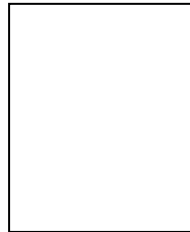


## PERSONAL PARTICULARS



1. Name: .....
2. I.C. No: .....
3. Period of Posting: From ..... to .....
4. Duration of Extension (if any) : ..... days
5. Name of Supervisor : .....
6. Designation of Supervisor : .....
7. Name of Hospital : .....

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## INTRODUCTION

1. This record book is designed to guide both the Medical Officer and the supervisor in coordinating activities that are regarded as essential experience during the pre-registration year. It is generally agreed that the training provided during the undergraduate period is insufficient for the practice of medicine and thus a graduate need to undergo a period of further training under supervision in a recognized hospital. This period, regarded as a pre-registration period, is a statutory requirement and a medical officer can only be fully registered after completing satisfactorily the housemanship programme. Criteria for satisfactory completion are mainly by undergoing training and experience in specified disciplines followed by formal endorsement by consultants supervising the training.
2. This record book which forms the basis of summary report (Form 6 of the Medical Act 1971) shall be filled by the Hospital Director and submitted to the Malaysian Medical Council.
3. All House Officers should undergo one (1) week of orientation in each unit. During this period they should observe and assist in any procedures before being allowed to perform it.

## **OBJECTIVES OF HOUSEMANSHIP TRAINING**

At the end of the training period, the House Officer is expected

1. To acquire competence in the professional practice of the art and science of surgery.
2. To acquire clinical experience and skills in history taking, clinical examination, diagnosis and management of surgical patients while under the supervision of their consultant.
3. To produce doctor who are competent and skillful in performing common practical procedures that are essential for the management of patients.

## **GUIDELINES TO THE USE OF THIS LOG BOOK**

1. This log book shall be carried by the House Officer at all times to facilitate recording.
2. This log book shall be assessed by the Supervisor regularly.
3. The House Officer is required to submit the log book to supervising Clinical Specialis/Consultant two (2) weeks before the end of each posting for assessment. A House Officer who fails to submit this log book may be subjected to extension.
4. The Supervisor will fill in the summary report including the overall comment before certifying the Certification of Completion of Training (Form A).
5. The overall comments and recommendations of each discipline (Form A) will be completed in duplicate and submitted to the Hospital Director not later than two (2) weeks after each posting.
6. At the end of the Housemanship training period, the Hospital Director shall complete Form 6 of the Medical Act, 1971 and attached the original copies of Form A of relevant discipline to be submitted to the Malaysian Medical Council not later than one (1) month after completion of Housemanship training.
7. A House Officer who lost his / her log book shall report to the Hospital Director for further action to be taken.
8. The Hospital Director shall compile and keep this log book for five (5) years.

## DEGREE OF EXPERTISE

The grades in the log book are as follows:

- |         |  |
|---------|--|
| Grade A | Competent to diagnose and manage patients satisfactorily and possess the required skills.  |
| Grade B | Average Competency in the diagnosis and management of patients and may require further training / supervision in the acquisition of specific procedures. |
| Grade C | Poor Competency in the diagnosis and management of patients and require extension of pre-registration training.  |

The appropriate grading is to be ticked in the column provided for each procedure.

## COMPULSORY PERFORMED PROCEDURES

(ALL HOUSE OFFICERS **MUST BE COMPETENT & SKILFULL** IN THE FOLLOWING PROCEDURES)

1. Incision and Drainage of Abscess
2. Endotracheal Intubation
3. Cardio Pulmonary Resuscitation
4. Arterial Puncture for Blood Gas Analysis
5. Venepuncture and IV Cannulation
6. Blood Cultures from Peripheral and Central Sites
7. Urethral Catheterization in Males
8. Urethral Catheterization in Females
9. Toilet and Suturing
10. Desloughing and Dressing of Wounds
11. Nasogastric Tube Insertion
12. Insertion of Central Venous Catheter
13. Chest Tube Insertion
14. Diagnostic Peritoneal Lavage / Paracentesis
15. Supra Pubic Catheterization of Bladder
16. Workshop : Surgical Skills  
Basic Life Support

NB : All house officers must be aware of the limits of their competence in undertaking any procedure and should seek advice and help whenever necessary.

## COMPULSORY PERFORMED PROCEDURES

(ALL HOUSE OFFICERS **MUST ASSIST IN OR PERFORM** THE FOLLOWING PROCEDURES UNDER SUPERVISION)

- 1 . Excision of Lymph Node
2. Excision of Breast Lumps
3. Banding of Haemorrhoids / Haemorrhoidectomy
4. Appendicectomy
5. Hernioraphy

## COMPULSORY PERFORMED PROCEDURES

(ALL HOUSE OFFICER **MUST OBSERVE OR ASSIST** IN THE FOLLOWING PROCEDURES)

1. 5 Major Surgical Operations
2. 5 Minor Surgical Operations

**COMPULSORY PROCEDURES**

**1.Incision and Drainage of Abscess**

No.	Date	R/N	Diagnosis	Achievement (/)			Comments	Name & Signature of Supervisor
				A	B	C		

**COMPULSORY PROCEDURES**

**2. Endotracheal Intubation**

No.	Date	R/N	Diagnosis	Achievement (/)			Comments	Name & Signature of Supervisor
				A	B	C		

**COMPULSORY PROCEDURES**

**3. Cardio Pulmonary Resuscitation**

No.	Date	R/N	Diagnosis	Achievement (/)			Comments	Name & Signature of Supervisor
				A	B	C		

**COMPULSORY PROCEDURES**

**4. Arterial Puncture for Blood Gas Analysis**

No.	Date	R/N	Diagnosis	Achievement (/)			Comments	Name & Signature of Supervisor
				A	B	C		

**COMPULSORY PROCEDURES**

**5. Venepuncture and IV Cannulation**

No.	Date	R/N	Diagnosis	Achievement (/)			Comments	Name & Signature of Supervisor
				A	B	C		

**COMPULSORY PROCEDURES**

**6. Blood Cultures from Peripheral and Central Sites**

No.	Date	R/N	Diagnosis	Achievement (/)			Comments	Name & Signature of Supervisor
				A	B	C		

**COMPULSORY PROCEDURES**

**7. Urethral Catheterization in Males**

No.	Date	R/N	Diagnosis	Achievement (/)			Comments	Name & Signature of Supervisor
				A	B	C		

**COMPULSORY PROCEDURES**

**8. Urethral Catheterization in Females**

No.	Date	R/N	Diagnosis	Achievement (/)			Comments	Name & Signature of Supervisor
				A	B	C		

**COMPULSORY PROCEDURES**

**9. Toilet and Suturing**

No.	Date	R/N	Diagnosis	Achievement (/)			Comments	Name & Signature of Supervisor
				A	B	C		

**COMPULSORY PROCEDURES**

**10. Desloughing and Dressing of Wounds**

No.	Date	R/N	Diagnosis	Achievement (/)			Comments	Name & Signature of Supervisor
				A	B	C		

**COMPULSORY PROCEDURES**

**11. Nasogastric Tube Insertion**

No.	Date	R/N	Diagnosis	Achievement (/)			Comments	Name & Signature of Supervisor
				A	B	C		

**COMPULSORY PROCEDURES**

**12. Insertion of Central Venous Catheter**

No.	Date	R/N	Diagnosis	Achievement (/)			Comments	Name & Signature of Supervisor
				A	B	C		

**COMPULSORY PROCEDURES**

**13. Chest Tube Insertion**

No.	Date	R/N	Diagnosis	Achievement (/)			Comments	Name & Signature of Supervisor
				A	B	C		

**COMPULSORY PROCEDURES**

**14. Diagnostic Peritoneal Lavage / Paracentesis**

No.	Date	R/N	Diagnosis	Achievement (/)			Comments	Name & Signature of Supervisor
				A	B	C		

**COMPULSORY PROCEDURES**

**15. Supra Pubic Catheterization of Bladder**

No.	Date	R/N	Diagnosis	Achievement (/)			Comments	Name & Signature of Supervisor
				A	B	C		

**COMPULSORY PROCEDURES**

**16.Workshop : Surgical Skills**  
**Basic Life Support**

No.	Date	R/N	Diagnosis	Achievement (/)			Comments	Name & Signature of Supervisor
				A	B	C		

***MUST ASSIST OR PERFORM PROCEDURES***

**1. Excision of Lymph Node**

No.	Date	R/N	Diagnosis	Achievement (/)			Comments	Name & Signature of Supervisor
				A	B	C		

***MUST ASSIST OR PERFORM PROCEDURES***

## **2. Excision of Breast Lumps**

No.	Date	R/N	Diagnosis	Achievement (/)			Comments	Name & Signature of Supervisor
				A	B	C		

***MUST ASSIST OR PERFORM PROCEDURES***

### **3. Banding of Haemorrhoids / Haemorrhoidectomy**

No.	Date	R/N	Diagnosis	Achievement (/)			Comments	Name & Signature of Supervisor
				A	B	C		

***MUST ASSIST OR PERFORM PROCEDURES***

## **4. Appendicectomy**

No.	Date	R/N	Diagnosis	Achievement (/)			Comments	Name & Signature of Supervisor
				A	B	C		

***MUST ASSIST OR PERFORM PROCEDURES***

## **5. Herniorraphy**

No.	Date	R/N	Diagnosis	Achievement (/)			Comments	Name & Signature of Supervisor
				A	B	C		

***MUST OBSERVE OR ASSIST PROCEDURES***

**1. Major Surgical Operations**

No.	Date	R/N	Diagnosis	Achievement (/)			Comments	Name & Signature of Supervisor
				A	B	C		

***MUST OBSERVE OR ASSIST PROCEDURES***

## **2. Minor Surgical Operations**

No.	Date	R/N	Diagnosis	Achievement (/)			Comments	Name & Signature of Supervisor
				A	B	C		

## **CONTINUING PROFESSIONAL DEVELOPMENT (CPD) - 1**

The surgical supervisor MUST ensure that ALL HOUSE OFFICERS have discussed the following topics during the Department CPD sessions and have acquired the appropriate level of competence.  
(All house officers must be competent in the following topics upon completion of their surgical posting).

- 1 . Fluid & Electrolyte
2. Trauma
  - » Management of Chest Trauma
  - » Management of Abdominal Trauma
  - » Management of Head Injuries and Prevention of Secondary Brain Damage
  - » Early Management of Burns
3. Rational Use of Antibiotics in Surgery including Surgical Prophylaxis
4. Diagnosis and Management of Acute Abdomen
  - » Acute Appendicitis
  - » Perforated Peptic Ulcer
  - » Acute Cholecystitis
  - » Acute Pancreatitis
5. Management of Intestinal Obstruction
6. Management of Upper Gastrointestinal Haemorrhage
7. Management of Hypovolemic Shock
8. Blood Transfusion and Complications including Management of Transfusion Related Complications

## **CONTINUING PROFESSIONAL DEVELOPMENT (CPD) • 2**

9. Preoperative Assessment of a Surgical Patient
10. Postoperative Complications and Management including Monitoring of a Post-operative Patient
11. Use of Analgesics in Surgery
12. Palliative Care
13. Surgical Consent
14. Principles of Good Clinical Practice including Research and Ethics
15. Infection Control Practices
16. Interpersonal and Communication Skills

***CONTINUING PROFESSIONAL DEVELOPMENT***

**Attendance**

No.	Date	Time	Topics	Comments	Name & Signature Of Supervisor

***CONTINUING PROFESSIONAL DEVELOPMENT***

**Attendance**

No.	Date	Time	Topics	Comments	Name & Signature Of Supervisor

***CONTINUING PROFESSIONAL DEVELOPMENT***

**Presentation**

No.	Date	Time	Topics	Comments	Name & Signature Of Supervisor

***CONTINUING PROFESSIONAL DEVELOPMENT***

**Presentation**

No.	Date	Time	Topics	Comments	Name & Signature Of Supervisor

# **PERFORMANCE APPRAISAL**

## SUMMARY OF PROCEDURES PERFORMED

NO	PROCEDURES	GRADE		
		A	B	C
Compulsory Procedures				
1.	Incision and Drainage Of Abscess			
2.	Endotracheal Intubation			
3.	Cardio Pulmonary Resuscitation			
4.	Arterial Puncture for Blood Gas Analysis			
5.	Venepuncture and IV Cannulation			
6.	Blood Cultures from Peripheral and Central Sites			
7.	Urethral Catheterization in Males			
8.	Urethral Catheterization in Females			
9.	Toilet and Suturing			
10.	Desloughing and Dressing of Wounds			
11.	Nasogastric Tube Insertion			
12.	Insertion of Central Venous Catheter			
13.	Chest Tube Insertion			
14.	Diagnostic Peritoneal Lavage/ Paracentesis			
15.	Supra Pubic Catheterization of Bladder			
16.	Workshops : Surgical Skills Basic Life Support			

NO	PROCEDURES	GRADE		
		A	B	C
Must Assist or Perform				
1.	Excision of Lymph Node			
2.	Excision of Breast Lumps			
3.	Banding of Haemorrhoids / Haemorrhoidectomy			
4.	Appendicectomy			
5.	Herniorraphy			
Must Observe or Assist				
1.	5 Major Surgical Operations			
2.	5 Minor Surgical Operation			

COMMENT :

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Signature of Supervisor :

Name :

Designation :

Official Cop :

Date :

## Assessment of Attitude and Communication Skills

1. Accepting responsibility for welfare of patient

Comment :

---

---

---

2. Recognizing professional capabilities and limitations

Comment :

---

---

---

3. Relating to other medical personnel

Comment :

---

---

---

4. Accepting general responsibilities to profession and community

Comment :

---

---

---

5. Communication skills (Includes communication with patient, relatives, colleagues and staff)

Comment :

---

---

---

Signature of Supervisor :

Name :

Designation :

Official Cop :

Date :



**FORM A**

## **CERTIFICATION OF COMPLETION OF TRAINING**

This is to certify that Dr ..... has satisfactorily completed training in Surgery as a House Officer in this Hospital ..... from ..... to ..... (including extension of housemanship period, where applicable).

During that period he / she was engaged in employment in a resident Surgery post as required under Section 13 ( 2 ) of Medical Act, 1971 to my satisfaction.

Signature of Supervisor :

Name :

Designation :

Official Cop :

Date :





**FORM A**  
**(Duplicate Copy)**

## **CERTIFICATION OF COMPLETION OF TRAINING**

This is to certify that Dr ..... has satisfactorily completed training in Surgery as a House Officer in this Hospital ..... from ..... to ..... (including extension of housemanship period, where applicable).

During that period he / she was engaged in employment in a resident Surgery post as required under Section 13 ( 2 ) of Medical Act, 1971 to my satisfaction.

Signature of Supervisor :

Name :

Designation :

Official Cop :

Date :



**COMPONENT & WEIGHTAGE FOR CERTIFICATE COMPLETION OF POSTING  
(SURGERY)**

REQUIREMENT	COMPONENTS	PERCENTAGE (%)	ACTUAL MARK OBTAINED
	Attendance	15	
	LNPT	15	
Clinical and technical skills	CME Attendance	5	
	<b>SMART CARD (50)</b> <ul style="list-style-type: none"> <li>• Professional &amp; Integrity (Multisource Feedback (5) <ul style="list-style-type: none"> <li>– Soft Skills &amp; Attitude</li> <li>– Team Work</li> <li>– Accessibility</li> <li>– Communication</li> </ul> </li> <li>• Continuous Assessment &amp; Log Book (45)</li> </ul>	50	
	End of Posting Assessment	15	
	<b>TOTAL</b>	100	



**CERTIFICATE COMPLETION OF POSTING (CCP)**

**DEPARTMENT:**

**Name :**

**IC Number :**

**Hospital :**

**Posting/Discipline :**

**Duration of posting : Start (date) :**

**End (date) :**

**Extension (if applicable):**

**Category :**

**Percentage :**

**Grade :**

**Supervisor : \_\_\_\_\_**

**Signature :**

**Name :**

**Stamp :**

**Date :**

**Head of Department : \_\_\_\_\_**

**Signature :**

**Name :**

**Stamp :**

**Date :**

**NOTE: GRADING OF CCP**

CATEGORY	PERCENTAGE (%)	GRADE
EXCELLENT	≥ 90%	4
GOOD	85 % - 89.9%	3
SATISFACTORY	75 % - 84.9%	2
PASS	60 % - 74.9%	1

**DUPLICATE COPY**

### CERTIFICATE COMPLETION OF POSTING (CCP)

## DEPARTMENT:

Name :

IC Number :

**Hospital :**

**Posting/Discipline :**

**Duration of posting : Start (date) :**

**End (date) :**

**Extension (if applicable):**

**Category :**

**Percentage :**

**Grade :**

**Supervisor** : \_\_\_\_\_

**Signature :**

**Name :**

**Stamp :**

Date :

**Head of Department :** \_\_\_\_\_

**Signature :**

**Name :**

Stamp :

Date :

**NOTE: GRADING OF CCP**

<b>CATEGORY</b>	<b>PERCENTAGE (%)</b>	<b>GRADE</b>
<b>EXCELLENT</b>	<b>≥ 90%</b>	<b>4</b>
<b>GOOD</b>	<b>85 % - 89.9%</b>	<b>3</b>
<b>SATISFACTORY</b>	<b>75 % - 84.9%</b>	<b>2</b>
<b>PASS</b>	<b>60 % - 74.9%</b>	<b>1</b>