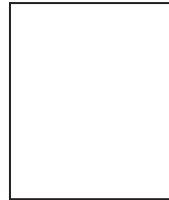


PERSONAL PARTICULARS



1. Name :
2. I.C. No :
3. University of Graduation :
4. Period of Posting : From to
5. Completed Postings:1 / 2 /3 /4 /5 /6
6. Duration of Extension (if any) : months / days
7. Name of Supervisor :
8. Designation of Supervisor :
9. Name of Hospital :
10. Mobile Number: 11. Email address:

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INTRODUCTION

1. This log book is designed to guide both the House Officer and the supervisor in coordinating the activities that are regarded as essential experience during the pre-registration year. It is generally agreed that the training during the undergraduate periods is insufficient for the practice of medicine and thus a graduate need to undergo further training under supervision in a recognized hospital. This is a statutory requirement and a house officer can only be fully registered after completing satisfactorily the housemanship program.
2. This log book forms the basis of the summary report (Form 6 of the Medical Act 1971) to be filled by the Hospital Director and submitted to the Malaysian Medical Council.
3. All House Officers should undergo an indefinite period of tagging in this unit. During this period, they should observe and assist in any procedures before being allowed to perform it. House Officers will be off tagged once deemed competent and safe to work independently.
4. This logbook documents the competency of the house officer during the tenure of the training in the department.

OBJECTIVES OF HOUSEMANSHIP TRAINING

At the end of the training period the House Officer is expected to:

1. Understand and apply the underlying concepts of health and disease in the holistic management of patients.
2. Equip themselves with adequate skills to perform all related clinical procedures competently.
3. Develop a caring, responsible and professional attitude through teamwork for optimal service delivery to the patient and community.
4. Specific for Orthopaedics posting, the House Officer is expected to be able manage acute Orthopaedics problems.
5. To kindle their interest in Orthopaedics as a possible career path.

GUIDELINES TO THE USE OF THIS LOG BOOK

1. This logbook shall be carried by the House Officer at all times to facilitate recording.
2. This book shall be assessed by the supervisor regularly (monthly).
3. The House Officer is required to submit the log book to supervising Clinical Specialist/Consultant for first assessment (at 1 month) and second assessment (at 3 months) of posting. The House Officer who fails to complete and submit this log book by the end of each posting may be subjected to extension.
4. The House Officer is required to get the signature of the supervising officer immediately after each procedure done or at least within 1 week from date of procedure being done.
5. The House Officer need to complete satisfactorily 3 CbD and 2 Mini-CEX each for Orthopaedic Surgery respectively
6. The House Officer should perform satisfactorily at least once for each of DOPS under observation of supervisor. However, they should at least observe and perform a minimum of 5 of each procedure/DOPS prior to being assessed by supervisor.
7. The House Officer should attend at least 85% of the departmental and hospital CME activities
8. The Supervisor will fill the summary report including the overall comment before certifying the Certification of Completion of Training (Form A). The overall comments and recommendation of each discipline (Form A) will be completed in duplicate and submitted to the Hospital Director not later than two weeks after each posting.
9. At the end of housemanship training periods, the Hospital Director shall complete Form 6 of Medical Act, 1971 and attached the original copies of form A of the relevant discipline to be submitted to the Malaysian Medical Council not later than one month (1) after completion of housemanship training.
10. A House Officer who has lost his/her log book shall report to the hospital director for further action.
11. The Hospital Director shall compile and keep this logbook for five years.

HOUSE OFFICER CURRICULUM

Mandatory Topics (1 topic per week)

TRAUMA	
1	Open Fractures
2	Pelvic Fractures
3	Spine injuries <ul style="list-style-type: none"> - cervical xray interpretation - compression fracture, burst fracture, chance fracture - ASIA charting - Cauda Equina Syndrome and other spine emergencies - Management and prognosis
4	Dislocations/ Soft Tissue Injury
5	Pediatric Fracture -epiphyseal injuries and Supracondylar humerus fracture
NON TRAUMA	
6	Fat Embolism Syndrome Pulmonary Embolism
7	Compartment Syndrome
8	Arthritis - osteoarthritis, rheumatoid arthritis, septic arthritis, degenerative spine disease
INFECTION	
9	Diabetic foot ulcer and soft tissue infections (necrotising fasciitis)
10	TB of the spine
11	Osteomyelitis
OTHERS	
12	Brachial Plexus Injury
13	Long bone fracture classification & principles of management
14	Principles of Fracture management
15	Wound dressing Local Anesthesia (finger/ ankle/ wrist block)
16	Orthopaedic examinations including primary survey <ul style="list-style-type: none"> - upper/ lower limbs - knee / hip joint - spine - lumps/ bumps/ ulcers

OFF-TAG

CRITERIA	DATE OF ASSESSMENT			SIGNATURE OF SUPERVISOR
Percentage of logbook achieved during offtag				
Satisfactory clerking, Case presentation				
Basic Clinical Skills				
Knowledge				

DATE REPORTED DUTY:

DATE DEEMED COMPETENT:

Assessment to be done after 7 days of tagging
(DONE BY MEDICAL OFFICER / REGISTRAR)

PROCEDURES FOR LOG BOOK

DOPS (Directly Observed Procedural Skills)

1. Splinting / immobilization of fractures
2. Toilet & Suturing
3. CMR and FLPOP
4. Ring block
5. Debridement of wounds

Compulsory Performed Procedures

1. Wound/ pin site dressing/ desloughing
2. Application of POP
3. Splitting of POP
4. Excision biopsy of superficial lumps
5. Application of tourniquet
6. Joint aspiration

Compulsory Observed/Assisted Procedures

1. External fixation of all fractures
2. Internal fixation
3. K-wiring
4. Major amputation of limbs
5. Arthrotomy
6. Fasciotomy for compartment syndrome

HOUSE OFFICER ASSESSMENT TOOLS

Workplace-based assessment refers to the assessment of working practices based on what doctors actually do in the workplace, and is predominantly carried out in the workplace itself.

Type of Tools

- CbD (Case Base Discussion)
- Mini CEX (Mini Clinical Evaluation Exercise)
- DOPS (Direct Observed Procedural Skills)

ASSESSMENT

- The House Officer is required to submit the log book to supervising Clinical Specialist/Consultant for first assessment (at 1 month) and second assessment (at 3 months) of posting.
- The House Officer who failed to complete and submit this log book by the end of each posting may be subjected to extension.
- Assessment should be done before the end of third month.
- Should the house officer fail the second assessment he or she shall be extended for minimum of two months depending on the level of knowledge, skill and competency. (to follow existing extension guideline).
- The House Officer need to complete satisfactorily 3 CbD and 2 Mini-CEX for Orthopaedic Surgery.
- The House Officer should perform satisfactorily at least once for each of DOPS under observation of supervisor. However, they should at least observe and perform a minimum of 5 of each procedure/DOPS prior to being assessed by supervisor.
- 75% attendance to departmental and hospital CME activity.
- The House Officer is expected to attend and participate in clinical job training/presentation/research during his/her posting in Orthopaedic Surgery in order to increase their own knowledge and interest in Orthopaedic Surgery.
- Attendance to the hospital and departmental CME is compulsory

HOUSE OFFICER'S CRITERIA FOR EXTENSION

1. Reason

House Officers shall be extended for any of the following reasons:

1.1 Competence and Performance

- Fail end of posting, workplace-based assessments and other Departmental specific assessments
- Procedural skills competence and performance not achieved as required in Log Book
- Poor attitude and disciplinary issues
- Any incident causing concern
- Failure to follow safety procedures / Standard Operating Protocols

1.2 Leave taken in excess

2. Duration of Extension

- Can vary from 1 month to 4 months
- The period of extension depends on Hospital HO Training Committee, conforming to existing extension guideline approved by medical Qualifying Board.

Please refer to accompanying Guidelines for Supervisors for procedures of extension.



WORK BASED ASSESSMENTS AND LOG BOOK

Case Based Discussion (Long Case)

CASE BASED DISCUSSION 1 (CbD) FOR HOUSE OFFICERS				
PATIENT'S NAME: RN: WARD: DIAGNOSIS:		IC Number:		Focus of clinical encounter: Documentation Clinical Assessment Management Professionalism
Grade the following areas using the scales	Good A	Satisfactory B	Poor C	Not Applicable
1. History Taking				
2. Examination				
3. Investigation and Referrals				
4. Diagnosis				
5. Management				
6. Communication Skills				
7. Documentation				
Anything especially good?	Overall Grade : Pass/ Fail			
Agreed action :				Date:

CASE BASED DISCUSSION 2 (CbD) FOR HOUSE OFFICERS				
PATIENT'S NAME: RN: WARD: DIAGNOSIS:		IC Number:		Focus of clinical encounter: Documentation Clinical Assessment Management Professionalism
Grade the following areas using the scales	Good A	Satisfactory B	Poor C	Not Applicable
1. History Taking				
2. Examination				
3. Investigation and Referrals				
4. Diagnosis				
5. Management				
6. Communication Skills				
7. Documentation				
Anything especially good?	Overall Grade : Pass/ Fail			
Agreed action :				
				Date:

CASE BASED DISCUSSION 3 (CbD) FOR HOUSE OFFICERS				
PATIENT'S NAME: RN: WARD: DIAGNOSIS:		IC Number:		Focus of clinical encounter: Documentation Clinical Assessment Management Professionalism
Grade the following areas using the scales	Good A	Satisfactory B	Poor C	Not Applicable
1. History Taking				
2. Examination				
3. Investigation and Referrals				
4. Diagnosis				
5. Management				
6. Communication Skills				
7. Documentation				
Anything especially good?	Overall Grade : Pass/ Fail			
Agreed action :				Date:

Mini Clinical Evaluation Exercise (Short Case)

ASSESSMENT 1

MINI CASE EVALUATION EXERCISE 1 (MINI CEX) FOR HOUSE OFFICERS				
PATIENT'S NAME: RN: WARD: DIAGNOSIS:		IC Number:		Focus of clinical encounter:
				History Diagnosis Management Explanation
Grade the following areas using the scales	Good A	Satisfactory B	Poor C	Remarks
1. History Taking				
2. Examination				
3. Investigation and Referrals				
4. Diagnosis				
5. Management				
6. Communication Skills				
7. Documentation				
Anything especially good?	Suggestion for development :			
Agreed action :				

ASSESSMENT 2

MINI CASE EVALUATION EXERCISE 2 (MINI CEX) FOR HOUSE OFFICERS								
PATIENT'S NAME: RN: WARD: DIAGNOSIS:		IC Number:		Focus of clinical encounter: <table border="1"> <tr><td>History</td></tr> <tr><td>Diagnosis</td></tr> <tr><td>Management</td></tr> <tr><td>Explanation</td></tr> </table>	History	Diagnosis	Management	Explanation
History								
Diagnosis								
Management								
Explanation								
Grade the following areas using the scales	Good A	Satisfactory B	Poor C	Remarks				
1. History Taking								
2. Examination								
3. Investigation and Referrals								
4. Diagnosis								
5. Management								
6. Communication Skills								
7. Documentation								
Anything especially good?	Suggestion for development :							
Agreed action :								
				Signature of assessor: Stamp: Date:				
				Signature of candidate: Stamp: Date:				

ASSESSMENT 3

MINI CASE EVALUATION EXERCISE 3 (MINI CEX) FOR HOUSE OFFICERS								
PATIENT'S NAME: RN: WARD: DIAGNOSIS:		IC Number:		Focus of clinical encounter: <table border="1"> <tr><td>History</td></tr> <tr><td>Diagnosis</td></tr> <tr><td>Management</td></tr> <tr><td>Explanation</td></tr> </table>	History	Diagnosis	Management	Explanation
History								
Diagnosis								
Management								
Explanation								
Grade the following areas using the scales	Good A	Satisfactory B	Poor C	Remarks				
1. History Taking								
2. Examination								
3. Investigation and Referrals								
4. Diagnosis								
5. Management								
6. Communication Skills								
7. Documentation								
Anything especially good?	Suggestion for development :							
Agreed action :								
				Signature of assessor: Stamp: Date:				
				Signature of candidate: Stamp: Date:				

Direct Observed Procedural Skills (DOPS)

Direct Observed Procedural Skills (DOPS)

1. Splinting / immobilization of fractures
2. Toilet & Suturing
3. CMR and cast / slab application
4. Ring / wrist / ankle blocks
5. Debridement of wounds

*Shall be assessed by Specialist/ Senior Medical Officer

Note:

- The House Officers needs to pass the DOPS of each procedure only once.
- However, they should at least observe and perform **at least 5 DOPS** prior to being assessed by supervisor.
- The additional forms are for those who need to repeat the procedure if they fail.
- The House Officers need to perform all 5 DOPS (100%) to pass the posting.
- Failure to do so will result in extension.
- All 5 DOPS must be completed by the 3rd month of the posting.

Splinting / immobilization of fractures								
No	Date	R/N	Diagnosis	Grade			Comments / Involvement	Name & Signature of Supervisor
				A	B	C		

Toilet & Suturing								
No	Date	R/N	Diagnosis	Grade			Comments / Involvement	Name & Signature of Supervisor
				A	B	C		

CMR and cast / slab application								
No	Date	R/N	Diagnosis	Grade			Comments / Involvement	Name & Signature of Supervisor
				A	B	C		

Ring / wrist / ankle blocks								
No	Date	R/N	Diagnosis	Grade			Comments / Involvement	Name & Signature of Supervisor
				A	B	C		

Debridement of wounds								
No	Date	R/N	Diagnosis	Grade			Comments / Involvement	Name & Signature of Supervisor
				A	B	C		

DIRECTLY OBSERVED PROCEDURAL SKILLS 1

1.Splinting and Immobilisation of Fractures The purpose of this assessment is to ensure that the house officer is able to identify a suspected fracture and institute immobilisation as the initial management of the fracture.		Score	Date
Patient	Confirms that patients has been adequately stabilized and assess the need for immobilisation		
	Procedure explained to the patient if still conscious or relative (if unconscious)		
Monitoring	Assess and identifies any deficits in the neurovascular status of the affected limbs		
Procedure	Identify correctly the laterality and site of fracture		
	Outline methods of immobilization in a fractured limb		
	Ensures any wound over affected limb is well protected and dressed appropriately		
	Reduction of any gross deformities and regain appropriate alignment (under sedation where indicated)		
	Outline the required thickness / layers of POP according to site of fracture and patient's size		
	Applies splint with appropriate padding with attention to pressure sites		
	Ensures correct size and length of splint / slab		
	Proper handling of POP (including soaking and application)		
	Ensures bandaging from distal to proximal part of limb		
	Ensures proper moulding of the slab		
	Observes that slab has adequately hardened for proper immobilisation		
SCORE			
Overall performance	Fail (0-7)	Pass (8-14)	
REMARKS AND FEEDBACK	SIGNATURE: ASSESSOR STAMP: DATE:		

DIRECTLY OBSERVED PROCEDURAL SKILLS 1

1.Splinting and Immobilisation of Fractures The purpose of this assessment is to ensure that the house officer is able to identify a suspected fracture and institute immobilisation as the initial management of the fracture.		Score	Date
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	Ensures correct size and length of splint / slab		
	Proper handling of POP (including soaking and application)		
	Ensures bandaging from distal to proximal part of limb		
	Ensures proper moulding of the slab		
	Observes that slab has adequately harden for proper immobilisation		
SCORE			
Overall performance	Fail (0-7)	Pass (8-14)	
REMARKS AND FEEDBACK	SIGNATURE: ASSESSOR STAMP: DATE:		

DIRECTLY OBSERVED PROCEDURAL SKILLS 2

2. Toilet & Suturing			Score	Date
The purpose of this assessment is to ensure that the house officer is able to perform toileting and suturing in the proper aseptic technique				
Patient	Confirms that patients has been adequately stabilized and assess the need for T&S			
	Procedure explained to the patient if still conscious or relative (if unconscious) and consent taken as appropriate			
Monitoring	Ensures no involvement of deeper structures and haemostasis secured			
Procedure	Assess status of wound and .appropriateness for T&S			
	Able to outline different methods of suturing			
	Ensures availability and sterility of instruments and sutures			
	Prepare the sedation and LA considering toxic dose and reversal			
	Gives adequate local anesthetic at the appropriate dose			
	Clean and drape using the right technique			
	Identification and debridement of unhealthy tissues			
	Proper suturing technique with minimally traumatic tissue handling			
	Proper dressing of sutured wound			
	Proper disposal of sharps and instrument cleansing post procedure			
	Advise on wound care and appropriate suture removal date			
SCORE				
Overall performance			Fail (0-7)	Pass (8-14)
REMARKS AND FEEDBACK			SIGNATURE: ASSESSOR STAMP: DATE:	

DIRECTLY OBSERVED PROCEDURAL SKILLS 2

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SCORE				
Overall performance			Fail (0-7)	Pass (8-14)
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	Proper suturing technique with minimally traumatic tissue handling			
	Proper dressing of sutured wound			
	Proper disposal of sharps and instrument cleansing post procedure			
	Advise on wound care and appropriate suture removal date			
SCORE				
Overall performance			Fail (0-7)	Pass (8-14)
REMARKS AND FEEDBACK			SIGNATURE: ASSESSOR STAMP: DATE:	

DIRECTLY OBSERVED PROCEDURAL SKILLS 3

3. CMR AND APPLICATION OF POP		Score	Date
The purpose of this assessment is to ensure that the house officer is able to perform a CMR without causing much distress to the patient			
Patient	Confirms that patients has been adequately stabilized and assess the need for CMR and FLPOP as indicated		
	Procedure explained to the patient if still conscious or relative (if unconscious) and consent taken as appropriate		
Monitoring	Checks continuous cardiac monitoring/BP/SpO2 is on		
	Secures an IV access if not already done		
Procedure	Identify correctly the fractured limb		
	Outline the methods of sedation with regards to methods of reversal		
	Deliver appropriate dose of sedation		
	Apply traction and counter traction		
	Perform closed manual reduction to regain anatomical alignment		
	Applies plaster of paris with appropriate padding and thickness		
	Ensure correct length of cast		
	Monitoring of patient's vital signs throughout sedation		
	Able to outline and anticipate the complications		
	Orders check xray to review the reduction		
SCORE			
Overall performance	Fail (0-7)	Pass (8-14)	
REMARKS AND FEEDBACK	SIGNATURE: ASSESSOR STAMP: DATE:		

DIRECTLY OBSERVED PROCEDURAL SKILLS 3

3. CMR AND APPLICATION OF POP		Score	Date
The purpose of this assessment is to ensure that the house officer is able to perform a CMR without causing much distress to the patient			
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	Secures an IV access if not already done		
Procedure	Identify correctly the fractured limb		
	Outline the methods of sedation with regards to methods of reversal		
	Deliver appropriate dose of sedation		
	Apply traction and counter traction		
	Perform closed manual reduction to regain anatomical alignment		
	Applies plaster of paris with appropriate padding and thickness		
	Ensure correct length of cast		
	Monitoring of patient's vital signs throughout sedation		
	Able to outline and anticipate the complications		
	Orders check xray to review the reduction		
SCORE			
Overall performance	Fail (0-7)	Pass (8-14)	
REMARKS AND FEEDBACK	SIGNATURE: ASSESSOR STAMP: DATE:		

DIRECTLY OBSERVED PROCEDURAL SKILLS 3

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	Applies plaster of paris with appropriate padding and thickness		
	Ensure correct length of cast		
	Monitoring of patient's vital signs throughout sedation		
	Able to outline and anticipate the complications		
	Orders check xray to review the reduction		
SCORE			
Overall performance	Fail (0-7)	Pass (8-14)	
REMARKS AND FEEDBACK	SIGNATURE: ASSESSOR STAMP: DATE:		

DIRECTLY OBSERVED PROCEDURAL SKILLS 4

4. Ring / wrist / ankle blocks			Score	Date
The purpose of this assessment is to ensure that the house officer is able to give adequate local anaesthesia for selected procedures				
Patient	Confirms that patients is a suitable candidate for local anaesthesia			
	Procedure explained to the patient if still conscious or relative (if unconscious) and consent taken as appropriate			
Monitoring	Monitor adequacy of block throughout procedure			
	Monitor for signs and symptoms of toxicity			
Procedure	Identify correctly site of block			
	Preparation of anaesthetic agents			
	Able to explain the anatomical basis of the block			
	Understands complications and shortcomes of block			
	Prepare the aseptic field			
	Aspirate to ensure needle is not in the blood vessel			
	Deliver appropriate dose of local anaesthesia			
	Allows appropriate time for the anaesthetic agent to take effect			
	Does proper sensory testing to assess effectiveness of block			
	Demonstrate proper handling of sharps			
SCORE				
Overall performance		Fail (0-7)		Pass (8-14)
REMARKS AND FEEDBACK			SIGNATURE: ASSESSOR STAMP: DATE:	

DIRECTLY OBSERVED PROCEDURAL SKILLS 4

4. Ring / wrist / ankle blocks			Score	Date
The purpose of this assessment is to ensure that the house officer is able to give adequate local anaesthesia for selected procedures				
Patient	Confirms that patients is a suitable candidate for local anaesthesia			
	Procedure explained to the patient if still conscious or relative (if unconscious) and consent taken as appropriate			
Monitoring	Monitor adequacy of block throughout procedure			
	Monitor for signs and symptoms of toxicity			
Procedure	Identify correctly site of block			
	Preparation of anaesthetic agents			
	Able to explain the anatomical basis of the block			
	Understands complications and shortcomes of block			
	Prepare the aseptic field			
	Aspirate to ensure needle is not in the blood vessel			
	Deliver appropriate dose of local anaesthesia			
	Allows appropriate time for the anaesthetic agent to take effect			
	Does proper sensory testing to assess effectiveness of block			
	Demonstrate proper handling of sharps			
SCORE				
Overall performance		Fail (0-7)		Pass (8-14)
REMARKS AND FEEDBACK			SIGNATURE: ASSESSOR STAMP: DATE:	

DIRECTLY OBSERVED PROCEDURAL SKILLS 4

4. Ring / wrist / ankle blocks			Score	Date
The purpose of this assessment is to ensure that the house officer is able to give adequate local anaesthesia for selected procedures				
Patient	Confirms that patients is a suitable candidate for local anaesthesia			
	Procedure explained to the patient if still conscious or relative (if unconscious) and consent taken as appropriate			
Monitoring	Monitor adequacy of block throughout procedure			
	Monitor for signs and symptoms of toxicity			
Procedure	Identify correctly site of block			
	Preparation of anaesthetic agents			
	Able to explain the anatomical basis of the block			
	Understands complications and shortcomes of block			
	Prepare the aseptic field			
	Aspirate to ensure needle is not in the blood vessel			
	Deliver appropriate dose of local anaesthesia			
	Allows appropriate time for the anaesthetic agent to take effect			
	Does proper sensory testing to assess effectiveness of block			
	Demonstrate proper handling of sharps			
SCORE				
Overall performance	<input type="checkbox"/> Fail (0-7) <input type="checkbox"/> Pass (8-14)			
REMARKS AND FEEDBACK			SIGNATURE: ASSESSOR STAMP: DATE:	

DIRECTLY OBSERVED PROCEDURAL SKILLS 5

5. Debridement of wounds			Score	Date
The purpose of this assessment is to ensure that the house officer is able to perform adequate wound debridement				
Patient	Confirms that patients has been adequately stabilized and identify correct site of debridement			
	Procedure explained to the patient if still conscious or relative (if unconscious) and consent taken as appropriate			
Monitoring	Assess status of wound and appropriateness for wound debridement			
	Ensures adequacy of wound debridement			
Procedure	Able to outline different methods of wound care			
	Ensures availability and sterility of instruments and sutures			
	Prepare the sedation and LA considering toxic dose and reversal where appropriate			
	Gives adequate local anesthetic at the appropriate dose			
	Clean and drape using the right technique			
	Identification and debridement of unhealthy tissues			
	Proper method of maintaining haemostasis and bleeding control			
	Proper dressing of wound			
	Proper disposal of sharps and instrument cleansing post procedure			
	Able to elaborate dressing methods and materials			
SCORE				
Overall performance		Fail (0-7)		Pass (8-14)
REMARKS AND FEEDBACK			SIGNATURE: ASSESSOR STAMP: DATE:	

DIRECTLY OBSERVED PROCEDURAL SKILLS 5

5. Debridement of wounds			Score	Date
The purpose of this assessment is to ensure that the house officer is able to perform adequate wound debridement				
Patient	Confirms that patients has been adequately stabilized and identify correct site of debridement			
	Procedure explained to the patient if still conscious or relative (if unconscious) and consent taken as appropriate			
Monitoring	Assess status of wound and appropriateness for wound debridement			
	Ensures adequacy of wound debridement			
Procedure	Able to outline different methods of wound care			
	Ensures availability and sterility of instruments and sutures			
	Prepare the sedation and LA considering toxic dose and reversal where appropriate			
	Gives adequate local anesthetic at the appropriate dose			
	Clean and drape using the right technique			
	Identification and debridement of unhealthy tissues			
	Proper method of maintaining haemostasis and bleeding control			
	Proper dressing of wound			
	Proper disposal of sharps and instrument cleansing post procedure			
	Able to elaborate dressing methods and materials			
SCORE				
Overall performance		Fail (0-7)		Pass (8-14)
REMARKS AND FEEDBACK			SIGNATURE: ASSESSOR STAMP: DATE:	

DIRECTLY OBSERVED PROCEDURAL SKILLS 5

5. Debridement of wounds			Score	Date
The purpose of this assessment is to ensure that the house officer is able to perform adequate wound debridement				
Patient	Confirms that patients has been adequately stabilized and identify correct site of debridement			
	Procedure explained to the patient if still conscious or relative (if unconscious) and consent taken as appropriate			
Monitoring	Assess status of wound and appropriateness for wound debridement			
	Ensures adequacy of wound debridement			
Procedure	Able to outline different methods of wound care			
	Ensures availability and sterility of instruments and sutures			
	Prepare the sedation and LA considering toxic dose and reversal where appropriate			
	Gives adequate local anesthetic at the appropriate dose			
	Clean and drape using the right technique			
	Identification and debridement of unhealthy tissues			
	Proper method of maintaining haemostasis and bleeding control			
	Proper dressing of wound			
	Proper disposal of sharps and instrument cleansing post procedure			
	Able to elaborate dressing methods and materials			
SCORE				
Overall performance		Fail (0-7)		Pass (8-14)
REMARKS AND FEEDBACK			SIGNATURE: ASSESSOR STAMP: DATE:	

COMPULSORY PERFORMED PROCEDURES

COMPULSORY PERFORMED PROCEDURES

1. Wound / pin site dressing / desloughing								
No	Date	R/N	Diagnosis	Grade			Comments / Involvement	Name & Signature of Supervisor
				A	B	C		

COMPULSORY PERFORMED PROCEDURES

2. Application of POP								
No	Date	R/N	Diagnosis	Grade			Comments / Involvement	Name & Signature of Supervisor
				A	B	C		

COMPULSORY PERFORMED PROCEDURES

3. Splitting of POP								
No	Date	R/N	Diagnosis	Grade			Comments / Involvement	Name & Signature of Supervisor
				A	B	C		

COMPULSORY PERFORMED PROCEDURES

4. Excision biopsy of superficial lumps								
No	Date	R/N	Diagnosis	Grade			Comments / Involvement	Name & Signature of Supervisor
				A	B	C		

COMPULSORY PERFORMED PROCEDURES

5. Application of tourniquet								
No	Date	R/N	Diagnosis	Grade			Comments / Involvement	Name & Signature of Supervisor
				A	B	C		

COMPULSORY PERFORMED PROCEDURES

6. Joint aspiration								
No	Date	R/N	Diagnosis	Grade			Comments / Involvement	Name & Signature of Supervisor
				A	B	C		

COMPULSORY OBSERVED/ASSISTED PROCEDURES

COMPULSORY OBSERVED/ASSISTED PROCEDURES

External fixation								
No	Date	R/N	Diagnosis	Grade			Comments / Involvement	Name & Signature of Supervisor
				A	B	C		

COMPULSORY OBSERVED/ASSISTED PROCEDURES

Internal fixation					
No	Date	R/N	Diagnosis	Comments / Involvement	Name & Signature of Supervisor

COMPULSORY OBSERVED/ASSISTED PROCEDURES

K-wiring					
No	Date	R/N	Diagnosis	Comments / Involvement	Name & Signature of Supervisor

COMPULSORY OBSERVED/ASSISTED PROCEDURES

Major amputation of limbs					
No	Date	R/N	Diagnosis	Comments / Involvement	Name & Signature of Supervisor

COMPULSORY OBSERVED/ASSISTED PROCEDURES

Arthrotomy					
No	Date	R/N	Diagnosis	Comments / Involvement	Name & Signature of Supervisor

COMPULSORY OBSERVED/ASSISTED PROCEDURES

Fasciotomy for compartment syndrome					
No	Date	R/N	Diagnosis	Comments / Involvement	Name & Signature of Supervisor



CONTINUING PROFESSIONAL DEVELOPMENT

CONTINUING PROFESSIONAL DEVELOPMENT

Presentation

No.	Date	Time	Topics	Comments	Name & Signature Of Supervisor
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

CONTINUING PROFESSIONAL DEVELOPMENT

NO	TOPICS	DATE	NAME & SIGNATURE OF SUPERVISOR
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Attendance

- House Officer needs to acquire 75% signature for all 16 topics

No	Topics	Date	Presented/ Attended	Name & Signature of Supervisor
1	Open fractures			
2	Pelvic fractures			
3	Spine injuries - Cervical xray interpretation - Compression fracture, burst fracture, chance fracture - ASIA charting - Cauda Equina Syndrome and other spine emergencies - Management and prognosis			
4	Dislocations & Soft tissue injuries			
5	Pediatric Fractures - epiphyseal injuries and Supracondylar humerus fracture			
6	Fat Embolism Syndrome Pulmonary embolism			
7	Compartment Syndrome			
8	Arthritis - osteoarthritis, rheumatoid arthritis, septic arthritis, degenerative spine disease			

9	Diabetic foot ulcer and soft tissue infections (necrotizing fasciitis)			
10	TB Spine			
11	Osteomyelitis			
12	Brachial Plexus Injury			
13	Fracture Classification			
14	Principles of Fracture Management			
15	Wound dressing Local Anesthesia (finger/ ankle/ wrist block)			
16	Orthopaedic examinations including primary survey - upper/ lower limbs - knee / hip joint - spine - lumps/ bumps/ ulcers			

PERFORMANCE APPRAISAL

SUMMARY OF WORK BASED ASSESSMENTS PERFORMED

NO	WORK BASED ASSESSMENTS	DATE	GRADE			
CASE BASED DISCUSSION			Good	Satisfactory	Poor	Not Applicable
			A	B	C	
1.						
2.						
3.						
MINI CLINICAL EXERCISE						
1.						
2.						
3.						

SUMMARY OF PROCEDURES PERFORMED

No	Procedures	A	B	C
DOPS				
1.	Spilnting / immobilization of fractures			
2.	Toilet & Suturing			
3.	CMR and FLPOP			
4.	Ring Block			
5.	Debridement of wounds			
Compulsory Performed Procedures				
1.	Wounds/ pin site dressing/ desloughing			
2.	Application of POP			
3.	Splitting of POP			
4.	Excision biopsy of superficial lumps			
5.	Application of tourniquet			
6.	Joint aspiration			
Compulsory Observed/Assisted Procedures				
1.	External fixation of all fractures			
2.	Internal fixation			
3.	K-wiring			
4.	Major amputation of limbs			
5.	Arthrotomy			
6.	Fasciotomy for compartment syndrome			

COMMENT:

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 :

END OF POSTING ASSESSMENT

1. Log Book completion
 - 100% DOPS
 - 75% Compulsory & Observed procedures
2. Presentation of CME (marks obtained)
3. Compulsory department CME (minimum 75%)
4. End of posting assessment

PASS/ FAIL

OVERALL GRADE: _____

Grade A : 85% CME attendance & presentation, Excellent attitude, 80% in end of posting assessment

Grade B : 80% CME attendance & presentation, Good attitude, 70% in end of posting assessment

Grade C : 75% CME attendance & presentation, Fair attitude, 60% in end of posting assessment

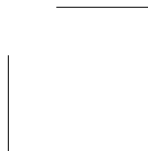
END OF POSTING ASSESSMENT (Extension)

1. Log Book completion
 - 100% DOPS
 - 75% Compulsory & Observed procedures
2. Presentation of CME (marks obtained)
3. Compulsory department CME (minimum 75%)
4. End of posting assessment

PASS/ FAIL

OVERALL GRADE: PASS/FAIL

FORM A



CERTIFICATION OF COMPLETION OF TRAINING

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

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

Signature of Supervisor :

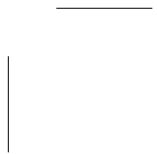
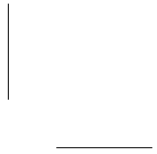
Name :

Designation :

Official Stamp :

Date :

FORM A (Duplicate)



CERTIFICATION OF COMPLETION OF TRAINING

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

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

Signature of Supervisor :

Name :

Designation :

Official Stamp :

Date :



ASSESSMENT 1 - CONFIDENTIAL - TO BE SUBMITTED DIRECTLY BY SUPERVISOR TO HEAD OF DEPARTMENT

MULTISOURCE FEEDBACK (MSF) FOR HOUSE OFFICERS

NAME:

IC NO:

DATE OF START OF POSTING:

Attitude and/or Behavior	No concern	You have some concern	You have major concern	COMMENT : Anything especially good? Or any concerns? Please comment on behavior over time - not just a single incident
Maintaining trust/professional relationship with patients • Listens • Is polite and caring • Shows respect for patients' opinions, privacy, dignity, and is unprejudiced				
Verbal communication skills • Gives understandable information • Speaks clearly, at the appropriate level for the patient				
Team-working/ working with colleagues • Respects others' roles, and works constructively in the team • Hands over effectively, and communicates well • Is unprejudiced, supportive and fair				
Accessibility • Accessible • Takes proper responsibility • Does not shirk duty • Response when called • Arranges cover for absence				
Please use the comment boxes to comment good behavior and to describe any behavior which is causing you concern. Give specific examples. This form will be sent to the head of department/HQ supervisor who may require additional information. Feedback will be given to the doctor as necessary if there are any concerns. The House Officer will receive private feedback but you will not be Identified in person.				Signature of Assessor: Date: Stamp:



ASSESSMENT 2 - CONFIDENTIAL - TO BE SUBMITTED DIRECTLY BY SUPERVISOR TO HEAD OF DEPARTMENT

MULTISOURCE FEEDBACK (MSF) FOR HOUSE OFFICERS

NAME:

IC NO:

DATE OF START OF POSTING:

Attitude and/or Behavior	No concern	You have some concern	You have major concern	COMMENT : Anything especially good? Or any concerns? Please comment on behavior over time - not just a single incident
Maintaining trust/professional relationship with patients • Listens • Is polite and caring • Shows respect for patients' opinions, privacy, dignity, and is unprejudiced				
Verbal communication skills • Gives understandable information • Speaks clearly, at the appropriate level for the patient				
Team-working/ working with colleagues • Respects others' roles, and works constructively in the team • Hands over effectively, and communicates well • Is unprejudiced, supportive and fair				
Accessibility • Accessible • Takes proper responsibility • Does not shirk duty • Response when called • Arranges cover for absence				
Please use the comment boxes to comment good behavior and to describe any behavior which is causing you concern. Give specific examples. This form will be sent to the head of department/HQ supervisor who may require additional information. Feedback will be given to the doctor as necessary if there are any concerns. The House Officer will receive private feedback but you will not be Identified in person.				Signature of Assessor: Date: Stamp:



ASSESSMENT 3 - CONFIDENTIAL - TO BE SUBMITTED DIRECTLY BY SUPERVISOR TO HEAD OF DEPARTMENT

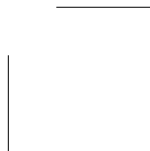
MULTISOURCE FEEDBACK (MSF) FOR HOUSE OFFICERS

NAME:

IC NO:

DATE OF START OF POSTING:

Attitude and/or Behavior	No concern	You have some concern	You have major concern	COMMENT : Anything especially good? Or any concerns? Please comment on behavior over time - not just a single incident
Maintaining trust/professional relationship with patients • Listens • Is polite and caring • Shows respect for patients' opinions, privacy, dignity, and is unprejudiced				
Verbal communication skills • Gives understandable information • Speaks clearly, at the appropriate level for the patient				
Team-working/ working with colleagues • Respects others' roles, and works constructively in the team • Hands over effectively, and communicates well • Is unprejudiced, supportive and fair				
Accessibility • Accessible • Takes proper responsibility • Does not shirk duty • Response when called • Arranges cover for absence				
Please use the comment boxes to comment good behavior and to describe any behavior which is causing you concern. Give specific examples. This form will be sent to the head of department/HQ supervisor who may require additional information. Feedback will be given to the doctor as necessary if there are any concerns. The House Officer will receive private feedback but you will not be Identified in person.				Signature of Assessor: Date: Stamp:



ASSESSMENT 4 - CONFIDENTIAL - TO BE SUBMITTED DIRECTLY BY SUPERVISOR TO HEAD OF DEPARTMENT

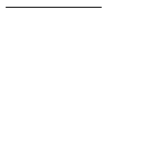
MULTISOURCE FEEDBACK (MSF) FOR HOUSE OFFICERS

NAME:

IC NO:

DATE OF START OF POSTING:

Attitude and/or Behavior	No concern	You have some concern	You have major concern	COMMENT : Anything especially good? Or any concerns? Please comment on behavior over time - not just a single incident
Maintaining trust/professional relationship with patients • Listens • Is polite and caring • Shows respect for patients' opinions, privacy, dignity, and is unprejudiced				
Verbal communication skills • Gives understandable information • Speaks clearly, at the appropriate level for the patient				
Team-working/ working with colleagues • Respects others' roles, and works constructively in the team • Hands over effectively, and communicates well • Is unprejudiced, supportive and fair				
Accessibility • Accessible • Takes proper responsibility • Does not shirk duty • Response when called • Arranges cover for absence				
Please use the comment boxes to comment good behavior and to describe any behavior which is causing you concern. Give specific examples. This form will be sent to the head of department/HQ supervisor who may require additional information. Feedback will be given to the doctor as necessary if there are any concerns. The House Officer will receive private feedback but you will not be Identified in person.				Signature of Assessor: Date: Stamp:



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

COMPONENTS	PERCENTAGE (%)	ACTUAL MARK OBTAINED
1. Attendance	15	
2. LNPT	15	
3. Continuous Assessment and Log Book (35) <ul style="list-style-type: none"> • CBD • Mini-CEX • OOPS • Compulsory Performed/Assisted/Observed Procedure Professionalism & Integrity (Multisource Feedback/MSF) (5) <ul style="list-style-type: none"> • Soft Skills and Attitude • Team work • Accessibility • Communication 	40	
4. CME Attendance	5	
5. End of Posting Assessment <ul style="list-style-type: none"> • Department Specific: MCQ/OSCE/VIVA 	25	
TOTAL	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

CERTIFICATE COMPLETION OF POSTING (CCP)

DUPLICATE COPY

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