Log Book

for

On-the-Job Training (OJT)

COVID Frontline Worker (Advanced Care Support)

HSS/Q5605 (v1.0)

Candidate's Signature: Supervisor Contact Details: Training Centre Coordinator's Signature:

Logbook for On-the-Job Training (OJT)

COVID Frontline Worker (Advanced Care Support)

HSS/Q5605

Name of the Candidate

Name of Healthcare Organization (HCO)

Period of Training (78 days), 3 months

From (Date)

To (Date)

Training Centre Coordinator: The person who may be trainer or administrative personnel from training centre who would be coordinating with healthcare organization for on-job training of candidate.

Head/Supervisor of Healthcare Organization: A Senior Management personnel of healthcare organization, preferably Medical Superintendent or medical director or Department head.

Duty Department: Department of Healthcare Organization where the candidate's duty is being allocated.

Mentor of Duty Department: The technical official of the duty Department under whom the candidate has been allocated for mentorship. The official preferably having 3 years of experience in the technical field.

Supervisor of Duty Department: A senior personnel from the duty department preferably department head/in-charge.

Details

Candidate Details:

Name of the Candidate: _____Father's/Guardian's Name: _____

Candidate Enrolment No. (SIP/Aadhaar Last No.) _____

Training Centre Coordinator Details:

Name, Designation & Contact Details of Training Centre Coordinator: _____

Name & Address of Training Centre: _____

_____

Signature of Training Centre Coordinator: _____

Head/Supervisor of HCO (Healthcare Organization where OJT is undertaken) Details:

Name, Designation & Contact Details of Head/Supervisor at HCO: _____

_____

Name & Address of Healthcare Organization: _____

_____

Signature and seal of Head/Supervisor at HCO:_____

Candidate's Signature: Supervisor Contact Details: Training Centre Coordinator's Signature:

Guidelines for filling the Log Book

Objective: To capture the learning experience of candidates, the activities performed by the candidates in different departments of HCO to meet overall outcomes and performances outlined in QP-NOS/Curriculum.

How to fill:

There are 6 Sections:

Daily entries to be made in the log book and signed by candidate and supervisor/mentor/training coordinator.

Section 1: Attendance/Duty Tracker: All columns to be filled by candidate except Supervisor's Remarks

Section 2 Daily Tracker: All columns to be filled by candidate except Supervisor's Comments on Candidate performance, Rating on Scale 0-5, and Supervisor's Sign.

There may be multiple Departments in which candidate has worked for particular element of particular NOS. However, the mentioned columns to be filled by the supervisor of Duty Department with whom he has maximally worked for the particular element in consultation of mentors of all duty departments with whom candidate has worked for particular element of particular NOS.

Section 3: Score Matrix: All columns to be filled by Head/Supervisor of Healthcare Organization (HCO).

Section 4: Snapshots of OJT: Candidate needs to paste the photos, preferably while working in each department/each NOS.

Section 5: Overall Comments/Observations: Sections to be filled by Candidate and Head/Supervisor of Healthcare Organization (HCO).

Section 6: Summary of OJT: Sections to be filled by Candidate, Training Centre Coordinator and Head/Supervisor of Healthcare Organization (HCO).

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Section 1

Attendance/Duty Tracker

Name of the Candidate: _____

Name of Job Role: COVID Frontline Worker (Advanced Care Support)   **QP Code of Job Role: HSS/Q5605 v1.0**

Day	Duty Department	Date	Candidate Signature	Mentor/Supervisor's Sign
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

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Attendance/Duty Tracker

Name of the Candidate: _____

Name of Job Role: COVID Frontline Worker (Advanced Care Support)   **QP Code of Job Role:** HSS/Q5605 v1.0

Day	Duty Department	Date	Candidate Signature	Mento/Supervisor's Sign
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				

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Attendance/Duty Tracker

Name of the Candidate: _____

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Day	Duty Department	Date	Candidate Signature	Mento/Supervisor's Sign
31.				
32.				
33.				
34.				
35.				
36.				
37.				
38.				
39.				
40.				
41.				
42.				
43.				
44.				
45.				

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Healthcare Sector Skill Council

Attendance/Duty Tracker

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Day	Duty Department	Date	Candidate Signature	Mento/Supervisor's Sign
46.				
47.				
48.				
49.				
50.				
51.				
52.				
53.				
54.				
55.				
56.				
57.				
58.				
59.				
60.				

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Day	Duty Department	Date	Candidate Signature	Mento/Supervisor's Sign
61.				
62.				
63.				
64.				
65.				
66.				
67.				
68.				
69.				
70.				
71.				
72.				
73.				
74.				
75.				

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Day	Duty Department	Date	Candidate Signature	Mento/Supervisor's Sign
76.				
77.				
78.				
79.				
80.				
81.				
82.				
83.				
84.				
85.				
86.				
87.				
88.				
89.				
90.				

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Section 2

Healthcare Sector Skill Council

Daily Tracker

(Separate sheet to be used each day)

Name of the Candidate (Candidate ID):_____

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Name (List) of Activities performed:
Number of patients/ cases observed:
Name of Equipment used:
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Supervisor's Comments on Candidate's performance:
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Healthcare Sector Skill Council

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(Separate sheet to be used each day)

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Candidate's Signature: Supervisor Contact Details: Training Centre Coordinator's Signature:

Section 3

Score Matrix

Name of the Candidate: _____

Name of Job Role: COVID Frontline Worker (Advanced Care Support)   **QP Code of Job Role:** HSS/Q5605 v1.0

Name & Contact Details of Head/Supervisor at HCO:_____

NOS Title & Code	Maximum OJT Marks Allotted	*Average Rating on Scale 0-5 by Supervisor	Marks obtained	Signature of Head/ Supervisor of HCO	Remarks of Head/ Supervisor of HCO
HSS/N5125: Assist patient in maintaining the activities of daily living	50				
HSS/N5126: Assist nurse in implementation of nursing care plan	20				
HSS/N5127: Provide ancillary services for supporting patient care	20				
HSS/N5130: Assist nurse in performing procedures as instructed in the care plan at critical/Intensive care units	50				
HSS/N5115: Carry out last office (death care)	10				
HSS/N9622: Follow sanitization and infection control guidelines	2				

*Rating Scale: 5: Excellent (100%), 4: Very Good (90%), 3: Good (70%), 2: Average (50%), 1: Below Average (25%), 0: Poor (0%)

Candidate's Signature: Supervisor Contact Details: Training Centre Coordinator's Signature:

Score Matrix

Name of the Candidate: _____

Name of Job Role: COVID Frontline Worker (Advanced Care Support)   **QP Code of Job Role:** HSS/Q5605

Name & Contact Details of Head/Supervisor at HCO:_____

	Maximum OJT Marks Allotted	Marks obtained	Signature of Head/ Supervisor of HCO	Remarks of Head/ Supervisor of HCO
Grand Total	152			

Candidate's Signature: Supervisor Contact Details: Training Centre Coordinator's Signature:

Section 4

Healthcare Sector Skill Council

Snapshots during OJT

Candidate's Signature: Supervisor Contact Details: Training Centre Coordinator's Signature:

Snapshots during OJT

Candidate's Signature: Supervisor Contact Details: Training Centre Coordinator's Signature:

Snapshots during OJT

Candidate's Signature: Supervisor Contact Details: Training Centre Coordinator's Signature:

Snapshots during OJT

Section 5

Overall Learning Notes from Candidate

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Overall Comments/Observation from Head/Supervisor of HCO

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Candidate's Signature: Supervisor Contact Details: Training Centre Coordinator's Signature:

Section 6

Summary of OJT

Name of the Candidate: _____

Name of Job Role: COVID Frontline Worker (Advanced Care Support)   **QP Code of Job Role:** HSS/Q5605 v1.0

Name & Address of Training Centre: _____

_____

Name & Address of Healthcare Organization (HCO) where OJT had taken place: _____

_____

Total Marks Obtained for OJT: _____

Signature of Candidate: _____

Signature of Head/Supervisor of Healthcare Organization: _____

Signature of Training Centre Coordinator: _____

Signature of External Assessor (during Summative Assessment): _____

Remarks of External Assessor: _____

Note: The OJT marks may/may not be reflected on final mark sheet separately.

Candidate's Signature: Supervisor Contact Details: Training Centre Coordinator's Signature: