

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA



JUNIOR RESIDENCY LOGBOOK

FACULTY OF OPHTHALMOLOGY

APPROVED BY THE SENATE ON 2ND MARCH, 2023

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COLLEGE REGISTRAR**



NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA

FACULTY OF OPHTHALMOLOGY

THE LOGBOOK

FOR

JUNIOR RESIDENCY TRAINING IN OPHTHALMOLOGY

2022

Resident's Name

Name of Training Institution
.....

Date of Commencement of Training

Name and Signature of Supervisor(s)

PREAMBLE:

The 1st and 2nd Year Residency Training (104.5 credit units)

The goals of the first 2 years of junior residency training leading to the Part I examination emphasize

- i. recall of information, application of knowledge of basic sciences as well as application of knowledge of pathogenesis and pathophysiology to clinical problems;
- ii. interpretation of clinical findings;
- iii. formulation of diagnosis and differential diagnoses;
- iv. development and implementation of treatment plan;
- v. acquisition of surgical skills as well as anticipation, recognition and treatment of complications

The competencies, skills and knowledge acquired in the 1st year of training are formally assessed as part of Continuous Assessment of the candidate's progress. Areas of weakness are identified and steps taken to rectify them

The 2nd year of junior residency training will build confidence on the skills and knowledge acquired during the 1st year of training.

ACTIVITIES TO UNDERTAKE IN ACHIEVING THE STATED LEARNING EXPECTATIONS

Specific Activities to be undertaken to achieve the stated objectives include but not limited to the following:

1. Ward rounds
2. One detailed case presentation by residents during weekly ward rounds
3. At least one Clinic clerking presentation.
4. Reading assignments including review of journals & Essay writing
5. Tutorial sessions
6. Attendance to at least one theatre session per week.
7. Regular bedside teaching/tutorials for medical students and residents.
8. Attendance to compulsory College and faculty update courses and conferences.

Training Evaluation:

Trainees will be required to keep a log book of surgical and clinical cases managed (including multidisciplinary team management) and procedures carried out.

Evaluation format: This will consist of formative assessment and examination;

Log book documentation of:

- a) Procedures observed and performed

SCALE OF PERFORMANCE GRADES

PERFORMANCE GRADE	DESCRIPTION
A	Adequate knowledge; Performs skill without supervision; able to take corrections; can reproduce skill on request
B	Adequate knowledge; performs skill with minimal supervision; able to take corrections; reproduces skill with minimal guidance
C	Adequate knowledge; performs skill with supervision; able to take corrections; barely reproduces skill
D	Inadequate knowledge; performs skill with supervision; understands corrections with difficulty; Unable to reproduce skill

E	Gross inadequate knowledge; unable to perform task; difficulty in following instructions; unable to reproduce skill
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The minimum accepted performance score is Grade B in each of the tasks. A lower grade requires a “make-up” performance to be documented by the supervising Consultant and recorded on a supplementary page.

First year: FORMATIVE ASSESSMENT

(Should be done every 3 months)

DATES	From					
	To					
Overall Rating for the Year (Average)						
ATTITUDINAL ASSESSMENT (Grade A-E)						
General Appearance						
Punctuality						
Relationship with Patients						
Relationship with other team Members						
Ethics – Awareness and Application						
Flexibility and Response to Correction						
Administrative/leadership skills						
CLINICAL SKILLS ASSESSMENT (Grade A-E)						
Applied Basic Sciences knowledge						
Clinical management (Judgement, appropriate use of investigations, follow up etc)						
Emergency Care and Resuscitation						
Industry/Initiative						
Reliability						
Communication Skills						
Overall Score						
Name & Signature of Consultant						

GRADES: Write the appropriate grade in the column using the key below.

Consistently exceeds expectations = A
meets expectations = C

Sometimes exceeds expectations = B

Generally

Inconsistently meets expectations = D Rarely meets expectations = E Insufficient contact with Resident to judge = X

Supervising Consultant's Comments for First year in Junior Residency

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Supervising Consultant's name & signature.....

Date.....

Stamp.....

Head of Department's Comments

.....

Head of Department's name & signature.....

Date.....

Stamp.....

Signature of Resident..... Date.....

Second year: FORMATIVE ASSESSMENT

DATES	From					
	To					
Overall Rating for the Year (Average)						
ATTITUDINAL ASSESSMENT (Grade A-E)						
General Appearance						
Punctuality						
Relationship with Patients						
Relationship with other team Members						
Ethics – Awareness and Application						
Flexibility and Response to Correction						
Administrative/leadership skills						
CLINICAL SKILLS ASSESSMENT (Grade A-E)						
Applied Basic Sciences knowledge						
Clinical management (Judgement, appropriate use of investigations, follow up etc)						

Emergency Care and Resuscitation					
Industry/Initiative					
Reliability					
Communication Skills					
<i>Overall Score</i>					
<i>Name & Signature of Consultant</i>					

GRADES: As in 1 above.

Supervising Consultant's Comments for Second year in Junior Residency

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Supervising Consultant's name & signature.....

Date.....

Stamp.....

Head of Department's Comments

.....
.....

Head of Department's name & signature.....

Date.....

Stamp.....

Signature of Resident..... Date.....

SURGICAL/CLINICAL SKILLS RECORDS:

Include performance grades(A to E) as detailed above in all relevant columns.

1. WETLAB SUTURING/SIMULATION (Minimum of 50 sutures)

Serial no.	Date	Incision depth	Suture bite	Radiality	Knot placement (5-7)	Knot tension/ optimal wound closure	Name & Signature of Supervisor
1							
2							
3							
4							
5							
6							
7							
8							
9							
10-50							

2. WETLAB/ SIMULATION FOR CATARACT SURGERY- ECCE/MSICS (Minimum of 50 sessions)

Supervisor should include performance grades(A to E) as detailed above in all relevant columns.

Serial no.	Date	Sclero-corneal tunnelling	Corneal entry	Parace tensis	Capsulorhexis/ Capsulectomy	Hydrodissection	Nucleus prolapse	Nucleus extraction	IOL Insertion & rotation	Name & Signature of Supervisor
1										
2										
3										
4										
5										
6										
7										
8										
9										
10-20										

3. CATARACT SURGERY : Preparation and Outcome (10 assisted, 40 without assistance)

[illegible]

[illegible]

4. GLAUCOMA Procedures :

a) Gonioscopy (10 patients with grade A or B accurate assessment & interpretations)

[illegible]

b) CVF (Minimum of 10 patients with grade A or B interpretations)

				IOP		SLE		CVF		Rating	Name of Signature Supervisor
S/No	Date	HOSP NO	AGE/ SEX	R.E	LE	Pupil	Lens	R.E	LE		

c) OCT (Minimum of 5 patients with grade A or B interpretations)

				IOP		SLE		OCT	
S/No	Date	HOSP NO	AGE/SEX	R.E	LE	Pupil	Lens	R.E	LE
1									
2									
3									
4									
5									
6									

d) **GLAUCOMA WETLAB/SIMULATION- TRABECULECTOMY** (Minimum of 20 Grade A or B Performance)

Serial No	Date	Conjunctival Flap	Superficial Scleral Flap	Paracentesis	Deep corneoscleral block	Peripheral Iridectomy	Suturing of scleral flap	Suturing of conjunctival Flap	Name & Signature of Supervisor

4e GLAUCOMA SURGERY- Trabeculectomy Minimum should be (5 assisted; 3 without assistance)

S/No		Date	Hosp No	Age/Sex	Preop IOP for the relevant eye	Conjunctival Flap	Superficial Scleral Flap	Paracentesis	Deep corneal block
1									
2									
3									
4									
5									
6									
7									
8									
9									

4e Contd. GLAUCOMA SURGERY- **Trabeculectomy Continuation:** Minimum should be (5 assisted; 3 without assistance)

Serial Number	Date	Peripheral Iridectomy	Suturing of scleral flap	Suturing of conjunctival Flap	Visual acuity 1 week PO	IOP 1MONTH post-op	Global rating(A TO E)	Name & Supervisor
1								
2								
3								
4								
5								
6								
7								
8								
9								

5. CORNEAL PATHOLOGIES: Microbial Keratitis (5 cases) Non-microbial Keratitis (3 cases)e.g. Chemical injuries , Mooren's ulcer , Ectatic corneal disorders, Corneal Dystrophies , Severe Vernal keratoconjunctivitis.

S/No	Date	Hosp. No	Age/Sex	VARE	VARE	Diagnosis	Clinical signs	Microbiology test outcome	Treatment	Outcome VA	Complications	Global rating A to E	Name & Signature of Supervisor

7. PTERYGIUM MANAGEMENT (5 Cases)

S/No	Date	Hosp. No	Age/Sex	Visual acuity RE LE	Diagnosis	Dimension on cornea	Treatment	O/A/P	Outcome VA RE LE	Complications	Global rating (A-E)	Name & Signature of Supervisor

KEY: S/No = Serial number, Hosp No= Hospital number, RE= Right eye, LE= Left eye, O/A/P = Observed/Assist/Performed, VA = Visual acuity.

8. ENUCLEATION & EVISCERATION (5 Procedures)

S/No	Date	Hosp No	Age/Sex	Preop VA	Indication	Surgical procedure	Assist / Done	Implant type	Complications	Prostheses	Histology

KEY: S/No = Serial number, Hosp No= Hospital number, VA = Visual acuity

9a. DIABETIC RETINOPATHY RECORDS (Minimum of 5 cases)

S/N o	Date	Hosp No.	Age/Sex	DM duration	Presenting FBS	Current Treatment	Laterality	Presenting VA	DR Type (NPD R, PDR, DME)

9b. DIABETIC RETINOPATHY RECORDS Continuation (Minimum of 5 cases)

S/ No	Hosp. No	DR Severity	Investigation (FFA, OCT,BS can, HbA1c	Treatment	Anaesthesia	Performance	Complications	V A 1/ 52	VA >6/ 52	Name & Signature of Supervisor

10a. RETINAL DETACHMENT SURGERY (Minimum observed/assisted of 3 cases)

S/No	Date	Hosp No	Age/Sex	Laterality	Presenting VA	Pupil Sign	RD Type RRD or TRD	Extent of RD	Predisposing factors

10b. RETINAL DETACHMENT SURGERY **Continuation** (Minimum observed/assisted of 3 cases)

S/N o	Date	Hosp No	Surgical Procedure	Type of anaesthesia	Performance type	Complications	VA 1/5 2	VA >6/5 2	Name & Signature of
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									Supervisor

11. PTOSIS ASSESSMENT SURGERY (Minimum of 3 cases)

S/No	Date	Hosp. No.	Age/Sex	Preop VA	Aetiology	Assessment Lagophth/Bells	Measurements	Surgical procedure	Anaesth.	Postop measurements	Name & Signature of Supervisor

12a. PROPTOSIS/ORBITAL MASS (Minimum of 3 patients)

S/No.	Date	Hosp. No.	Age/Sex	Preop VA	Pupil sign	Exophthalmometry	Exam data

12b. PROPTOSIS/ORBITAL MASS **Continuation** (Minimum of 3 patients)

S/No	Date	Hosp. no	Anaesthesia Type	Operative findings	Complications	Histology/ Diagnoses	Related Specialty	Name & Signature of Supervisor

13a. ROP SCREENING (Minimum of 5 sessions)

S/N o	Date	Hosp. No.	Gestational age	Chronological age	Postmenstrual age	Sex	Supplemental oxygen flow, delivery, duration	ROP risk factors	ROP?	ROP Zone

13b. ROP SCREENING Continuation (Minimum of 5 sessions)

S/N o	Date	Hosp. No.	ROP Stage	ROP Plus	Post screening decision	Treatment procedure	Anaesthesia	P/PS/A A	Complications	Name & Signature of Supervisor

14. REFRACTION CASES DONE (Minimum of 50 with **minimum accepted performance score of Grade B in each.**)

S/No	Date	Hosp. No	Age/Sex	Entry VA RE LE	Retinoscopy Net: RE, LE	Subjective RE LE	Transposition RE LE	Spherical equivalent	IPD RE LE	Final VA





15. LOW VISION ASSESSMENT (Minimum of 5 cases)

S/ No	Date	Hosp. No	Age/ Sex	Presenting VA Dist. RE LE	Presenting VA Near RE LE	Diagnosis	BC VA Dist RE LE	BC VA Near RE LE	L V D for Dist. st.	BC VA for Dist .	L V D For near	Patient satisfac.	Name & Signature of Supervisor

16. COMMUNITY OPHTHALMOLOGY POSTING (Minimum of 20 patients): LOCATION: PERIOD OF POSTING:

S/N o	Date	Hospital No	Sex/Age	Visual acuity RE LE	Diagnosis	Treatment	Examination findings 1/52	Examination findings 1/12	Name & Signature of Consultant

[illegible]

18a. COMMUNITY OPHTHALMOLOGY HEALTH EDUCATION and PROMOTION:-
LOCATION: PERIOD OF POSTING
(Minimum of 10 cases)

S/No	Date	Topic	Duration (Hrs)	Target population	Pre-talk survey	Post-talk survey

Continue in 18b.

18b. COMMUNITY OPHTHALMOLOGY HEALTH EDUCATION and PROMOTION:-
LOCATION: PERIOD OF POSTING
(Minimum of 10 cases)

S/No	Date	Topic	Title of Project	Duration of project	Summary of project	Community impact of project

Supervising Consultant's Comments

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Supervising Consultant's name & signature.....

Date.....

Stamp.....

Head of Department's Comments

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Head of Department's name & signature.....

Date.....

Stamp.....

Signature of Resident..... Date.....