

### H. FINAL ASSESSMENT

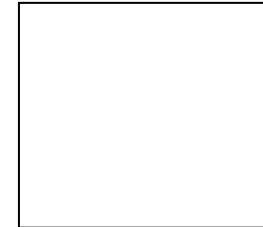
Please note the relative weighting of marks

SECTION	OUT OF	AWARDED MARK	SIGN
A	5		
A1	10		
A2	10		
A3	10		
B	5		
C	5		
D	5		
E	5		
F	5		
G	3		
H	5		
G	3		
I	3		
J	3		
K	3		
L	10		
TOTAL	90		



MASENO UNIVERSITY  
SCHOOL OF MEDICINE  
(MUSOM)

LOGBOOK FOR ENT SURGERY ROTATION.  
MB, ChB V, MS 503.



Insert passport photo above

ADMIN. \_\_\_\_\_

NAME \_\_\_\_\_

GROUP: \_\_\_\_\_

Start date: \_\_\_\_\_

End date: \_\_\_\_\_

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

Chairman, Department of surgery and Anaesthesia

## INTRODUCTION

The objective of ENT surgery clerkship in the MBChB and IT Course, Year V, is to impart to the student the knowledge and skills to adequately diagnose, manage and prevent otolaryngological diseases. At the end of this rotation, students should be able to make definitive diagnosis, show ability to critically analyse clinical data and outline the complete management plan incorporating surgical and non-surgical options. This practical record book ensures the student has attained the necessary clinical skills and acumen to attain the course objectives. He/she must be able to acquire the practical skills required of a final year MBChB student/graduate in order to commence internship without hindrances.

The record book has four levels of expectations from the student. For the basic procedures, the student will be expected to personally perform procedures under supervision. Secondly, some procedures will require that students' participate through assisting the primary clinician. By assisting, the student will be expected to learn the basic science principles behind the procedure, the anatomical/physiological changes being attained and any other relevant surgical or medical principles. For complex surgical intervention that would require more expertise, the student is expected to witness the procedure and engage the primary clinician on the procedure. To complement the attainment of all the above clinical skills and build the management hierarchy for otolaryngological disease, the student will be expected to comprehensively clerk at least six surgical cases during the rotation and present write-ups.

Write-ups strengthen their previously acquired skills of history taking, physical examination and clinical diagnosis that is key for any clinician. These shall be handed in as case reports on a weekly basis and marks awarded. Please note these are distinct from the case presentations made during ward rounds which shall also be graded. The log book

## G. CHAIRMAN'S WEEKLY COUNTERCHECK.

WEEK	MARK AWARDED out of 100%	COMMENTS	SIGNATURE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			

## GENERAL

### PROCEDURE L: Theatre experience

O: Observed    A: Assisted    P: Performed

DATE	PATIENT'S NAME	IP.No	DIAGNOSIS	O	A	SUPERVISOR

is to be signed by the supervising clinician immediately on completion of the procedure and the logbook be handed over weekly to the Chairman, Department of Surgery and Anaesthesiology for verification and audit. The log book shall remain a prerequisite to sitting for the end of rotation continuous assessment test, (CAT), and end of year examinations. This book will form an integral part of our progressive assessment mark. Your continuous assessment test mark shall be a weighted composite of end of rotation CAT marks, this logbook, attendance statistics and presentations made during ward rounds, tutorials and grand rounds. It is therefore imperative you give it the due diligence required. In the event a particular procedure requiring the student to undertake personally or participate in is not performed or available during the rotation, this should be clearly indicated. A SECTIONAL 30% PENALTY WILL BE AWARDED FOR OBVIOUS FORGERIES. INCLUDED HERE ARE LOGBOOKS SUBMITTED FOR THE FIRST TIME DURING THE LAST WEEK OF THE ROTATION. Finally, the student shall also be expected to be part of a study group, who prepare case presentations during surgical grand rounds.

**Summary:** Weekly review of logbook by department. Handed in on Friday by 5:00pm. Collection Monday following. Ensure feedback on your progress is indicated within the logbook. The presentations must include three levels- patient history, examination, diagnosis and investigation and an academic discussion surrounding the case.

**General guidelines.** This logbook will be used as a monitor of weekly clinical work, which will be recorded and a mark awarded i.e. you will have 12 marks for each week of progress. Marks will only be awarded for signed procedures and final mark for your logbook will include weekly marks allocated. Random authentication of logbook entries will be carried out. Objective here is to have students actively participate in

clinical/operative procedures;

- Active involvement in patient preparation for surgery or other procedures.
- Scrubbing and gowning.
- Principles of surgical haemostasis.
- Learning surgical landmarks for various procedures.
- Minor suturing and knot tying skills.
- Involvement in postoperative patient care.

Tips for increasing your chance of assisting in a case;

Identify the patient beforehand.

Inform consultant you are interested in assisting.

Be involved in the preoperative patient preparation.

Know the clinical details of the patient at surgery.

**Course coordinator**

**Dr. N. Okwiri.**

**Department of Surgery and Anaesthesia**

## THE THROAT

### PROCEDURE J: **Removal of foreign bodies from the upper aero digestive tract**

O: Observed A: Assisted P: Performed

DATE	IP.No	DIAGNOSIS	O	SUPERVISOR

### PROCEDURE K: **Direct/Indirect Laryngoscopy**

O: Observed A: Assisted P: Performed

DATE	IP.No.	DIAGNOSIS	O	A	P	SUPERVISOR

PROCEDURE I. **Nasal rhinoscopy**

DATE	IP.No	DIAGNOSIS	O	A	P	SUPERVISOR

**LIST OF PROCEDURES/EXPERIENCES**

Procedure	O	A	P	TOTAL
Ward presentation			4	3
Case write-up			4	4
Removal of foreign bodies – ear	3			3
Ear syringing-minimum	1	1	1	3
Tuning fork tests			10	10
Pure tone audiometry			3	3
Otoscopy	2	3	5	10
Removal of FB – nose	1	1	1	3
Anterior nasal packing			3	3
Anterior rhinoscopy	2	4	4	10
Removal FB, oropharynx, oesophagus, bronchus	3			3
Indirect/direct laryngoscopy	1	1	1	3

PROCEDURE A: **Clerkship**

Date	IP. NO	Diagnosis	Outcome	Supervisor

**A1. DETAILED WRITE-UPS. PROCEDURE UNDERTAKEN BY STUDENT. OBSERVED.**

INDEX	IP	DIAGNOSIS	MARKED BY	MARK AWARDED	COMMENTS AND SIGN

**A2. DETAILED WRITE-UPS. PROCEDURE UNDERTAKEN BY STUDENT. ASSISTED**

INDEX	IP	DIAGNOSIS	MARKED BY	MARK AWARDED	COMMENTS AND SIGN

**A3. DETAILED WRITE-UPS. PROCEDURE UNDERTAKEN BY STUDENT. PERFORMED**

INDEX	IP	DIAGNOSIS	MARKED BY	MARK AWARDED	COMMENTS AND SIGN

**NASAL PROCEDURES.**

**PROCEDURE G: Removal of foreign bodies**

O: Observed A: Assisted P: Performed

DATE	IP.No.	DIAGNOSIS	O	A	P	SUPERVISOR

**PROCEDURE H: Nose packing**

O: Observed A: Assisted P: Performed

DATE	IP.No.	DIAGNOSIS	P	SUPERVISOR

**PROCEDURE F: OTOSCOPY**

O: Observed A: Assisted P: Performed

DATE	IP.No.	DIAGNOSIS	O	A	P	SUPERVISOR

**THE EAR**

**PROCEDURE B: Removal of foreign bodies**

O: Observed. A: Assisted. P: Performed

DATE	IP.No.	DIAGNOSIS	O	A	P	SUPERVISOR

**PROCEDURE C: EAR SYRINGING**

O: Observed A: Assisted P: Performed

DATE	IP.No.	DIAGNOSIS	O	A	P	SUPERVISOR

**PROCEDURE D: Tuning fork tests**

P: Performed

DATE	IP. No.	DIAGNOSIS	SUPERVISOR

**PROCEDURE E: Pure tone audiometry**

P: Performed

DATE	IP.No.	DIAGNOSIS	SUPERVISOR