

**NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA**



**LOGBOOK FOR SUBSPECIALTY OF  
COMPREHENSIVE OPHTHALMOLOGY**

**FACULTY OF OPHTHALMOLOGY**

**APPROVED BY THE SENATE ON 2<sup>ND</sup> MARCH, 2023**

A handwritten signature in blue ink, appearing to be 'F. A. Arogundade', is centered below the approval text.

**DR F. A. AROGUNDADE, MD FMCP  
COLLEGE REGISTRAR**



NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA

FACULTY OF OPHTHALMOLOGY

THE LOGBOOK

FOR

COMPREHENSIVE SUBSPECIALTY

2022

Resident's Name .....

Name \_\_\_\_\_ of \_\_\_\_\_ Training  
Institution.....

Date of Commencement of Training .....

Name and Signature of Supervisor(s) .....

**PREAMBLE:**

## **The 3<sup>rd</sup> to 5<sup>th</sup> Year Residency Training**

This involves more advanced training. The candidate builds on the knowledge gained during the 1<sup>st</sup> and 2<sup>nd</sup> years of training. During this period the candidate is expected to be involved with decision-making in patient management; should write a proposal and commence data gathering for the Part II (Final) Fellowship Examination dissertation. A candidate who has the opportunity can also spend 6-12 months in an overseas ophthalmology training institution with a view to acquiring more competencies.

Towards the end of the 5<sup>th</sup> year the candidate submits a dissertation as part of the requirement for the Part II (Final) Fellowship Examinations.

### **5.2 The specific clinical competencies to be learnt during the period include:**

- a. Perform complex refractions competently including higher order aberrations as well as post-surgery refractions.
- b. Competently and confidently assess low vision patients and prescribe appropriate aids to them.
- c. Perform and interpret in more details clinical exam findings including corneal topographic map; retinal drawing for detachment and other lesions; A and B Scans; gonioscopy, etc.
- d. Supervise and guide competently junior residents in the management of ocular emergencies.
- e. Hold tutorials for junior residents, medical students, and other paramedical personnel in the eye care team.
- f. Identify key examination techniques and management of complex though common medical and surgical problems in 6 of the subspecialty areas of glaucoma, cornea and anterior segment, ophthalmic plastic surgery + neuro-ophthalmology, paediatric ophthalmology and strabismus, public and community eye health, medical retina and interprets plain x-rays, ultrasound, CT, MRI, OCT, etc. of the eye and orbit.
- g. Perform and treat complications of cataract and glaucoma surgeries.
- h. Acquire competencies in the efficient organization of eye care services and leadership of the eye care team. Candidates should attend the College-organized Research Methodology course, health resources management course, and medical education course.
- i. Acquire competence in epidemiologic and clinical ophthalmic research and publication. Candidates are encouraged to co-author at least 2 journal articles.
- j. Master common anterior segment surgical procedures – cataract and glaucoma surgeries as well as manage complications.

k. Recognize microbial, hematologic and histopathologic features of ophthalmic disorder

## 5.2.2 Subspecialty Competencies:

### 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
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 logbook of surgical and clinical cases managed (including multidisciplinary team management) and procedures carried out.

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

#### Logbook documentation of:

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

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 Senior residency: 1.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					
<i>Overall Score</i>					
<i>Name &amp; Signature of Consultant</i>					

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

Consistently exceeds expectations = A      Sometimes exceeds expectations = B      Generally meets expectations = C  
 Inconsistently meets expectations = D      Rarely meets expectations = E      Insufficient contact with Resident to  
 judge = X

Supervising Consultant's Comments for First year in Residency

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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.....



Second year Senior residency: 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						
<i>Overall Score</i>						
<i>Name &amp; Signature of Consultant</i>						

GRADES: Write the appropriate grade in the column using the keys as in 1<sup>st</sup> year Table above.

Supervising Consultant's Comments for Second year in Residency

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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.....

Third year Senior residency: 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						
<i>Overall Score</i>						
<i>Name &amp; Signature of Consultant</i>						

GRADES: Write the appropriate grade in the column using the keys as in 1<sup>st</sup> year Table above.

Supervising Consultant's Comments for 3rd year in Residency

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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.....

**SURGICAL/CLINICAL SKILLS RECORDS:**

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

**C A T A R A C T S U R G E R Y : Preparation and Outcome (60 without assistance)**

S/N	Date	Hospital No	Age	Sex	R or L	Pre-op VA	Biometry/ IOL Power	Procedure	Anaesthesia	Complications	VA 1/52	Rating	Name & Signature of Supervisor


GLAUCOMA Procedures :

GLAUCOMA SURGERY- Trabeculectomy – Insert the performance grades for each steps performed: Minimum should be (10 assisted; 15 without assistance)

S/No	Date	Hosp No	Age/ Sex	Preop IOP for the relevant eye	Conjunctiv al Flap	Superficial Scleral Flap	Para cent esis	Deep corneosc leral block	Visual acuity 1 week PO	IOP 1mont h post- op	Global rating(A TO E)	Name Signature Supervisor	& of
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2b Contd. GLAUCOMA SURGERY- Trabeculectomy Continuation – Insert the performance grades for each steps performed:  
 Minimum should be (10 assisted; 15 without assistance)

Serial Number	Date	HOSP NO	AGE/SEX	Preop IOP for the relevant eye	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 & Signature of Supervisor
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2											
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23													
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CORNEAL PATHOLOGIES: Microbial Keratitis (10 cases) Non-microbial Keratitis (5 cases)e.g. Chemical injuries , Mooren’s ulcer , Ectatic corneal disorders, Corneal Dystrophies , Severe Vernal keratoconjunctivitis.

S/N o	Date	Hosp .No	Age/Se x	V A R E	V A L E	Diagnos is	Clinic al signs	Microbiolo gy test outcome	Treatme nt	Outcom e VA	Complicatio ns	Globa l rating A to E	Name & Signature of Supervis or

TRAUMA: Corneo-scleral laceration, Hyphaema, Globe rupture, Traumatic cataract (10 cases)

S/No	Date	Hosp. No	Age/Sex	VA RE LE	Diagnosis	Extent of injury	Treatment plans	Outcome VA RE LE	Complications	Global Rating	Name & Signature of Supervisor

PTERYGIUM MANAGEMENT ( with conjunctiva autograft 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.

ENUCLEATION & EVISCERATION (5 Procedures)

S/No	Date	Hosp No	Age/Sex	Preop VA	Indication	Surgical procedure	Assist / Done	Implant type	Complications	Prostheses	Histology	Global rating (A-E)	Name & Signature Supervisor

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

7a. DIABETIC RETINOPATHY RECORDS (Minimum of 10 cases)

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

7b. DIABETIC RETINOPATHY RECORDS Continuation (Minimum of 10 cases)

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

8a. RETINAL DETACHMENT SURGERY (Minimum assisted/performed of 5 cases)

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

8b. RETINAL DETACHMENT SURGERY Continuation (Minimum assisted/performed of 5 cases)

S/No	Date	Hosp No	Surgical Procedure	Type of anaesthesia	Performance type	Complications	VA 1/52	VA >6/52	Name & Signature of Supervisor


9. PTOSIS ASSESSMENT/SURGERY (Minimum of 5 cases)

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

10a. PROPTOSIS/ORBITAL MASS MANAGED (Minimum of 5 patients)

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

10b. PROPTOSIS/ORBITAL MASS Continuation (Minimum of 5 patients)

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

11a. ROP SCREENING (Minimum of 10 sessions)

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

11b. ROP SCREENING Continuation (Minimum of 10 sessions)

S/No	Date	Hosp. No.	ROP Stage	ROP Plus	Post screening decision	Treatment procedure	Anaesth.	P/PS/AA	Complications	Name & Signature of Supervisor

12. LOW VISION MANAGEMENT (Minimum of 5 cases)

S/No	Date	Hosp. No.	Age/Sex	Presenting VA Dist. RE LE	Presenting VA Near RE LE	Diagnoses	BCVA Dist. RE LE	BCVA Near RE LE	LV D for Dist.	BCVA for Dist.	LV D For near	Patient satis.	Name & Signature of Supervisor

13. COMMUNITY OPHTHALMOLOGY POSTING (Minimum of 20 patients): LOCATION:

PERIOD OF POSTING:

S/No	Date	Hosp. No	Sex/Age	Visual acuity RE      LE	Diagnosis	Treatment	Exam findings 1/52	Exam findings 1/12	Name & Signature of Consultant



14. COMMUNITY OPHTHALMOLOGY SURGERIES (Minimum of 20 cases) LOCATION:

PERIOD:

S/No	Date	Hosp. No.	Sex/Age	Visual acuity RE LE	Diagnosis	Surgery done	Exam findings 1/52	Exam findings 1/12	Name & Signature of Consultant

15a. 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	Community feedback

Continue in 15b.

15b. 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	Name & Signature of Consultant


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.....