

Keep team members, including consultants, informed of progress within the unit.	10		
Foster a conducive unit environment and not indulge in behaviours contrary to good professional conduct.	15		
Provide required leadership in areas of morbidity mortality meetings	5		
Attendance in meetings and conferences.	5		

FINAL ASSESSMENT RESULT

Please note the relative weighting of marks

SECTION	OUT OF	AWARDED MARK	SIGN
A	65		
B	40		
C	26		
D	100		
TOTAL	231		

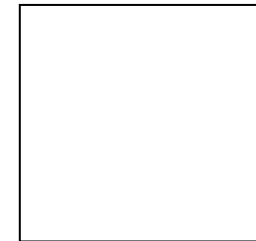
Signed _____ Date _____

Chairman,
Department of Surgery and Anaesthesiology



**MASENO UNIVERSITY
SCHOOL OF MEDICINE
PRACTICUM RECORDS FOR GENERAL
SURGERY ROTATION.**

**M.MED, FAMILY MEDICINE. MFM 816:
SURGERY.**



Insert passport photo above

ADMIN. No. _____

NAME. _____

Start date: _____

End date: _____

Introduction

All students shall be issued with a log book for their period within general surgery. This forms the basis for a record of all surgical procedures performed within their surgical course, MFM 816: SURGERY.

The log book shall specify the minimum number of required procedures for each rotation. This logbook also ensures goals are being met and contributes to your final rotation CAT mark.

Log book must be signed real time on the day of the respective procedure. Please be advised that no log book will be filled retrospectively. It is your responsibility to carry your logbook at all times. This not only ensures accurate data collection but real-time updating.

No candidate will be allowed to sit the final end of rotation examinations without successful completion of their log book. It would be to your advantage to keep a soft copy with the department in case of loss

Areas of rotation

This logbook will cover your rotation within all the subspecialties within the Department of Surgery and Anaesthesiology with the exception of orthopaedics, who have their own logbook. This log shall cover your rotations within the general surgical wards, outpatient department, operating theatres, casualty and the ICU.

As an important team leader, it is imperative you exercise good leadership skills and you will be assessed and marked on your;

- Availability when required.
Handing over of patients to colleagues at end of duty.
- Leadership of, and presentation of clinical information on, rounds and calls.
- Ability to make detailed, timely, appropriately dated, legible and clear notes in patient records and treatment charts.

PROCEDURE	EXPECTED	ACTUAL	SIGN AND COMMENTS
Use ketamine.	2		
Use local block	5		
Use Spinal block	1		

ROTATION EVALUATION

VARIABLE	MAX.	AWARDED	SIGN
Availability when required.	15		
Handing over of patients to colleagues at end of duty.	10		
Leadership of, and presentation of clinical information on, rounds and calls.	10		
Ability to make detailed, timely, appropriately dated, legible and clear notes in patient records and treatment charts.	10		
Ability to supervise accurate patient notes documentation including patient discharge summaries by interns.	10		

No	Patient No (IP/OP)	Patient Initials	Age	Sex	Diagnoses	Outcome	SIGN
1.							
2.							
3.							
4.							
5.							
6.							

Table 1. Procedures student expected to witness.

PROCEDURE	EXPECTED	ACTUAL	SIGN AND COMMENTS
Removal of thrombosed haemorrhoids,	2		
Repair of perforated viscus,	3		
Inguinal and iatrogenic herniorrhaphy	2		
Proctoscopy	2		
Incision and drainage of perirectal abscess	2		
Remove perianal skin tags	2		

- Ability to supervise accurate patient notes documentation including patient discharge summaries by interns.
- Keep team members, including consultants, informed of progress within the unit.
- Communication skills with consultants from other disciplines ensuring timely consultations take place.
- Foster a conducive unit environment and not indulge in behaviours contrary to good professional conduct.
- Provide required leadership in areas of morbidity mortality meetings

Skills

It is the expectation, with the logbook as a guide that you shall acquire the following skills.

1. Acquire the necessary knowledge required of the specialty of general surgery and anaesthesia relevant to the profession of family medicine. Knowledge acquisition is your responsibility and it is expected you shall be proactive in critical appraisal of information acquired from clinical work, text books, journals, electronic media and other sources.
2. Attend in-house medical scientific conferences and indulge in the teaching of medical students.

Assessment

You shall be allocated a primary supervisor who will take you through objectives and expectations of the rotation. If on receiving this logbook you are not sure who the primary supervisor is, please contact the departmental chairman and one will be identified to you or assigned.

The logbook will contribute to the final mark at the end of your rotation. In the event a procedure/clinical condition is not seen during your rotation it is your responsibility to acquire that skills with the advice of you supervisor. Be advised also that cases may also be found outside the surgical wards and you need to be proactive in acquiring the required skills. For example cases of circumcision can be performed in the VMMCC.

Regular assessments shall take place within each rotation. Assessment shall consist of formative and summative assessments. Formative assessment shall include;

- Direct observation of procedures
- Attendance in ward rounds, theatres, meetings and conferences.

Summative assessment shall be in the form of, end rotation evaluation forms, logbooks and end of rotation CAT consisting of an MCQ and OSCE examination.

This procedures in this logbook is based on the following article taking into consideration local situations;
 Kelly BF1, Sicilia JM, Forman S, Ellert W, Nothnagle M.
 Advanced procedural training in family medicine: a group consensus statement. Fam Med. 2009 Jun;41(6):398-404.

A. CASES CANDIDATE EXPECTED TO WITNESS.

No	Patient No (IP/OP)	Patient Initials	Age	Sex	Diagnosis	Outcome	SIGN
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Table 2. Cases student expected to perform assisted.

PROCEDURE	EXPECTED	ACTUAL	SIGN AND COMMENTS
Bladder aspiration- supra-pubic cystostomy tube placement,	5		
Hydrocoelelectomy,	3		
Bowel resection and anastomosis.	5		
Exploratory laparotomy.	5		
Endoscopy	5		
Appendectomy.	5		
Endotracheal intubation	5		
Evacuation subdural of haematoma	5		

B. CASES STUDENT EXPECTED TO PERFORM INDEPENDENTLY.

No	Patient No (IP/OP)	Patient Initials	Age	Sex	Diagnosis	Outcome	SIGN
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No	Patient No (IP/OP)	Patient Initials	Age	Sex	Diagnosis	Outcome	SIGN
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No	Patient No (IP/OP)	Patient Initials	Age	Sex	Diagnosis	Outcome	SIGN
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C. CASES CANDIDATE EXPECTED TO PERFORM ASSISTED.

No	Patient No (IP/OP)	Patient Initials	Age	Sex	Diagnosis	Outcome	SIGN
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Table 3. List of procedure student expected to perform independently.

PROCEDURE	EXPECTED	ACTUAL	SIGN AND COMMENTS
Incision and drainage of cysts and abscesses.	10		
Male circumcision.	5		
Foreign body removal -Ear, nose	5		
Wound debridement.	5		
Fine needle aspiration.	5		
Faecal impaction.	2		

Placement of chest tubes.	3		
Nasogastric tube, enteral feeding tube	5		
Placement of central venous catheters.	5		
Manage primary resuscitation of critical surgical patient.	5		
Patient preparation for surgery.	10		
Incisional and excisional biopsy.	5		
Vasectomy	3		