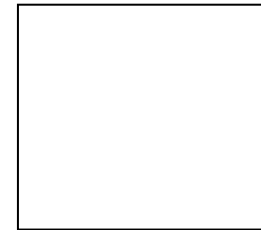


MASEÑO UNIVERSITY  
SCHOOL OF MEDICINE  
(MUSOM)

LOGBOOK FOR SENIOR SURGERY ROTATION.

MB, ChB VI, MS 604.



Insert passport photo above

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

NAME \_\_\_\_\_

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

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

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

## INTRODUCTORY NOTES

The objective of Senior Clerkship in General Surgery in the MBChB and IT Course, Year VI, is to impart to the student the knowledge and skills to adequately diagnose, manage and prevent surgical diseases. Senior clerkship builds on skills attained during junior clerkship in Year IV. 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 student participation 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 surgical disease, the student will be expected to comprehensively clerk at least ten surgical cases and present write-ups. Hence strengthening 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 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.

## H. FINAL ASSESSMENT

Please note the relative weighting of marks

SECTION	OUT OF	AWARDED MARK	SIGN
A	11		
A2	5		
B	13		
C	19		
D	21		
E	5		
F1	15		
F2	15		
F3	15		
G	20		
TOTAL	139		

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

Chairman,

Department of surgery and Anaesthesia

*Revised 2018*

### G. CHAIRMAN'S WEEKLY REVIEW

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

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.

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 presentation must include three levels- patient history, examination, diagnosis and investigation and an academic discussion surrounding the case.

**General guidelines.** This will be used as a monitor of clinical work for that week, it 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.

Guidelines for procedures performed independently by students.

- Must be personally performed. Supervision essential.

- Must be signed real time. Therefore always have your logbook with you.

Guidelines for assisted procedures.

- Personally assisted.

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.

Guidelines for weekly write-ups;

Include sections on introduction

- History
- Examination findings
- Investigation findings
- Treatment
- Discussion

Discussion will be the major component in terms of marking for this section.

### A. CLERKSHIP RECORD

Clerkship logbooks will be issued at the start of each rotation. It is your responsibility to collect your copy and keep it safely.

Evidence of involvement in complete patient management with the conditions indicated below must be achieved.

Students must hand in a write up at the end of the week in question irrespective of discharge status of the patient. Marks will be

### F3. PROCEDURE WITNESSED BY STUDENT.

INDEX	IP	DIAGNOSIS	MARKED BY	MARK AWARDED	COMMENTS AND SIGN

**F1. DETAILED WRITE-UPS.  
PROCEDURE UNDERTAKEN BY STUDENT.**

INDEX	IP	DIAGNOSIS	MARKED BY	MARK AWARDED	COMMENTS AND SIGN

**F2. PROCEDURE WHERE STUDENT ASSISTED.**

INDEX	IP	DIAGNOSIS	MARKED BY	MARK AWARDED	COMMENTS AND SIGN

awarded by department and indicated within the logbook. Completed logbook must be handed in at the end of rotation prior to end rotation CAT. No student will be allowed to sit end of rotation CAT without handing in a logbook. **NO LATE SUBMISSIONS OF LOGBOOKS WILL BE ACCEPTED.** Students failing to hand in a logbook at the end of rotation will be considered not to have taken part in a clinical rotation and will get no clinical CAT mark.

**COMPLETING THE LOGBOOK SHALL REQUIRE YOU TO UNDERTAKE OUT OF HOURS CLINICAL WORK.**

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

1. Dressing of Wounds. Changing of dressings.
2. Stitching of wounds.
3. Insertion of male urethral catheters.
4. IV cannula insertion.
5. Incision and drainage of abscess.
6. Full write up of three of the above procedures.

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

1. Collection of blood samples in ward.
2. Stitching of wounds in casualty.
3. Chest tube insertion.
4. Gowning and gloving in theatre.
5. Excision of lumps and benign masses.
6. Suprapubic cystostomy for urine retention.
7. Surgical debridement of wounds.
8. Full write up of three of the above procedures.

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

1. Traige in casualty.
2. Mastectomy for breast cancer.
3. Thyroidectomy for benign thyroid diseases.
4. Thoracotomy.
5. Intestinal surgery- resection and anastomosis, fashioning of a stoma.
6. Laparotomy for acute abdomen.
7. Evacuation of intracranial hematoma.





