

**B. FINAL ASSESSMENT RESULT**

Please note the relative weighting of marks

SECTION	OUT OF	AWARDED MARK	SIGN
A	45		
B	20		
C	22		
D	100		
TOTAL	187		

Signed \_\_\_\_\_ Date \_\_\_\_\_



**MASENO UNIVERSITY  
SCHOOL OF MEDICINE  
(MUSOM)  
PRACTICUM RECORD FOR ORTHOPAEDIC  
SURGERY ROTATION.  
M.MED, FAMILY MEDICINE.  
MFM. 832 ORTHOPAEDICS AND  
TRAUMATOLOGY.**



**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 orthopaedic surgery. This forms the basis for a record of all procedures performed within their orthopaedic and traumatology course, MFM 832 ORTHOPAEDICS AND TRAUMATOLOGY.

At the end of training the student is expected to be proficient in diagnosis and management of common orthopaedic presentations in adult and paediatric populations as seen in family medicine practice.

The log book shall specify the minimum number of required procedures for each rotation. The main objective of this logbook is to ensure goals are being met, therefore the contents 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 in orthopaedics and traumatology. This log shall cover your rotations within the orthopaedic wards, outpatient department, operating theatres and casualty.

As an important orthopaedic team leader, it is imperative you exercise good leadership skills and you will in addition to the listed procedures be assessed and marked on your;

- Availability when required.
- Patient handing over to or from colleagues.
- Leadership of, and presentation of clinical information, on rounds and calls.

Keep team members, including consultants, informed of progress within the unit.	10		
Communication skills with consultants from other disciplines ensuring timely consultations take place.	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		

Keep team members, including consultants, informed of progress within the unit.	10		
Communication skills with consultants from other disciplines ensuring timely consultations take place.	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		

- Ability to make detailed, timely, appropriately dated, legible and clear notes in patient records and treatment charts. This also includes supervision of 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 that are contrary to good professional conduct.
- Provide required leadership in areas of audit 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 orthopaedic surgery 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 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, if you are not sure who your 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 orthopaedic wards and you need to be proactive in acquiring the required skills. For example cases relating to orthopaedic physiotherapy can be performed in the physiotherapy department.

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, logbook 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 disease patterns and 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.

### C. ROTATION EVALUATION

VARIABLE	MAXIMUM	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	Diagnosis	Outcome	SIGN

Table 1. Procedures student expected to witness.

PROCEDURE	EXPECTED	ACTUAL	SIGN AND COMMENTS
ORIF of long bones			
ORIF other bones			
Hip arthroplasty			
Knee arthroplasty			
Oncological biopsy techniques			
Arthroscopy			
Orthopaedic physiotherapy techniques			

A. CASES STUDENT EXPECTED TO PERFORM INDEPENDENTLY.

No	Patient No (IP/OP)	Patient Initials	Age	Sex	Diagnosis	Outcome	SIGN
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							



No	Patient No (IP/OP)	Patient Initials	Age	Sex	Diagnosis	Outcome	SIGN

Table 2. Cases student expected to perform assisted.

PROCEDURE	EXPECTED	ACTUAL	SIGN AND COMMENTS
Reduction of shoulder dislocations.	1		
Manage an acute multiple trauma patient	3		
Sequestrectomy and conservative musculoskeletal infections.	5		
Manage fracture with neurovascular impairment.	2		
Long bone and pelvic fractures/dislocations	2		
Fractures with vascular compromise and open fractures.	1		

No	Patient No (IP/OP)	Patient Initials	Age	Sex	Diagnosis	Outcome	SIGN

Table 3. List of procedure student expected to perform independently.

PROCEDURE	EXPECTED	ACTUAL	SIGN AND COMMENTS
Reduction of long bone fractures.	5		
Muscle sprain.	5		
Fracture splinting.	2		
Application of pop casting.	5		
Application of long bone traction.	10		
Joint aspiration	3		
Stabilisation of spinal injury,	3		

