



LOG BOOK



MASTERS IN SURGERY **DEPARTMENT OF SURGERY**

Liaquat University **of** Medical & Health Sciences
Jamshoro Sindh

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Endorsement

*This is to certify that all entries made in this Log Book by Dr
having registration number are correct to the best of my knowledge.*

SIGNATURE

Chairman Department of Surgery

Liaquat University of Medical and Health Sciences
Jamshoro, Sindh

LOG BOOK FOR STUDENTS OF MASTERS IN SURGERY

PARTICULARS OF THE TRAINEE

NAME: _____

FATHER'S NAME: _____

DATE OF BIRTH: _____

N.I.C. NO: _____

M.B.B.S (Institution): _____

YEAR OF PASSING: _____

HOUSE JOB: _____

PASSED BASIC MEDICAL SCIENCE PAPER IN 20____ UNDER SEAT NO. _____

ROLL NO: _____

CLINICAL MEETINGS PARTICIPATED

NO. PER MONTH

1. JOURNAL CLUB:
2. MORBIDITY & MORTALITY MEETING:
3. CLINICAL CASE PRESENTATION:
4. DISCUSSION OF CASES OF SURGICAL INTEREST

SHOULD RECORD EACH WEEK AND THE TIME SPENT ON THEM SHOULD NOT BE LESS THAN 2 HOURS

EXPERIENCE OF TEACHING OTHERS: (TICK APPROPRIATE)

POSTGRADUATE

HOUSE SURGEONS

UNDER GRADUATES

NURSES

LEAVE RECORD

(Mention No: of Days)

CAUSAL: _____

STUDY: _____

SICK: _____

MATERNITY: _____

INSTRUCTIONS TO TRAINEE

1. This Log Book is to be maintained by all trainees of Masters in Surgery.
2. The log book is intended to record your basic surgical training
3. The successful completion of the log book is mandatory requirement for sitting in the final examination of masters in Surgery.
4. Trainees are advised to make the required entries on the same day as they take place. All entries must be signed by the Head of the unit on the day of the event.
5. The Log Book will form a part of the application for appearing in Final Examination for the degree of M.S in Surgery.

INSTRUCTIONS TO SUPERVISOR

1. This Log Book is a day to day record of the clinical and academic work done by the trainee.
2. The purpose of the log book is to assess the quality of training and to ensure that all components are adequately met with.
3. The Supervisor should ensure that entries in the log book are made by the candidate immediately after the educational / training event.
4. The Supervisor should appoint a person to certify that a particular activity was performed by the candidate by signing the appropriate column.
5. The Supervisor should check and countersign the log book at least once a month.
6. In case of Rotations, the log book will be signed by the unit head at the completion of rotation and countersigned by the supervisor.

INSTRUCTIONS FOR RECORD OF OPERATIONS

You are required to enter the record of operations / Surgical procedures, major or minor performed independently, with assistance or as an assistant to your seniors as per numbering system (code) of competency given below:

1. Observer
2. Performed as 1st Assistant
3. Performed under Supervision
4. Performed Independently

OBJECTIVES OF THE TRAINING PROGRAMME FOR MASTERS IN SURGERY

At the end of the training for Masters in Surgery the candidate will be able to:

1. Assess the patients seeking advice for need of surgical problems by:

- a) Obtaining pertinent history
- b) Performing physical examination correctly
- c) Formulating a working diagnosis
- d) Deciding whether the patient requires:
 - Ambulatory Care or hospitalization
 - Referral to other health professionals / facilities
 - Emergency Care including life saving measures.

2. Manage patients requiring surgical treatment

- a) Plan a management strategy i.e order appropriate investigations and interpret the results.
- b) Make decisions and implement them.
- c) When required perform surgical procedures independently and competently.
- d) Deal effectively and promptly with any complication, which may occur during the course of disease. To manage and monitor the patient pre and post operatively.
- e) Maintain records of patients.

3. Undertake research and publish findings.

4. Acquire new information, assess and make appropriate applications.

5. Recognize the role of team work and function as an effective members/leader of the team.

6. Advise the community for promoting health and preventing diseases.

7. Develop competencies for training health professionals in the specialty.

DURATION AND SCHEDULE OF TRAINING

Total Duration	4 years
Surgery Unit	3 years
Rotation in Surgical & Allied Fields	1 year
2 months each	

- Orthopaedic Surgery
- Paediatric Surgery
- Thoracic Surgery
- Plastic Surgery
- Urology
- Anaesthesiology / ICU

MODALITIES OF THE TRAINING

The objectives of training will be achieved through different methods, some of which are listed below:

1. Graded responsibility in patient care e.g

- a) Ward duties
- b) Emergency duties
- c) Out Patient Department (OPD) duties
- d) Operation theatre duties
- e) Specific Procedures
- f) Self study

2. Morbidity / Mortality review meeting

3. Journal club

4. Seminars, conferences and lectures

5. Research projects

6. Monthly Surgical Meeting

7. Workshops

8. Presentations of clinical cases

ASSIGNMENT IN SURGICAL UNIT

(From Monday to Saturday as full time resident)

- A. Morning meetings with teaching faculty and other doctors.
- B. Daily assessment of newly admitted cases as well as problems of already admitted or operated cases.
- C. Teaching round for students by any / all of the teaching staff members depending on schedule.
- D. Postgraduate clinical sessions in OPD.
- E. Postoperative round with teaching faculty Professor / Associate and Assistant Professor / Senior Registrar.
- F. Teaching the undergraduate students.
- G. Care of pre and postoperative patient in the ward.
- H. Attending Teaching sessions and operative surgical training.
- I. Topic discussions in ward with any or all the teaching members.
- J. Assisting senior consultants in major operations.
- K. Performance of surgical procedure under supervision of consultants.
- L. Arranging the surgical audit with morbidity and mortality review conferences after correctly collecting data.
- M. Journal club meetings.
- N. Case presentations by trainees on rotation basis.
- O. Emergency duties for 24 hours as per schedule of department.

TRAINING PROGRAMME

**TRAINEE SHOULD HAVE A SOUND KNOWLEDGE & APPLICATION
OF THE FOLLOWING.**

1. Pre-operative preparation for various surgical procedures (listed separately)
2. Aseptic techniques, knowledge & application
3. Positioning of patient on operation table for
 - I. **Laparotomy**
 - II. **Perineal surgery**
 - III. **Thoracotomy**
 - IV. **Renal surgery**
 - V. **Head & neck Surgery**
4. Common surgical instruments and appliances (Including Laparoscopic / Endoscopic instruments)

SURGICAL PROCEDURES

I. COMPULSORY

ABDOMINAL SURGERY:

- a. Hernia repair
- b. Operations on scrotum & testis
- c. Hemorrhoids. Fissures, fistulae
- d. Appendicectomy
- e. Cholecystectomy
- f. Oesophagectomy
- g. Intestinal resection & anastomosis
- h. Laparoscopic surgery
- i. Exploratory laparotomy
- j. Thyroid and other salivary glands operation

II. OPTIONAL Any Two of the following

1. Thoracic Surgery

- a. Chest Intubations
- b. Lobectomy
- c. Pneumonectomy
- d. Removal of Hydatid cyst lung
- e. Decortications

2. Paediatric Surgery

- a. Cleft lip
- b. Cleft palate
- c. Rectal and umbilical polyp
- d. Imperforate anus
- e. Congenital malformation of abdominal viscera
- f. Hypospadias
- g. Epispadias
- h. Umbilical and inguinal hernia
- i. Hydrocoele
- j. Pyloric stenosis
- k. Intestinal obstruction

3. Orthopaedic Surgery

- a. Closed manipulation of common fractures
- b. Open reduction, plating, intramedullary wiring, external fixation
- c. Operative treatment of deformities
- d. Operations on tendons (repair & lengthening)
- e. Nerve repair
- f. Amputation
- g. Sequestrectomy
- h. Bone biopsy

4. Urological Surgery

- a. Suprapubic Cystostomy
- b. Vesiculolithotomy
- c. Urethral dilatation
- d. Operations on Kidney & Ureter
- e. Treatment of Bladder & Urethral injuries
- f. T.U.R.P / Transvesical Prostatotomy
- g. Endoscopic Urology

ADDITIONAL PROCEDURES

Additionally the trainee should observe the following procedures, knowing their indications and interpretation of results.

1. ULTRASONOGRAM OF
 - Lungs Gall bladder
 - Kidneys Pancreas
 - Spleen Pelvic viscera's
2. POSITRON TOMOGRAPHIC SCAN (P.T.C)
3. COMPUTERIZED SCAN (C.T SCAN)
4. MAGNETIC RESONANCE IMAGING (M.R.I)
5. NUCLEAR SCINTISCAN
6. MAMMOGRAPHY
7. ANGIOGRAPHY
8. DOPPLER VASCULAR STUDIES

1. Effect of chemical changes on neonatal nervous system.
2. Chemical changes and its effect on neuromuscular system in Polio.
3. Role of Diabetes Mellitus in Neuropathy.

II. PATHOLOGY (30%)

1. Neuron and Glial cell cytology and Genetic Diseases effecting CNS.
2. Neural cell Response to Hypoxia, Trauma, hemorrhage and General Metabolic and Hormonal disorders and Nutritional and Electrolyte imbalance.
3. Inflammatory reaction, wound healing.
4. Principles of disinfection and sterilization.
5. Immune system and Tissue Transplantation.
6. Wound infection / Nosocomial infection Including Carries Spine
7. Tumors related to CNS, cranium and spine including secondaries.

The M.S candidates will be eligible to appear in Basic Science paper any time after completion of six months period after admission. The Basic Medical Science paper will be one best type and will carry 100 marks.

The candidate should clear the Basic Science Paper before the final examination.

SURGICAL PROCEDURES

NO.	DATE	NAME OF PATIENT WITH AGE, SEX	DIAGNOSIS	DETAILS OF OPERATIVE PROCEDURE	CODE OF COMPE- TENCE	SUPERVISOR SIGNATURE

CODE OF COMPETENCE

1. Assisted
2. Under Supervision
3. Independent

SURGICAL PROCEDURES

NO.	DATE	NAME OF PATIENT WITH AGE, SEX	DIAGNOSIS	DETAILS OF OPERATIVE PROCEDURE	CODE OF COMPE- TENCE	SUPERVISOR SIGNATURE

CODE OF COMPETENCE

1. Assisted
2. Under Supervision
3. Independent

CASES PRESENTED AT MEETING AND SEMINARS

[illegible]

FORM – C

EMERGENCIES ATTENDED / TREATED

[illegible]

EMERGENCIES ATTENDED / TREATED

[illegible]

ACADEMIC ACTIVITIES [IN DEPARTMENT]

[illegible]

ACADEMIC ACTIVITIES [IN DEPARTMENT]

[illegible]

INTERESTING CASES [IN DEPARTMENT]

[illegible]

INTERESTING CASES [IN DEPARTMENT]

[illegible]