. SLMC Registration Number:

1.5. Permanent Address:

1.6. Contact details:

1.6.1. Office Telephone Number:

1.6.2. Home Telephone Number:

1.6.3. Mobile Number:

1.6.4. E-mail Address:

1.7. 1st 6 months training:

1.7.1. Duration:

1.7.2. Centre:

1.7.3. Trainer:

1.8. 2nd 6 months training

1.8.1. Duration:

1.8.2. Centre:

1.8.3. Trainer:

2. Clinical Medico-legal Examinations

2.1. 1st six months of training

	Year/Month	Total	Assaults	RTA	Sexual abuse	Alcohol abuse	Child abuse	other
1								
2								
3								
4								
5								
6								
	Total Cases							

Signature of the trainee:

I hereby certify that the trainee has carried out the above examinations during his/her period of training.

Name of the trainer:

Signature of the trainer:

Date:

2.2. 2nd six months of training

	Year/Month	Total	Assaults	RTA	Sexual abuse	Alcohol abuse	Child abuse	other
1								
2								
3								
4								
5								
6								
	Total Cases							

Signature of the trainee:

I hereby certify that the trainee has carried out the above examinations during his/her period of training.

Name of the trainer:

Signature of the trainer:

Date:

2.3. Special clinical medico-legal examination during training

	Type of the case	Non supervised		Supervised	
		1 st six months	2 nd six months	1 st six months	2 nd six months
1	sexual offences				
2	Child abuse				
3	Torture				
4	Examination of age				
5	Drunken drivers				
6	Self inflicted injuries				
7	Drug intoxications				
8	Induced abortions				
9	Evidence of pregnancy				
10	Fitness to detain				
11	Fitness to give evidence				
12					
13					

Signature of the trainee:

I hereby certify that the trainee has carried out the above examinations during his/her period of training.

1st six months of training

Name of the trainer:

Signature of the trainer:

Date:

2nd six months of training

Name of the trainer:

Signature of the trainer:

Date:

3. Post-mortem Examinations

3.1. 1st six months of training

	Year / Month	Total	Homicides	Suicides	RTA	Natural	Falls	other
1								
2								
3								
4								
5								
6								
	Total							

Signature of the trainee:

I hereby certify that the trainee has carried out the above examinations during his/her period of training.

Name of the trainer:

Signature of the trainer:

Date:

3.2. 2nd six months of training

	Year / Month	Total	Homicides	Suicides	RTA	Natural	Falls	other
1								
2								
3								
4								
5								
6								
	Total							

Signature of the trainee:

I hereby certify that the trainee has carried out the above examinations during his/her period of training.

Name of the trainer:

Signature of the trainer:

Date:

3.3. Special techniques & Dissections during training (supervised or independently performed)

		1 st six months	2 nd six months
1	Neck/Face		
2	Musculo-Cutaneous		
3	Pelvis		
4	Spine		
5	Genito-Urinary		
6	Heart		
7	Fresh Brain		
8	Fixed Brain		
9	Pneumothorax		
10	Deep Vein Thrombosis & PET		
11	Air embolism		
12			
13			
14			
15			

Signature of the trainee:

I hereby certify that the trainee has carried out the above examinations during his/her period of training.

1st six months of training

Name of the trainer:

Signature of the trainer:

Date:

2nd six months of training

Name of the trainer:

Signature of the trainer:

Date:

3.4. Academic details of Post-mortem Examinations carried out or observed

	Details of the type of Post-mortem examination		1 st six months Total cases	2 nd six months Total cases
1	Firearms	Smooth bore		
		Rifle bore		
2	Blast/bombs			
3	Stabs			
4	Cuts			
5	Blunt weapons			
6	Asphyxial	Hanging		
		Manual strangulation		
		Ligature strangulation		
		Drowning		
		Other		
7	Physical Abuse	Child		
		Adult		
		Torture in custody		
8	RTA	Pedestrian		
		Driver		
		Occupant		
		Rider/Pillion rider (MC)		
		Pedal cyclist		
		Three wheeler		
		Other		
9	Burns	Flame		
		Corrosive		
		Scalds		
		Electrocution		
		Lightning		
10	Train Accidents			
11	Poisonings	Pesticides		
		Therapeutics		
		Plant poisons		
		Others		
12	Post-Operative deaths			
13	Maternal deaths			
14	Sudden Natural deaths			
15	Other			

Signature of the trainee:

I hereby certify that the trainee has carried out the above examinations during his/her period of training.

1st six months of training

Name of the trainer:

Signature of the trainer:

Date:

2nd six months of training

Name of the trainer:

Signature of the trainer:

Date:

4. Special Investigations in relevant cases

	Investigation	Number of cases (autopsy & Clinicals)	
		1 st six months	2 nd six months
1	Histology H& E		
2	Histology (special stains)		
3	Toxicology- Alcohol		
4	Toxicology-narcotics		
5	Toxicology-therapeutics		
6	Toxicology-pesticides		
7	Toxicology- Others		
8	Virology		
9	Bacteriology		
10	Biochemistry		
11	Serology		
12	DNA		
13	Haematology		
14	Smears for sperms		
15	Other smears		
16	Pre-autopsy x-rays		
17	Skeletal survey		
18	Radiological investigations		
19	Electrophysiological investigations		
20	Others		

Signature of the trainee:

I hereby certify that the trainee has carried out the above examinations during his/her period of training.

1st six months of training

Name of the trainer:

Signature of the trainer:

Date:

2nd six months of training

Name of the trainer:

Signature of the trainer:

Date:

5. Visits to scenes of crime, Exhumations & court attendance

	Type of scene visit	1 st 6 Months		2 nd 6 Months	
		Date	Signature of the supervisor	Date	Signature of the supervisor
1					
2					
3					
4					
5					
6					
7					
8					
9					
10	Exhumations				
11	Other (specify)				
12	Court attendance				
13					
14					
15					

Signature of the trainee:

I hereby certify that the trainee has carried out the above examinations during his/her period of training.

1st six months of training

Name of the trainer:

Signature of the trainer:

Date:

2nd six months of training

Name of the trainer:

Signature of the trainer:

Date:

6. Report writing

	Case number/ MLEF or PMR number		Case number/ MLEF or PMR number	
	Non supervised/ non reviewed	Supervised/reviewed	Non supervised /non reviewed	Supervised/ reviewed
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
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16				
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Signature of the trainee:

I hereby certify that the trainee has prepared the above reports to submit to the courts during his/her period of training.

1st six months of training

Name of the trainer:

Signature of the trainer:

Date:

2nd six months of training

Name of the trainer:

Signature of the trainer:

Date:

7. Presentations conducted during Pg. DLM training

1 st six months training			
	Title of the presentation & type (oral/poster)	Place of Presentation	Signature of the trainer/
1		
2			
3			
4			
5			
6			
7			
8			

Signature of the trainee:

I hereby certify that the trainee has conducted the above presentation during his/her period of training.

1st six months of training

Name of the trainer:

Signature of the trainer:

Date:

2 nd six months training			
	Title of the presentation	Place of Presentation	Signature of the trainer
1		
2			
3			
4			
5			

Signature of the trainee:

I hereby certify that the trainee has conducted the above presentation during his/her period of training.

2nd six months of training

Name of the trainer:

Signature of the trainer:

Date:

8. Teaching commitments

1 st six months training			
	Topic of the teaching activity	Undergraduate/ nurses/ police officers, technicians, peers etc	Signature of the trainer
1		
2			
3			

Signature of the trainee:

I hereby certify that the trainee has conducted the above presentation during his/her period of training.

1st six months of training

Name of the trainer:

Signature of the trainer:

Date:

1 st six months training			
	Topic of the teaching activity	Undergraduate/ nurses/ police officers, technicians, peers etc	Signature of the trainer
1		
2			
3			

Signature of the trainee:

I hereby certify that the trainee has conducted the above presentation during his/her period of training.

2nd six months of training

Name of the trainer:

Signature of the trainer:

Date:

9. Continuous Professional Development Activities

	Activity	Date	Place	Signature of the trainer
1	Work shop			
2	Conferences			
4	Academic Sessions attended			
5	Academic Sessions presented			
6	Orations attended			
7	Special lectures			
8	Other activities (specify)			

10. Remarks