

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA



OTOLOGY SUBSPECIALTY JUNIOR RESIDENCY

LOGBOOK

FACULTY OF OTO-RHINO-LARYNGOLOGY (HNS)

APPROVED BY THE SENATE ON 3<sup>RD</sup> MARCH, 2022

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COLLEGE REGISTRAR

**NATIONAL POSTGRADUATE  
MEDICAL COLLEGE OF NIGERIA**

**FACULTY OF OTORHINOLARYGOLOGY  
-HEAD & NECK SURGERY**

**RESIDENCY TRAINING PROGRAMME  
JUNIOR RESIDENT**

**LOG BOOK**

**FACULTY OF OTORHINOLARYGOLOGY  
-HEAD & NECK SURGERY**

**NATIONAL POSTGRADUATE  
MEDICAL COLLEGE OF NIGERIA**

**MISSION STATEMENT**

TO TRAIN OTOLARYNGOLOGISTS WHO WILL  
EXCEL IN CLINICAL DUTIES, COMMUNITY HEALTH SERVICE,  
EDUCATION AND RESEARCH.



**JUNIOR RESIDENCY TRAINING**

NAME OF RESIDENT: .....  
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TRAINING INSTITUTION: .....  
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DATE OF PASSING PRIMARY FELLOWSHIP 

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DURATION OF JUNIOR RESIDENCY 

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COMMENCEMENT DATE: 

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COMPLETION DATE: 

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## **1. ORL 918 JUNIOR OTORHINOLARYNGOLOGY-HEAD AND NECK SURGERY ROTATION (144 Credit Units)**

### **OBJECTIVES**

1. Learn and master Basic Ear/Nose/Throat/Head and Neck examination using otoscope, head mirror, head light, pharyngeal/laryngeal mirrors, nasal and ear specula and rigid/flexible endoscopes.
2. Learn and acquire basic knowledge of audiological/ vestibular tests.
3. Learn about the imaging of the Ear, Nose, Throat, Head and Neck and attend joint radiology/ENT seminars.
4. Learn about histopathological specimen and attend joint histopathology/ENT seminars.
5. Teaching of Clinical interns.
6. Learn, assist and perform basic E.N.T operations.

### **SURGICAL SKILLS EXPECTED TO BE ACQUIRED DURING ROTATION**

	<b>MINIMUM REQUIREMENTS</b>	
Removal of foreign bodies in the external ear	A(10)	P (5)
Aural examination and dressing with microscope	A10	P10
Myringotomy under LA in Adults	A5	P5
Myringotomy under GA in children	A5	P5
Myringoplasty	A5	P5
Excision of preauricular sinus	A5	P5
Excision of post auricular cyst	A5	P5
Removal of foreign bodies in nose	A10	P10
Antral Lavage	A10	P10
Intranasal antrostomy	A10	P10
Diathermy to turbinates/SMR	A5	P5
Partial turbinectomy	A5	P5
Nasal polypectomy	A10	P10
Septal surgery	A5	P5
T & A in children	A10	P5
Tonsillectomy in adults	A10	P5
Tracheostomy in adults	O5/A5	P5
Tracheostomy in children	A10	P5

Removal of foreign body in larynx	A5	P5
Pharyngoscopy Rigid/Flexible	A10	P5
Direct Laryngoscopy Rigid/Flexible	A10	P5
Oesophagoscopy	A10	P5
Branchial cyst excision	O2/A2	P5
Removal of superficial lesion	A5	P5
<i>Drainage of peritonsillar abscess</i>	A5	P5
Drainage of Retropharyngeal abscess	A5	P5

#### WHERE

<b>O</b>	=	<b>OBSERVE</b>
<b>A</b>	=	<b>ASSIST</b>
<b>P</b>	=	<b>PERFORM</b>
<b>A/P</b>	=	<b>EITHER ASSIST OR PERFORM</b>

**1. POSTINGS**

**ORL JUNIOR POSTING**

**TRAINING INSTITUTION:**.....  
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**DATE COMMENCED**

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**DATE COMPLETED**

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**COMPETENCE BASED GRADING OF PERFORMANCE  
GRADES OF PERFORMANCE SCORES**

<b>PERFORMANCE GRADE</b>	<b>DESCRIPTION</b>
<b>A</b>	Adequate knowledge; Performs skill without supervision; can reproduce skill on request; five to six points on Affective domain.
<b>B</b>	Adequate knowledge; performs skill with minimal supervision; reproduces skill with minimal guidance; four to five points on Affective domain.
<b>C</b>	Adequate knowledge; performs skill with supervision; barely reproduces skill; 3-4 points on Affective domain.
<b>D</b>	Inadequate knowledge; performs skill with supervision; Unable to reproduce skill; 2 - 3 points on Affective domain.
<b>E</b>	Gross inadequate knowledge; unable to perform task; unable to reproduce skill; 1-2 points on Affective domain.

## **AFFECTIVE DOMAINS FOR ASSESSING CANDIDATES DURING TRAINING:**

1. Attendance to work
2. Punctuality
3. Prompt delivery of assignments
4. Group work and interaction
5. Obeying instructions
6. Respect for patient care

### **List of Surgical Procedures/Procedures**

Each named procedure/skill should be entered together in the same area irrespective of the date the procedure was carried out. This allows for ease of reference, regarding number and performance level, for each skill.

























## **AUDIOLOGY ROTATION**

### **OBJECTIVES/SKILLS EXPECTED**

Resident should be able to:

1. Understand and appreciate the need for standardization and calibration in auditory testing.
2. Perform and interpret accurate air and bone conduction hearing thresholds.
3. Understand the theory of masking techniques and perform.
4. Understand the theory, perform and interpret impedance audiometry with special reference to measurement of middle ear pressure and identification of stapedial reflexes.
5. Perform and interpret speech audiometry.
6. Understand the theory, interpret and to be able to perform evoked response audiometry
7. Understand the theory, interpret and to be able to perform Otoacoustic emission audiometry.
8. Understand the difficulties and the needs of the hard of hearing.
9. Understand the full range of assistive devices for the hard of hearing, and their application.
10. Understand the indications for prescribing a hearing aid.
11. Understand the full range of electronic hearing aids and the advantages and disadvantages of each type.
12. Understand hearing aid batteries and be able to make ear mould.
13. Understand (have participated in) the hearing aid selection procedure.
14. Understand (have participated in) and appreciate the value of auditory counselling.
15. Understand the risk factors for neonatal hearing loss.
16. Understand neonatal screening programs.
17. Understand the steps to be taken when hearing loss is suspected in a young child.
18. Be aware of the full range of support programs available to the hard of hearing in Nigeria.
19. Understand the theory and construction of cochlear implants, together with patient selection and post implantation auditory assessment and counselling.

20. Be aware of and sensitive to the attitude of the Deaf Community as it relates to intervention by the medical profession. by visiting the Deaf school.
21. Understand the theory, perform and interpret vestibular assessment results.
22. Understand the theory of Speech and Language disorders and the various rehabilitation modalities.

**SKILLS EXPECTED TO BE ACQUIRED DURING ROTATION**

Pure Tone Audiometry	O5	P10
Speech Audiometry	O5	P10
Tympanometry	O5	P10
Otoacoustic Emission	O5	P10
ABR	O5	P10
Ear Mould Making	O5	P10
Caloric Test	O5	P10
ENG	O5	P10

**1. POSTINGS**

**ORL JUNIOR POSTING**

**TRAINING INSTITUTION:**.....  
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**DATE COMMENCED**

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**DATE COMPLETED**

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## List of Procedures























***Certification:***

I hereby certify that I completed the 18-month posting in Junior ORL posting and attest to the procedures listed above.

*Name & Signature of Resident Doctor*

***Confirmation:***

I hereby confirm ..... has satisfactorily completed 18 months supervised training in Junior ORL and I attest to the procedures listed above

**Name and Signature of Consultant**

.....  
**Name of Consultant**

.....  
**Signature & Date**

## **2. ORL 919 OPHTHALMOLOGY (24 Credit Units)**

### **Objectives**

1. To acquire ophthalmology skills in the management of ENT related diseases.
2. Acquiring knowledge/skills in the clinical management and diagnosis of various ophthalmology diseases.

### **Skills to be acquired**

### **Minimum Requirements**

1. Ophthalmoscopy		P10
2. Removal of FB	A5	
3. Removal of Pterygium	A5	
4. Evisceration	A5	
5. Enucleation	A5	
6. Cataract Extraction	A5	
7. Repair of Laceration of the Eyelid		P5
8. Cannulation of the nasolacrimal duct	A5	P10

**POSTINGS**

**OPHTHALMOLOGY**

**TRAINING INSTITUTION:**.....

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**DATE COMMENCED**

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**DATE COMPLETED**

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## List of Procedures

























***Certification:***

I hereby certify that I completed the 2-month posting in Ophthalmology, and attest to the procedures listed above

*Name & Signature of Resident Doctor*

***Confirmation:***

I hereby confirm ..... has satisfactorily completed 2 months supervised training in Ophthalmology, and I attest to the procedures listed above

**Name and Signature of Consultant**

.....  
**Name of Consultant**

.....  
**Signature & Date**

### 3. ORL 920 NEUROSURGERY (24 Credit Units)

#### OBJECTIVES

1. To acquire neurosurgical skills helpful in the management of ENT related diseases.
2. Acquiring knowledge/skills in the clinical management and diagnosis of various neurosurgical diseases.

#### Skills expected to be acquired

- |  |    |    |
|--|----|----|
| 1. Exploratory burr holes                                  | A  | P5 |
| 2. Use of operating microscope in neurosurgical procedures | A  | P5 |
| 3. Lumbar Puncture   | A5 | P  |
| 4. Craniotomy  | A5 | P  |
| 5. Laminectomy   | A5 | P  |
| 6. Shunts  | A5 | P  |
| 7. Excision of Myelomeningoceles                           | A5 | P  |

**POSTINGS**

**NEUROSURGERY**

**TRAINING INSTITUTION:**.....  
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**DATE COMMENCED**

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**DATE COMPLETED**

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***Certification:***

I hereby certify that I completed the 2-months posting in Neurosurgery and attest to the procedures listed above

*Name & Signature of Resident Doctor*

***Confirmation:***

I hereby confirm that Dr. ....  
satisfactorily completed 2-months supervised training in Neurosurgery under my supervision and I attest to the procedures listed above

.....  
**Name of Consultant**

.....  
**Signature & Date**

#### 4. ORL 921      CARDIOTHORACIC SURGERY (24 Credit Units)

##### OBJECTIVES

1. Assessment of cardiovascular and respiratory systems.
2. Understand the interaction of cardio-pulmonary disease on medical and surgical treatment of otolaryngology head/neck patients.

##### Skills expected to be acquired

(1) Bronchoscopy / Oesophagoscopy	A5	P5
(2) Techniques of arterial/venous access	A10	
(3) Thoracentesis	A5	P5
(4) Tube Thoracostomy Physiologic monotony techniques O <sub>2</sub> saturation, Cardiac output		P5
(5) Pleural Biopsy	A5	
(6) Lung Biopsy	A5	
(7) Mediastinoscopy	A5	
(8) Thoracotomy	A5	



**POSTINGS**

**CARDIOTHORACIC SURGERY**

**TRAINING INSTITUTION:**.....  
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**DATE COMMENCED**

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**DATE COMPLETED**

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## 5. ORL 922 GENERAL SURGERY (72 Credit Units)

### OBJECTIVES

1. Acquire Basic Surgical Skills
2. Acquire skills in Surgical procedures
3. Learn the rudiments of pre-operative and post-operative care
4. Learn to work as a team

<b>Skills expected to be acquired</b>	<b>Minimum Requirements</b>	
1. Incision making/ Skin suturing/ Knot tying	A5	P10
2. Selection of abdominal incisions	A5	P10
3. Laparotomy incision and closure of abdominal wall	A5	P10
4. Excision of Skin/ Subcutaneous Lesion	A5	P10
5. I & D Subcutaneous abscess	A5	P10
6. Suture of Laceration	A5	P10
7. Excision of benign/ malignant breast lesion	A5	P10
8. Biopsy of enlarged nodes cervical, axillary, inguinal submandibular	A5	P10
9. Endoscopy of Digestive System Proctoscopy / Sigmoidoscopy Oesophagoscopy Gastroscopy Anoscopy	A5	P10
10. Gastric Surgery Pyloroplasty, Gastroenterostomy Closure of Perforated Ulcers	A5	P10
11. Intestinal Colostomy	A5	P10
Resection and anastomosis of small bowel	A5	P10
AP resection	A5	
Lysis of Adhesions	A5	
Appendectomy	A5	P5
Excision of hemorrhoid	A5	P5
12. Liver Incisional Liver Biopsy, Local Excision of Liver Lesion,	A5	
13. Biliary Tract Cholecystostomy Cholecystectomy Exploration of common bile duct	A5	



- |   |    |     |
|---|----|-----|
| 14. Pancreas  |    |     |
| Whipple procedure   | A5 |     |
| 15. Laparotomy for acute abdomen,<br>Splenoectomy         | A5 | P5  |
| 16. Abdominal sepsis, Drainage of intra<br>abdomen sepsis | A5 | P5  |
| 17. Hernia and abdominal wall                             | A5 | P10 |
| Repair of inguinal, femoral and ventral hernia            |    |     |

**3. POSTINGS**

**GENERAL SURGERY**

**TRAINING INSTITUTION:**.....  
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**DATE COMMENCED**

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**DATE COMPLETED**

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***Certification:***

I hereby certify that I completed the 6-month posting in General Surgery, and attest to the procedures listed above

*Name & Signature of Resident Doctor*

***Confirmation:***

I hereby confirm ..... has satisfactorily completed 6-month posting in General Surgery, and I attest to the procedures listed above

**Name and Signature of Consultant**

.....  
Name of Consultant

.....  
Signature & Date

## 7. ORL 923 ACCIDENT & EMERGENCY SURGERY (37 Credit Units)

### OBJECTIVES

1. Acquire skill in patient reception/Principles of Triage.
2. Stabilize and care for critically injured and ill patients.
3. Acquire knowledge technical skills and decision making in the management of critically ill patients.
4. Exposure to trauma and polytrauma.

### Skills expected to be acquired      Minimum Requirement

- |   |    |     |
|---|----|-----|
| 1. Maintenance of airway including orotracheal, nasotracheal Intubation, tracheostomy   | A5 | P10 |
| 2. Techniques of Cardiac/Trauma life support  | A5 | P10 |
| 3. Techniques of arterial/venous access and venous cut-downs  | A5 | P10 |
| 4. Acquire skills on skin suturing techniques and cast application  | A5 | P10 |
| 5. Initial management of severely injured patients, burns patients, corrosive ingestion   | A5 | P10 |
| 6. Head injuries  | A5 | P10 |
| 7. Initial management of Hand infections Wound debridement and suturing   | A5 | P10 |
| 8. Preoperative management of intestinal obstruction, open and blunt abdominal injury intra-abdominal sepsis, head injury, neck injuries and chest injuries | A5 | P10 |
| 9. Initial management of simple limb fracture joint dislocations, care of compound fractures A/P  | A5 | P10 |
| 10. Emergency management of urinary retention, hematemesis, epistaxis red eye, FB in nose ear and throat A/P  | A5 | P10 |

**POSTINGS**

**ACCIDENT AND EMERGENCY**

**TRAINING INSTITUTION:**.....  
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**DATE COMMENCED**

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**DATE COMPLETED**

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## 7. ORL924 PLASTIC/RECONSTRUCTIVE SURGERY OR MAXILLOFACIAL (24 Credit Units)

### OBJECTIVES

Comprehension of skin lesions benign and malignant

Wound revision and closure acquire skills in optimal incision

Various method of wound approximation

Wound healing problems e.g. Immunocompromised

<b>Skills expected to be acquired</b>	<b>Minimum Requirements</b>	
1. Anticipation of surgical manouvres, gentle traction on tissues etc	A5	P5
2. Excision of skin tumours	A5	P5
3. Skin topical care and preparation of wound closure	A5	P5
4. Variety of wound closure design of incision Z plasty, Flaps	A5	P5
5. Split thickness skin graft	A5	P5
6. Plating of facial fractures jaw wiring	A5	P5
7. Debridement of wounds	A5	P5
8. Local treatment and dressing of burns, eschar removal Occlusive Treatment and dressing	A5	P10
9. Reconstruction of cleft lip	A5	P5
Reconstruction of cleft palate	A5	P5

**POSTINGS**

**PLASTIC/RECONSTRUCTIVE SURGERY  
OR MAXILLOFACIAL SURGERY**

**TRAINING INSTITUTION:**.....

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**DATE COMMENCED**

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**DATE COMPLETED**

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***Certification:***

I hereby certify that I completed the 2-month posting in Maxillofacial or Plastic/Reconstructive Surgery, and attest to the procedures listed above

*Name & Signature of Resident Doctor*

***Confirmation:***

I hereby confirm ..... has satisfactorily completed 2 months supervised training in Maxillofacial or Plastic/Reconstructive Surgery, and I attest to the procedures listed above

**Name and Signature of Consultant**

.....  
Name of Consultant

.....  
Signature & Date

## 12. ORL 925 ANAESTHESIA (12 Credit Units)

### OBJECTIVES

1. To be able to assess, determine suitability and fitness of a patients booked for general anaesthesia.
2. Learn the process and management of general, regional and local anaesthesia. Appreciate the shared airway.
3. Learn General, regional and local Anaesthetic Agents: injectable and gaseous and their complications.
4. Anaesthetic Complications.

### Skills expected to be acquired

- |   |     |    |
|---|-----|----|
| (1) Preoperative anaesthetic assessment                               | A5  | P5 |
| (2) Induction of Anaesthesia  | A10 |    |
| (3) Endotracheal Intubation   | A5  | P5 |
| (4) Monitoring of patients under General Anaesthesia O5               | A5  |    |
| (5) Reversal of Anaesthesia   | A5  |    |
| (6) Postoperative monitoring of a patient recovering from Anaesthesia | A5  |    |

**POSTINGS            ANAESTHESIA**

**TRAINING INSTITUTION:**.....  
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**DATE COMMENCED**

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**DATE COMPLETED**

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***Certification:***

I hereby certify that I completed the 1-month posting in Anaesthesia, and attest to the procedures listed above.

*Name & Signature of Resident Doctor*

***Confirmation:***

I hereby confirm ..... has satisfactorily completed 1 month supervised training in Ophthalmology, and I attest to the procedures listed above

**Name and Signature of Consultant**

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Name of Consultant

.....  
Signature & Date





## CERTIFICATION BY HEAD OF TRAINING DEPARTMENT

I hereby certify and attest that .....has successfully completed the Junior Residency Programme. He/She has attained adequate skills and has assisted or performed procedure and is now eligible to sit the **Part I Fellowship Examination in ORLHNS.**

.....  
*Name*

.....  
*Signature & Date*

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*Fellowship Qualification & Date obtained*

**ELIGIBILITY TO SIT THE PART I FELLOWSHIP  
EXAMINATION**

I hereby approve that having reviewed the logbook of Dr....., I am satisfied that the submitted Log-Book fulfilled / did not fulfill the eligibility criteria to sit the **PART I FELLOWSHIP EXAMINATION of National Postgraduate Medical College of Nigeria** in Otorhinolaryngology-Head and Neck Surgery.

.....  
*Name & Signature of Chief Examiner  
Or Faculty Secretary*

.....  
*Date*