NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA



PAEDIATRIC ORLHNS SUBSPECIALTY JUNIOR

RESIDENCY LOGBOOK

FACULTY OF OTO-RHINO-LARYNGOLOGY (HNS)

APPROVED BY THE SENATE ON 3RD MARCH, 2022

DR F. A. AROGUNDADE, MD FMCP
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.

SUMMARY OF CLINICAL POSTINGS

Specialty	Dates	Duration	Name of Supervising Consultant(s)	Signature

NAME OF RESIDENT: TRAINING INSTITUTION: DATE OF PASSING PRIMARY FELLOWSHIP DURATION O F JUNIOR RESIDENCY

COMMENCEMENT DATE:

COMPLETION DATE:

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 attendjoint 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

MINIMUM REQUIREMENTS

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
Drainage of peritonsillar abscess	A5	P5
Drainage of Retropharyngeal abscess	A5	P5

WHERE

O = OBSERVE A = ASSIST P = PERFORM

A/P = EITHER ASSIST OR PERFORM

1.	POSTINGS	6			
ORL	JUNIOR P	OSTING			
TRAI	NING INST	TITUTION	[:	 	 ••••
DATE C	OMMENCED				
DATE C	OMPLETED				

COMPETENCE BASED GRADING OF PERFORMANCE GRADES OF PERFORMANCE SCORES

PERFORMANCE	DESCRIPTION						
GRADE							
Α	Adequate knowledge;						
	Performs skill without supervision;						
	can reproduce skill on request;						
	five to six points on Affective domain.						
В	Adequate knowledge;						
	performs skill with minimal supervision;						
	reproduces skill with minimal guidance;						
	four to five points on Affective domain.						
С	Adequate knowledge;						
	performs skill with supervision;						
	barely reproduces skill;						
	3-4 points on Affective domain.						
D	Inadequate knowledge;						
	performs skill with supervision;						
	Unable to reproduce skill;						
	2 - 3 points on Affective domain.						
E	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.

S/N	Date	e Surgical Procedures	Co	mpe g	tend radi	e ba	sed	Name of Consultant	Signature
			Α	В	С	D	Ε		
							-		

S/N	Date	Surgical Procedures	Co		tend radi	e ba	sed	Name of Consultant	Signature
			Α	В	С	D	Е		
							-		
			-						
			1						
			+						
			-						
			_						
			1						
			ļ						

S/N	Date	Surgical Procedures	Co		tend radi	e ba	sed	Name of Consultant	Signature
			Α	В	C	D	Е		
			· ·				-		
							<u> </u>		

S/N	Date	Date Surgical Procedures	Co		teno radi	e ba	sed	Name of Consultant	Signature
			Α	В	С	D	Ε		
			1	-	_		-		

S/N	Date	Surgical Procedures	Co	mpe g	tenc radi	e ba	sed	Name of Consultant	Signature
			Α	В	C	D	Е		
			<u> </u>	_					
	<u> </u>			l					

S/N	Date	Date Surgical Procedures	Co		teno radi	e ba	sed	Name of Consultant	Signature
			Α	В	С	D	Ε		
			1	-	_		-		

S/N	Date	Date Surgical Procedures	Co		teno radi	e ba	sed	Name of Consultant	Signature
			Α	В	С	D	Ε		
			1	-	_		-		

S/N	Date	Surgical Procedures	Co	mpe g	tend radi	e ba	sed	Name of Consultant	Signature
			Α	В	C	D	Е		
				<u>-</u>	_		-		
			_						

S/N	Date	ate Surgical Procedures	Co		teno radi	e ba	sed	Name of Consultant	Signature
			Α	В	С	D	Ε		
			1	-	_		-		

S/N	Date	ate Surgical Procedures	Co		teno radi	e ba	sed	Name of Consultant	Signature
			Α	В	С	D	Ε		
			1	-	_		-		

S/N	Date	Surgical Procedures	Co		tenc radi	e ba	sed	Name of Consultant	Signature
			Α	В	C	D	Ε		
			<u> </u>	-			-		
			-						
			-						
			-						
			-						
			-						
			-						
			-						
			1						
			<u> </u>						
			-						
			-						

AUDIOLOGYROTATION

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
TRAI	NING INSTITUTION:
•••••	
•••••	

DATE COMMENCED

DATE COMPLETED

List of Procedures

S/N	Date	ate Surgical Procedures	Co		tend radi	e ba	sed	Name of Consultant	Signature
			Α	В	C	D	Е		
			+	-	-		, <i>-</i>		
			+						
			-						
			-						
			-						
			-						
			1						
			1						
			+						
			1						
			-						

S/N	Date	Surgical Procedures	Co		tend radi	e ba	sed	Name of Consultant	Signature
			Α	В	C	D	Е		
			 			1 -			
			-						

S/N	Procedures grading						sed	Name of Consultant	Signature
			Α	В	C	D	Ε		

S/N	Date	Surgical Procedures	Co		tenc radi	e ba	sed	Name of Consultant	Signature
			Α	В	C	D	Е		
			-			-			
			L						
			-						

S/N	Date	Surgical Procedures	Co		tenc radi	e ba	sed	Name of Consultant	Signature
			Α	В	C	D	Ε		
			<u> </u>	-			-		
			-						
			-						
			-						
			-						
			-						
			-						
			-						
			1						
			<u> </u>						
			-						
			-						

S/N	Date Surgical Competence based Procedures grading							Name of Consultant	Signature
			Α	В	C	D	Е		
					•		-		
			-						
			-						
			+						
			-						
			†						
							l		1

S/N	Date	Surgical Procedures	Co		tenc radi	e ba	sed	Name of Consultant	Signature
			Α	В	C	D	Ε		
			<u> </u>	-			-		
			-						
			-						
			-						
			-						
			-						
			-						
			-						
			1						
			<u> </u>						
			-						
			-						

S/N	Date	Surgical Procedures	Co	mpe a	tend radi	e ba	sed	Name of Consultant	Signature
			Α	В	С	D	Е		
				0	•		<u>-</u>		
			<u> </u>						
			1						
			+						
			+						
			+						
]

	Procedures	A	В	C	D	E	Consultant	
-		İ						

S/N	Date	Surgical Procedures	Co		teno radi	e ba	sed	Name of Consultant	Signature
			Α	В	С	D	Е		
				-			-		
							<u> </u>		

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
Name and Signature of Consultant

Signature & Date

Name of Consultant

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.

Sk	ills 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 INSTITUTIO	N:
DATE COMMENCED	
DATE COMPLETED	

List of Procedures

S/N	Date	Date Surgical Competence based Procedures grading							Signature
			A B C D E				F	Consultant	
			^	0	0		-		

S/N	Date	Surgical Procedures	Co		tenc radi	e ba	sed	Name of Consultant	Signature
			A B C D				Е		
			-						

S/N	Date	Surgical Procedures	Co	mpe g	tenc radi	e ba	sed	Name of Consultant	Signature
			Α	В	C	D	Е		
			<u> </u>				-		

S/N	Date	Date Surgical Competence based Procedures grading							Signature
			A B C D E				F	Consultant	
			^	0	0		-		

S/N	Date	Surgical Procedures	Co	mpe g	tenc radi	e ba	sed	Name of Consultant	Signature
			Α	В	C	D	Е		
			- 1				-		

S/N	Date	Surgical Procedures	Co		tenc radi	e ba	sed	Name of Consultant	Signature
			A B C			D	Е		
			· ·						
	<u> </u>		1						

S/N	Date	Surgical Procedures	Co		tend radi	e ba	sed	Name of Consultant	Signature
			Α	В	C	D	Е		
			**				-		

S/N	Date	Surgical Procedures	Co		tenc radi	e ba ng	sed	Name of Consultant	Signature
			Α	В	C	D	Е		
			+	_	_	1 -			

S/N	Date	Surgical Procedures	Co	mpe g	tenc radi	e ba	sed	Name of Consultant	Signature
			Α	В	C	D	Е		
			+	-					
			+						
			<u> </u>						
			+						
			-						
			1						
			1						
			-						
			1						
			1						
			+						
			-						

S/N	Date	Surgical Competence based Procedures grading						Name of Consultant	Signature
			Α	В	C	D	Ε		
			-						
			-						

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
Name and Signature of Consultant

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 Myelomening oceles	A5	P

POSTINGS	NEUROSURGERY
TRAINING INSTITUTION:	
DATE COMMENCED	

DATE COMPLETED

S/N	Date	Date Surgical Procedures	Co		tenc radi	e ba ng	sed	Name of Consultant	Signature
			A B C D E						
			-						
			-						

S/N	Date	Surgical Procedures	Co	mpe g	tend radi	e ba	sed	Name of Consultant	Signature
			A B C D E				F		
			-		<u> </u>		-		
			_						

S/N	Date	Surgical Procedures	Co		tenc radi	e ba	sed	Name of Consultant	Signature
			A B		C	D	Е		
			-			-			
			L						
			-						

S/N	Date	ate Surgical Procedures	Co	mpe g	tend radi	e ba	sed	Name of Consultant	Signature
			Α	В	С	D	Е		
							-		

S/N	Date	ate Surgical Procedures	Co		teno radi	e ba ng	sed	Name of Consultant	Signature
			Α	В	С	D	Е		
			1	-	_		-		

S/N	Date	Surgical Procedures	Co		tenc radi	e ba	sed	Name of Consultant	Signature
				В	C	D	Е		
			Α	-			-		

S/N	Date	ate Surgical Procedures	Co	mpe g	tend radi	e ba	sed	Name of Consultant	Signature
			Α	В	С	D	Е		
							-		

S/N	Date	te Surgical Competence based Procedures grading						Name of Consultant	Signature
			A B C D E				F	1	
			-		•				
			-						
			-						

S/N	Date	ate Surgical Procedures	Co	mpe g	tend radi	e ba	sed	Name of Consultant	Signature
			Α	В	С	D	Е		
							-		

S/N	Date	Surgical Procedures	Competence based grading					Name of Consultant	Signature
						Е			
			-		•				
			-						
			-						

,	
I hereby certify that I compattest to the procedures list	pleted the 2-months posting in Neurosurgery and ted above
Name & Signature of Resider	nt Doctor
Confirmation:	
satisfactorily completed	at Dr
•••••	••••••
Name of Consultant	Signature & Date

Certification:

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 O₂ saturation, Cardiac output		P5
(5)	Pleural Biopsy	A5	
(6)	Lung Biopsy	A5	
(7)	Mediastinoscopy	A5	
(8)	Thoracotomy	A5	

POSTINGS CARDIOTHORACIC SURGERY TRAINING INSTITUTION: DATE COMMENCED DATE COMPLETED

List of Procedures

S/N	Date	Surgical Procedures	Co	mpe g	tend radi	e ba	sed	Name of Consultant	Signature
			A B C D E			F			
				ט ן	U	<u> </u>	-		
	-		1						
			1						
			1						
			1						
			1						
			1						
			1						
			+						
			1						

S/N	Date	Surgical Procedures	Competence based grading					Name of Consultant	Signature
						Е			
			<u> </u>	-			-		

S/N	Date	Surgical Procedures	Competence based grading					Name of Consultant	Signature
			A B			C D E			
			<u> </u>	-			-		
			-						
			-						
			-						
			-						
			-						
			-						
			-						
			1						
			-						
			-						

S/N	Date	Surgical Procedures	Competence based grading					Name of Consultant	Signature
			Α	В	C	D	Е		
			<u> </u>						
	<u> </u>			l					

S/N	Date	Surgical Procedures	Competence based grading					Name of Consultant	Signature
						D	Е		
					C		-		

0	· ·	
Certi	T1.CA	TION:
00.00	, , , , , ,	

I her	eby	certify	that I	completed	the	2-month	posting	in	Cardiothoracio	2
Surg	ery,	and atte	est to th	ne procedur	es lis	ted above	!			

Confirmation:	
5	has satisfactorily ardiothoracic Surgery, and I attest to the
Name and Signature of Consulta	nt
Name of Consultant	Signature & Date

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

Skills expected to be acquired	Minimum Requirements
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	A5 P10
Proctoscopy / Sigmoidoscopy	
Oesophagoscopy Gastroscopy Anoscopy	
10. Gastric Surgery	A5 P10
Pyloroplasty, Gastroenterostomy	
Closure of Perforated Ulcers	
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,			
Splenectomy	A5	P5	
16. Abdominal sepsis, Drainage of intra			
abdomen sepsis A5 P5			
17. Hernia and abdominal wall	A5	P10	
Repair of inguinal, femoral and ventral hernia			

3. PC	JSTINGS					
GENE	RALSURG	ERY				
TRAI	NING INST	ΓΙΤUΤΙΟΝ	J :		 	
•••••	• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	 •••••	
•••••	• • • • • • • • • • • • • • • • • • • •	•••••	•••••	• • • • • • • • • • • • • • • • • • • •	 •••••	••••
DATE C	OMMENCED					
DATE C	OMPLETED					

List of Procedures

S/N	Date	Surgical Procedures	Co	mpe g	tend radi	e ba	sed	Name of Consultant	Signature
			Α	В	C	D	Е		
			^				-		
			-						

S/N	Date	Surgical Procedures	Co	mpe g	tenc radi	e ba	sed	Name of Consultant	Signature
			Α	В	C	D	Е		
			<u> </u>				-		

S/N	Date	Surgical Procedures	Co	mpe g	tend radi	e ba	sed	Name of Consultant	Signature
			A B C D E				Е		
				<u>-</u>	_		-		
			_						

S/N	Date	Surgical Procedures	Co		teno radi	e ba ng	sed	Name of Consultant	Signature
			Α	В	С	D	Ε		
			1	-	_		-		

S/N	Date	Surgical Procedures	Co	mpe g	tend radi	e ba	sed	Name of Consultant	Signature
			A B C D E				F		
			-		•				
			-						
			-						

S/N	Date	Surgical Procedures	Co		tenc radi	e ba	sed	Name of Consultant	Signature
			A B C D E				E		
			<u> </u>	-			-		
			-						
			-						
			-						
			-						
			-						
			-						
			-						
			1						
			-						
			-						

S/N	Date	Surgical Procedures	Co	mpe g	tend radi	e ba	sed	Name of Consultant	Signature
			A B C D E				F		
			-		•				
			-						
			-						

S/N	Date	Surgical Procedures	Co	mpe g	tenc radi	e ba	sed	Name of Consultant	Signature
			Α	В	C	D	Е		
			<u> </u>				-		

S/N	Date Surgical Competence based Procedures grading						sed	Name of Consultant	Signature
			Α	В	C	D	Е		
			+	-			-		
			-						
			1						
			1						
			1						
			1						
			1						
				İ					
			1						
							<u> </u>		l

S/N	Date	Surgical Procedures	Co	mpe g	tenc radi	e ba	sed	Name of Consultant	Signature
			Α	В	C	D	Е		
			<u> </u>				-		

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
Name and Signature of Consultant

Signature & Date

Name of Consultant

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,		
	nasotrachael 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 INSTITU	TION:
DATE COMMENCED	
DATE COMPLETED	

List of Procedures

S/N	Date	Surgical Procedures	Co		tend radi	e ba	sed	Name of Consultant	Signature
			Α	В	С	D	Ε		
			- A		•		-		

S/N	Date	Surgical Procedures	Co		tenc radi	e ba	sed	Name of Consultant	Signature
			A B C						
							-		

S/N	Date	Surgical Procedures	Co		tenc radi	e ba	sed	Name of Consultant	Signature
						D	Е		
			<u> </u>	-			-		

S/N	Date	Surgical Procedures	Co		tenc radi	e ba	sed	Name of Consultant	Signature
			Α			C D			
			-			-	E		
			L						
			-						

S/N	Date	Surgical Procedures	Co		tenc radi	e ba	sed	Name of Consultant	Signature
						D	Е		
			<u> </u>	-			-		

S/N	Date	Surgical Procedures	Co	mpe g	tend radi	e ba	sed	Name of Consultant	Signature
			A B C D				Е		
			-		•				
			-						
			-						

S/N	Date	Surgical Procedures	Co	mpe g	tenc radi	e ba	sed	Name of Consultant	Signature
			A B C D				Е		
			<u> </u>				-		

S/N	Date	Surgical Procedures	Co	mpe g	tend radi	e ba	sed	Name of Consultant	Signature
			A B			D	Ε		
					C		-		

S/N	Date	Surgical Procedures	Co	mpe g	tenc radi	e ba	sed	Name of Consultant	Signature
			Α	В	C	D	Е		
			<u> </u>	_					
	<u> </u>			l					

I hereby certify that I completed the 3-month posting in Accident and Emergency, and attest to the procedures listed above
Name & Signature of Resident Doctor
Confirmation:

Signature & Date

Certification:

attest to the procedures listed above

Name and Signature of Consultant

Name of Consultant

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

Skills exp	ected to be acquired	Minimum l	Requirements
1. Anticip	pation of surgical manouvres, gentle		
traction	n on tissues etc	A5	P5
2. Excisio	n of skin tumours	A5	P5
3. Skin to	pical care and preparation of		
wound	closure	A5	P5
4. Variety	of wound closure design of incision		
Zplast	y, Flaps	A5	P5
5. Split th	ickness skin graft	A5	P5
6. Plating	of facial fractures jaw wiring	A5	P5
7. Debrid	ement of wounds	A5	P5
8. Local to	reatment and dressing of		
burns,	eschar removal Occlusive Treatment		
and dre	essing	A5	P10
9. Recons	truction of cleft lip	A5	P5
Recons	truction of cleft palate	A5	P5

POSTINGS

PLASTIC/RECONSTRUCTIVE SURGERY OR MAXILLOFACIAL SURGERY

TRAINING INST	TITUTION	J :			
	•••••	•••••	•••••	•••••	•••••
		-		ı	
DATE COMMENCED					
DATE COMPLETED					

List of Procedures

S/N	/N Date Surgical Competence based Procedures grading					sed	Name of Consultant	Signature	
			Α	В	С	D	Ε		
			<u> </u>	5	•		<u>-</u>		
			1						
			-						
			-						
			-						
			-						
			1						
			1						
			-						
			-						

S/N	Date	Surgical Procedures	Competence based grading				sed	Name of Consultant	Signature
			Α	В	C	D	Е		
					•		-		

S/N	Date	Surgical Procedures	Competence based grading				sed	Name of Consultant	Signature
			Α	В	C	D	Е		
					•		-		

S/N	Date	Surgical Procedures	Co		tend radi	e ba	sed	Name of Consultant	Signature
			Α	В	C	D	Ε		
			+						
]

S/N	Date	Surgical Procedures	Competence based grading					Name of Consultant	Signature
			Α	В	C	D	Е		
			1	1-					
	-								
	1								
	-								
			<u> </u>				<u> </u>		

S/N	Date	Surgical Procedures	Competence based grading					Name of Consultant	Signature
			Α	В	С	D	Ε		
							-		

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
Name and Signature of Consultant

Signature & Date

Name of Consultant

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 INST	ITUTION:
DATE COMMENCED [
DATE COMPLETED [

List of Procedures

S/N	Date	Surgical Procedures	Co		radi		sed	Name of Consultant	Signature
			Α	В	C	D	Е		

S/N	Date	Surgical Procedures	Competence based grading				sed	Name of Consultant	Signature
			Α	В	C	D	Ε		
							-		

S/N	Date	Surgical Procedures	Competence based grading				sed	Name of Consultant	Signature
			Α	В	С	D	Ε		
							-		

S/N	Date	Surgical Procedures	Competence based grading					Name of Consultant	Signature
			Α	В	C	D	Ε		
							<u> </u>		

S/N	Date	Surgical Procedures	Competence based grading					Name of Consultant	Signature
			Α	В	С	D	Ε		
			- '		•		-		

S/N	Date	Surgical Procedures	Competence based grading				sed	Name of Consultant	Signature
			Α	В	C	D	Ε		
					•		_		
			J						l

S/N	Date	Surgical Procedures	Competence based grading				sed	Name of Consultant	Signature
			Α	В	С	D	Ε		
					•				

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
Name and Signature of Consultant

Signature & Date

Name of Consultant

PROGRAMME OF COGNITIVE COURSE DESIGNED BY EACH INSTITUTION AND COVERED DURING JUNIOR RESIDENCY TRAINING

Subject items	Format of delivery	Resource staff	Name of consultant	Signature

Subject items	Format of delivery	Resource staff	Name of consultant	Signature
	uoory	- Cturi		

CERTIFICATION BY HEAD OF TRAINING DEPARTMENT

I hereby cert successfully c attained adequ eligible to sit th	ompleted th	e Junior I has assis	Residency ted or perfo	Programme. rmed procedu	He/She has
	 Name		 Sigr	ature & Date	
	 Fellowshi	 p Oualific	ation & Date	obtained	

ELIGIBILITY TO SIT THE PART I FELLOWSHIP EXAMINATION

I	nereby	approve	that	having	reviewed	the logbo	ok o
Dr						., I am satisf	ied tha
the	e submitte	ed Log-Book	k fulfill	ed /did no	t fulfill the e	ligibility crite	ria to si
the	e PART	I FELLOW	SHIP 1	EXAMINA	TION of N	ational Postg	raduate
M	edical C	ollege of N		in Otorh	inolaryngolo	ogy-Head an	d Necl
Su	rgery.				,		
Na	ame & Sig	nature of Ch	ief Exa	miner		Date	
O_1	Facultus	Secretary					