



SURGERY LOGBOOK



MCM - PESHAWAR

MESSAGE BY PRINCIPAL

I wish to underscore the significance of your clinical rotation, a pivotal phase in your journey towards becoming proficient healthcare professionals.

The clinical rotation serves as a foundation, providing you with hands-on experiences, exposure to various specialties, and the opportunity to apply theoretical knowledge in real-life patient. At MCM and MTH, we place utmost emphasis on this phase, recognizing its paramount importance in shaping your future practice.

During your clinical rotation, I urge you to approach each day with unwavering dedication, interest, and a commitment to learning. Embrace the challenges you encounter as invaluable learning experiences, and endeavor to uphold the highest standards of ethics, empathy, and professionalism.

Remember, each patient interaction offers not only a chance to learn but also an opportunity to make a positive impact on someone's life. Treat each patient with the respect, compassion, and care they deserve, for it is through these interactions that you will truly understand the essence of being a healthcare provider.

Our esteemed faculty and staff are dedicated to guiding and supporting you throughout this phase of your education. Do not hesitate to seek their guidance, ask questions, and actively engage in your learning process.

Your journey through clinical rotation is not just about acquiring clinical skills; it is about cultivating a mindset of lifelong learning, resilience, and integrity that will serve as the foundation of your medical career.

All the Best.

MESSAGE BY CEO

The observation and assessment of performance of medical students is an integral part of curriculum. It can be accomplished by different modalities of assessments at different times. Similarly, exposing the students to different clinical activities during undergraduate medical training is essential. Supervising these activities is mandatory. For that purpose, keeping record of these events is important for student evaluation and inclusion of these activities in grading student's performance. Logbooks system is in use for many decades in the field of medicine throughout the world, and has some weaknesses like falsification of data, but still it is considered to be a useful checklist in assessing the performance of students and record keeping of different activities.

For this purpose, the Muhammad College of Medicine is introducing the LOG BOOK for students of 3rd, 4th and 5th year to help the students as well as the faculty in streamlining the teaching, assessment and certification of student's performance. This activity will ensure structuring and recording student's activities during their clinical rotations based on the learning objectives assigned, and will help the faculty in assessing student's performance. The logbook system will be converted to a portfolio system in future.

PURPOSE OF THE LOGBOOK:

This Logbook serves as a comprehensive tool designed to facilitate, document, evaluate, and certify student activities throughout clinical and other rotations during the final year of study. It is structured around the predefined learning objectives delineated in the curriculum document.

The primary aim of this Logbook is to meticulously record and certify both clinical and educational engagements, furnishing an objective record pivotal for assessing individual student performance and appraising the institution and curriculum as a whole. Additionally, the inclusion of a reflective section empowers students to enhance their academic proficiency through introspection and critical analysis.

Moreover, this Logbook is envisioned to evolve into a reflective portfolio, fostering a platform for students to encapsulate their growth and learning journey. The compilation of these reflective insights will contribute to continuous improvement, benefitting patient safety by instilling in students an acute awareness of their boundaries, obligations, and accountabilities.

Ultimately, the meticulous documentation within this Logbook not only benefits individual academic growth but also amplifies the caliber of future healthcare professionals, thereby elevating standards and ensuring enhanced patient safety and care.

OBJECTIVES OF CLINICAL ROTATIONS

Clinical rotations constitute a crucial component of undergraduate medical education, typically commencing in the third year. However, modern programs integrate clinical activities from the outset, aiming to extend this practice to early-year students in the future. The progression into clinical settings follows prior training in skill laboratories, ensuring a gradual exposure aligned with the curriculum's learning objectives. The goals of these rotations encompass:

1. Translating theoretical concepts from lectures and study materials into real-life scenarios.
2. Cultivating clinical skills pertinent to students' level of comprehension and expertise.
3. Fostering an understanding of patient safety, hospital dynamics, and the roles of physicians within clinical contexts.
4. Nurturing communication proficiency, patient care management, teamwork, time management, and collaboration across departments in the workplace.
5. Cultivating and refining professionalism among aspiring medical professionals.

How to use this Logbook

The log book is divided into sections according to the specialties and units whom the students visit. Rotation in each unit is represented into 3 parts; 1st part represents clinical skills required of students, 2nd part relates to other activities like knowledge imparted during rotation, record history taking, assessment marks and student's reflection. The 3rd part includes attributes of communication skills and professionalism. All the students are required to duly attest each activity in the log book. The log book also includes record of activities not related to clinical rotations. Those activities include, presentation skills, record of research publications, co-curricular activities and many others. At the end, there is record of student's attendance, and end of module assessment marks that should be completed by the student affairs / examination section. This log book will have an important weightage in final assessments of students and students who fail to present this log book in final assessment will not be considered for promotion to next class. Students are advised to make a copy of all these activities so that it can be retrieved in times of loss of log book at the end of the year. It is important to mention that level of competence has been shown in individual rotations as follows:

Level A: Observer status

Level B: Assistant status

Level C: Performed part of the procedure under supervision

Level D: Performed whole procedure under supervision

Level E: Independent performance

Third year students will achieve only level A and B in most of the situations except a few where patient safety is not endangered. Students of 4th and 5th year are required to achieve level C and D and in some cases level E (where patient safety is not endangered).

Methods of writing Reflection in the Logbook

Reflective thinking and writing demands that you recognize that you bring valuable knowledge to every experience. It helps you therefore to recognize and clarify the important connections between what you already know and what you are learning. It is a way of helping you to become an active, aware and critical thinker and learner.

It is mandatory for students to write about his / her experience and reflective thinking of clinical rotation in each unit in the space given in logbook. The reflective document includes the description about the following points:

- 1) Description of an event (one paragraph)
- 2) Thinking and feeling of student (one paragraph)
- 3) Good and bad about the experience (one paragraph)
- 4) How to avoid bad experiences and pursue good experiences in future (a few words to a paragraph).

The whole reflection document should be about between 200-300 words

Direct Observation of Procedural Skills (DOPS) and Mini Clinical Evaluation Exercise (Mini-CEX) are integral components of medical education, designed to assess and enhance clinical skills and competence among medical students and trainees. DOPS involves direct observation and assessment of a learner's procedural skills in real clinical settings by an experienced supervisor. It allows for structured feedback, evaluation, and guidance to improve technical abilities, procedural accuracy, and patient safety. On the other hand, Mini-CEX focuses on evaluating a trainee's clinical performance in patient encounters, assessing history-taking, physical examination, communication skills, and professionalism. Both DOPS and Mini-CEX play pivotal roles in providing constructive feedback, identifying areas for improvement, and fostering continuous learning and development within the medical education framework.

SURGERY

No	Date	Competencies	Level					Supervisor's comments / signature
			A: Observation status B: Assistant status C: Performed part of the procedure under supervision D: Performed whole procedure under supervision E: Independent Performance					
			A	B	C	D	E	
1.		History taking from a patient in a medical unit						
2.		General Physical Examination						
		• Pulse						
		• BP						
		• Temperature						
		• Respiratory Rate						
		• Others (Specify)						
3.		Systematic Examination						
		• GIT						
		• CVS						
		• Respiratory System						
		• Nervous System						
		• Others (Specify)						
4.		Pulse Oximeter Placement						
5.		Nasogastric tube insertion						
6.		Foley's catheter insertion						
7.		Fluid aspirations						
		• Ascetic						
		• Pleural						
		• CSF						
		• Others (Specify)						

DETAILS OF ACTIVITIES

Competencies	Details	Supervisor's comments / signature
Introduction to common symptoms and diseases to general medicine	Presented By:	
<p>*Details of history and examination</p> <p>You have to write 2 stories in each ward along with examination, provisional diagnosis, relevant investigations, results of procedures, final diagnosis, treatment and final follow up protocol</p>	<p>*Mention 3 symptoms and system involved</p> <ol style="list-style-type: none"> 1. 2. 3. 	
End of ward assessment	Marks: _____ out of : _____	
Any other event that you want to record during your stay at the unit (Provide details)		
Reflection by student		

Comments about professionalism and behaviors of students
(To be filled by the supervisor)

No	Statement			
		YES	NO	Any other point
1.				
2.				
3.				
4.				
5.				
6.				
7.	Total Attendance		Out of =	
8.	Overall assessment of professional conduct	A: High		B: Moderate
				C: Lowd

For Examination Section

Details of marks of internal assessments

No	Assessment module	Marks obtained	Total Marks	MCQ	SAQ	OSCE / Viva / practical	%age	Pass / Fail	
1									
2									
3									
4									
5	Total Marks of all modules								
6	Total marks of log book					Out of: 50			
7	%age								

Director Medical Education

NAME _____

Sign _____