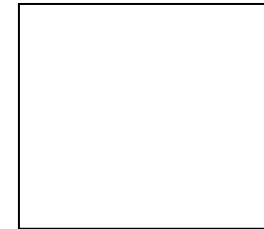




**MASENO UNIVERSITY  
SCHOOL OF MEDICINE  
(MUSOM)**

LOGBOOK FOR JUNIOR SURGERY ROTATION.  
MB, ChB IV, MS 406.



Insert passport photo above

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

NAME \_\_\_\_\_

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

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

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

## PREFACE

The objectives of the Junior Clerkship in General Surgery in the MBChB programme is to impart on the student the knowledge and skills to adequately diagnose, (history taking and physical examination), surgical diseases. The junior clerkship rotation in general surgery builds upon the knowledge already attained by the student in the basic medical sciences to better understand, the relationship of basic sciences and diagnosis and management of surgical diseases.

The objective of this practical's record book is to ensure the student has attained the necessary skills needed to fully understand the principles of management of surgical diseases as well as the reasoning behind the particular interventions.

The record book has three levels of expectations from the student. For the basic procedures expected of the medical graduate, the student will be expected to personally perform the procedures under supervision. Some procedures will require that the student assists the primary clinician in undertaking them. By assisting, the student will be expected to understand the basic science principles behind the procedure, the anatomical/ physiological changes being attained and any other medical principle being reviewed. For complex surgical intervention that would require more expertise, the student is expected to witness/observe the procedure and question the primary clinician on the procedure.

To attain all the above clinical skills and build the management hierarchy for surgical disease, the student will be expected to comprehensively take the case history and clerk at least **fifteen surgical cases** and present them to a lecturer / consultant surgeon during the major ward round. Hence the student will develop the skills of history taking, physical examination and clinical diagnosis that is key for any clinician.

In addition to the above, the student shall clerk one patient weekly in detail as case reports. The write-up must include the five levels-patient history, physical examination, investigations, diagnosis and an academic discussion surrounding the case. These shall be handed in on a weekly basis and marks awarded.

Please note these are distinct from the case presentations/clerkships made during ward rounds and shall also be graded.

The log book is to be signed by the supervising clinician

## G. FINAL ASSESSMENT

Please note the relative weighting of marks

SECTION	OUT OF	AWARDED MARK	SIGN
A	30		
B	40		
C	20		
D	10		
E	10		
TOTAL	110		

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

Chairman,  
Department of surgery and Anaesthesia

*Revised June 2018*

**F. CHAIRMAN'S WEEKLY COUNTERCHECK.**

WEEK	MARK AWARDED out of 100%	COMMENTS	SIGNATURE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
		TOTAL	

immediately on completion of the procedure and the logbook be handed over weekly to the Department of Surgery and Anaesthesiology for verification, marking 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 and tutorials. 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. FOR LOGBOOKS NOT HANDED IN ON A WEEKLY BASIS A ZERO MARK WILL BE AWARDED FOR HIS SECTION AND THE 39% PENALTY APPLIED TO ANOTHER SECTION.

For the department weekly review of logbook, it must be handed in on Friday by 5:00pm. Collection Monday following at 8:00am. Ensure feedback on your progress is indicated within the logbook.

**Dr. Caesar Bitta.**  
**Lecturer,**  
**Dept of Surgery & Anaesthesiology.**

**A. CLERKSHIP RECORD**

1. Fifteen patients fully clerked and presented during ward rounds.

**B. WEEKLY WRITE-UPS**

1. Six writ-ups of patients within the ward.

**C. PROCEDURES TO BE UNDERTAKEN BY THE STUDENT**

1. Dressing of Wounds/ Changing of dressings
2. Insertion of peripheral venous access (upper limb)
3. Splinting of fractures (upper and lower limbs)
4. Stitching of cut wounds
5. Removal of sutures

**D. PROCEDURES TO BE UNDERTAKEN BY THE STUDENT AS AN ASSISTANT**

1. Insertion of male urethral catheters.
2. Insertion of naso-gastric tubes.
3. Application of casts for Fractures of the limbs.
4. Application of pressure dressings/ tamponade of bleeding wounds.
5. Surgical debridement of wounds

**E. PROCEDURES TO BE WITNESSED BY THE STUDENT**

1. Excision of lumps and benign masses.
2. Suprapubic cystostomy for urine retention.
3. Endotracheal intubation during administration of general anaesthesia.
4. Laparotomy for acute abdomen.
5. Internal fixation of closed long bone fractures.
6. Mastectomy for breast cancer.
7. Prostatectomy for Benign prostate enlargement.

**F. WEEKLY AUDIT MARK**

1. Mark for each weekly review

12	Suprapubic cystostomy	Causes of acute urine retention. Anatomy of the bladder. Technique of suprapubic cystostomy.
13	Laparotomy for acute abdomen	Features of an acute abdomen. Indications for surgical intervention in acute abdomen. Principles of laparotomy.
14	Thoracotomy	Anatomy and physiology of thorax
15	Mastectomy for breast cancer	Diagnosis and staging of breast cancer
16	Prostatectomy for Benign prostate enlargement	Benign prostate enlargement – diagnosis and management. Prostatectomy- types, complications and post-operative follow up



**B. DETAILED WRITE-UPS.**

PROCEDURE UNDERTAKEN BY STUDENT.

INDEX	IP	DIAGNOSIS	MARKED BY	MARK AWARDED	COMMENTS AND SIGN

PROCEDURE WHERE STUDENT ASSISTED.

INDEX	PATIENT NAME	DIAGNOSIS	MARKED BY	MARK AWARDED	COMMENTS AND SIGN

PROCEDURE WITNESSED BY STUDENT.

INDEX	IP	DIAGNOSIS	MARKED BY	MARK AWARDED	COMMENTS AND SIGN

**E. PROCEDURES TO BE WITNESSED BY THE STUDENTS**

DATE	Patient No. (IP/OP)	Diagnosis	Unit/Ward	Procedure	Supervisor signature

Table 3. Procedures witnessed by students

PROCEDURE	EXPECTED	ACHIEVED	SIGN
Excision of lumps and benign masses	3		
Suprapubic cystostomy	3		
Laparotomy for acute abdomen	5		
Thoracotomy	2		
Mastectomy for breast cancer	3		
Prostatectomy	3		



Table 1 Procedures student should undertake by themselves

PROCEDURE	EXPECTED	ACHIEVED	SIGN/ COMMENT
Wound dressing	5		
Fracture splinting	5		
IV Access	5		
Removal of sutures	5		
Stitching of cut wounds	3		

**D. PROCEDURES WHERE STUDENTS ASSIST IN**

DATE	Patient No. (IP/OP)	Diagnosis	Procedure	SIGN