**Arab Board of Health Specializations**

**General Surgery**

**Logbook**

**Year of Training:**

**(June 2019)**

**CANDIDATE’S DATA**

Name:

DOB: / /

Nationality:

Address:

E-mail Address: ………………………@............................

Year of Training:

Arab Board Registry Number:

**TRAINING CENTER (HOSPITAL):**

Center (hospital) Title:

Central (hospital) Address:

Duration of training: From / / to / /

Signature of hospital manager:

Hospital stamp:

 **TRAINING CENTER (HOSPITAL):**

Center (hospital) Title:

Central (hospital) Address:

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Signature of hospital manager:

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**INTRODUCTION**

Our Dear Candidate,

You are welcome to join the training program of the Arab Board of Health Specializations in General Surgery.

The program is a five-year training and education in general surgery and related specialties.

During the first three years of training you will spend 18 months in general surgery, three months in ICU, three months in accident & emergency department, and 12 months in other surgical specialties (refer to training manual). The last two years, you will join back the general surgery department to complete the training program.

During the whole training period, you have to dedicate time for the outpatient clinic, inpatient ward, operating room and emergency department. In addition to those clinical settings, you need to participate in the scientific activities such as grand round, morbidity and mortality meeting, journal club, clinical audit and case presentation.

On achieving all requirements of the training and educational program, you can guarantee a successful, knowledgeable, skillful, efficient and safe surgeon.

***Best Wishes of the General Surgery Scientific Council / Training Committee***

**HOW TO USE YOUR LOGBOOK?**

Our Dear Candidate,

This logbook has been created to help you fulfill the practical training requirements during the training program of the Arab Board of Health Specializations in General Surgery. For this reason, members of the training committee have designed a Logbook for each year of the five-year program.

Your logbook has to be completed and approved by the training committee in order to be promoted to the next year of training.

The activities included in this logbook and required to be documented and approved are: outpatient clinic sessions, surgical procedures, emergency sessions, scientific activities, training courses, and rotation schedule.

Filling out this logbook:

All cells in each table should be filled out with the relevant data.

**Outpatient Sessions**: You have to attend at least one outpatient clinic session a week. For every session you attend and participate in, you will document the date and specialty of the session, hospital title, and the name and signature of the consultant or specialist who runs the clinic.

**Surgical Procedures**: you need to document every procedure you participated in, filling out a raw for every patient operated upon beginning by the date of the procedure, hospital admission number of the patient, diagnosis, procedure performed, level of contribution according to the Four-Point Scale\*, then tick the cell either elective or emergency according to the nature of the procedure, and finally the name of the consultant or the specialist in charge.

By the end of each year, you have to document the number of cases according to each level of contribution for every procedure in the **Annual Operative Report Summary**

**Emergency sessions**: You have to attend at least one emergency session a week. For every emergency session you attend and participate in, you need to document the date and specialty of your rotation, hospital title, and the name and signature of the consultant / specialist who is in charge of the emergency session.

**Scientific Activities**: You are required to participate in one scientific activity weekly. For every scientific activity you will document the date of the session, the event (Grand round – Morbidity & Mortality meeting – case presentation – lectures – Journal club – Audit ……etc), the topic discussed in the session, your role in such an activity (attendee, presenter, moderator, …..), and the name and signature of the trainer.

**Training Courses**: You have to document the courses you attended: BLS, Trauma course, Basic surgical skills, Research methodology, Patient Safety, Medical Ethics & Law, in addition to any other courses attended.

For every course you will document the date of the event, the title of the course, the venue and signed by your trainer.

**Rotation Schedule**: The last section of the logbook is the rotation schedule, where you will document the specialty of all your rotations during the year of training including General Surgery. The documentation includes the hospital title where you spend your rotation, start and end date, and the name and signature of the trainer.

**All pages of the logbook will be signed by your trainer.**

Evaluation of the Logbook:

Your Logbook will be evaluated on monthly basis by your trainer.

The educational supervisor will evaluate your logbook every three months

The training committee of the Arab Board will evaluate your logbook yearly.

***Best Wishes of the Scientific Council of Surgery / Training Committee***

**\*Four-point scale (level of contribution)**

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| **F1** | Observed |
| **F2** | Assisted |
| **F3** | Did with assistance |
| **F4** | Did independently |

**Out-Patient Clinic Sessions**

**OUT-PATIENT CLINIC SESSIONS**

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Trainer Name & Signature:

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Trainer Name & Signature:

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**OUT-PATIENT CLINIC SESSIONS**

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Trainer Name & Signature:

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**OUT-PATIENT CLINIC SESSIONS**

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Trainer Name & Signature:

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**Surgical Procedure**

**SURGICAL PROCEDURES**

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**SURGICAL PROCEDURES**

Trainer Name & Signature:

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**SURGICAL PROCEDURES**

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**SURGICAL PROCEDURES**

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Trainer Name & Signature:

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**SURGICAL PROCEDURES**

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Trainer Name & Signature:

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**SURGICAL PROCEDURES**

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Trainer Name & Signature:

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**SURGICAL PROCEDURES**

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| **Serial** | **Date** | **Patient number** | **Diagnosis** | **Procedure** | Level of contribution | Elective | Emergency | **Consultant / Specialist Name** |
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Trainer Name & Signature:

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**SURGICAL PROCEDURES**

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| **Serial** | **Date** | **Patient number** | **Diagnosis** | **Procedure** | Level of contribution | Elective | Emergency | **Consultant / Specialist Name** |
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Trainer Name & Signature:

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**SURGICAL PROCEDURES**

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| **Serial** | **Date** | **Patient number** | **Diagnosis** | **Procedure** | Level of contribution | Elective | Emergency | **Consultant / Specialist Name** |
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Trainer Name & Signature:

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**SURGICAL PROCEDURES**

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| **Serial** | **Date** | **Patient number** | **Diagnosis** | **Procedure** | Level of contribution | Elective | Emergency | **Consultant / Specialist Name** |
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Trainer Name & Signature:

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**SURGICAL PROCEDURES**

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Trainer Name & Signature:

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**SURGICAL PROCEDURES**

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| **Serial** | **Date** | **Patient number** | **Diagnosis** | **Procedure** | Level of contribution | Elective | Emergency | **Consultant / Specialist Name** |
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Trainer Name & Signature:

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**Annual Operative Report Summary**

**ANNUAL OPERATIVE REPORT SUMMARY**

Year of Training: From / / 20 to / / 20

|  |  |  |
| --- | --- | --- |
| **Code** | **Procedure** | **Level of contribution** |
| **F1** | **F2** | **F3** | **F4** |
| 1 | **Neck & Salivary Gland Surgery** |
| 1.1 | Excision of thyroglossal cyst/Fistula |  |  |  |  |
| 1.2 | Excision of branchial cyst / fistula |  |  |  |  |
| 1.3 | Cervical lymph node biopsy |  |  |  |  |
| 1.4 | Block dissection of the neck |  |  |  |  |
| 1.5 | Submandibular sialadenectomy |  |  |  |  |
| 1.6 | Parotidectomy |  |  |  |  |
|   |
| 2 | **Breast Surgery** |
| 2.1 | Drainage of breast abscess |  |  |  |  |
| 2.2 | Surgery for Benign Breast Conditions (lumpectomy, major duct excision, microdochectomy, etc)  |  |  |  |  |
| 2.3 | Mastectomy with Axillary Nodes Dissection |  |  |  |  |
| 2.4 | Breast Conserving Surgery |  |  |  |  |
| 2.5 | Breast Mass Core Biopsy (Tru-cut) |  |  |  |  |
| 2.6 | Sentinel Lymph node sampling |  |  |  |  |
|   |
| 3 | **Vascular & Lymphatic Surgery** |
| 3.1 | Arterial repair |  |  |  |  |
| 3.2 | Embolectomy |  |  |  |  |
| 3.3 | Arterial bypass surgery |  |  |  |  |
| 3.4 | Aneurysm surgery |  |  |  |  |
| 3.5 | Arteriovenous fistula |  |  |  |  |
| 3.6 | Varicose vein surgery |  |  |  |  |
| 3.7 | Amputations (Above & below Knee) |  |  |  |  |
|  |
| 4 | **Plastic Surgery** |
| 4.1 | Operations on skin & subcutaneous tissues |  |  |  |  |
| 4.2 | Operations on muscles & tendons |  |  |  |  |
| 4.3 | Skin graft |  |  |  |  |
| 4.4 | Skin flap |  |  |  |  |
| 4.5 | Cleft lip/palate |  |  |  |  |
| 4.6 | Plastic Breast Surgery |  |  |  |  |
| 4.7 | Abdominoplasty |  |  |  |  |
|   |
| 5 | **Endocrine Surgery** |
| 5.1 | Thyroidectomy |  |  |  |  |
| 5.2 | Parathyroidectomy |  |  |  |  |
| 5.3 | Adrenalectomy |  |  |  |  |
|   |
| 6 | **Cardiothoracic Surgery** |
| 6.1 | Chest tube insertion |  |  |  |  |
| 6.2 | Insertion of porta-cath |  |  |  |  |
| 6.3 | Thoracotomy |  |  |  |  |
|   |
| 7 | **Neurosurgery** |
| 7.1 | Surgery for intracranial hemorrhage |  |  |  |  |
| 7.2 | Surgery of depressed fracture of skull |  |  |  |  |
| 7.3 | Laminectomy / Discectomy / Fixation of Spines |  |  |  |  |
| 7.4 | Nerve repair |  |  |  |  |
| 7.5 | Intracranial surgery |  |  |  |  |
| 7.6 | Carpal Tunnel Syndrome |  |  |  |  |
| 7.7 | Ventricular shunt surgery |  |  |  |  |
|   |
| 8 | **Orthopedic Surgery** |
| 8.1 | Closed reduction of fractures |  |  |  |  |
| 8.2 | Internal fixation of fractures |  |  |  |  |
| 8.3 | Arthroplasty (hip - knee) |  |  |  |  |
|   |
| 9 | **GIT & Abdominal Surgery** |
| 9.1 | Exploratory laparotomy |  |  |  |  |
| 9.2 | Esophageal surgery |  |  |  |  |
| 9.3 | Peptic Ulcer Surgery |  |  |  |  |
| 9.4 | Gastrectomy |  |  |  |  |
| 9.5 | Gastrostomy / Jejunostomy |  |  |  |  |
| 9.6 | Splenectomy |  |  |  |  |
| 9.7 | Hepatic Surgery |  |  |  |  |
| 9.8 | Open Cholecystectomy |  |  |  |  |
| 9.9 | Laparoscopic Cholecystectomy |  |  |  |  |
| 9.10 | Bile duct surgery |  |  |  |  |
| 9.11 | Drainage of pancreatic pseudocyst |  |  |  |  |
| 9.12 | Pancreatectomy |  |  |  |  |
| 9.13 | Small bowel resection anastomosis |  |  |  |  |
| 9.14 | Ileostomy |  |  |  |  |
| 9.15 | Colectomy |  |  |  |  |
| 9.16 | Colostomy |  |  |  |  |
| 9.17 | Anterior resection of rectum |  |  |  |  |
| 9.18 | Abdomino-perineal resection of rectum |  |  |  |  |
| 9.19 | Appendectomy |  |  |  |  |
| 9.20 | Hemorrhoidectomy |  |  |  |  |
| 9.21 | Anal fissure surgery |  |  |  |  |
| 9.22 | Anal fistula surgery |  |  |  |  |
| 9.23 | Drainage of perianal abscess |  |  |  |  |
| 9.24 | Pilonidal sinus surgery |  |  |  |  |
| 9.25 | Repair of epigastric / umbilical / paraumbilical hernia |  |  |  |  |
| 9.26 | Repair of inguinal hernia |  |  |  |  |
| 9.27 | Repair of femoral hernia |  |  |  |  |
| 9.28 | Incisional hernia repair surgery |  |  |  |  |
| 9.29 | Bariatric Surgery |  |  |  |  |
|   |
| 10 | **Pediatric Surgery** |
| 10.1 | Pediatric Inguinoscrotal surgery |  |  |  |  |
| 10.2 | Surgery for Pediatric GIT Obstruction (e.g. TEF, pyloric stenosis, intestinal atresia, Hirschsprung disease, anorectal malformation) |  |  |  |  |
| 10.3 | Hypospadias repair |  |  |  |  |
| 10.4 | Male Circumcision |  |  |  |  |
|   |
| 11 | **Urogenital Procedures** |
| 11.1 | Insertion of urinary catheter |  |  |  |  |
| 11.2 | Nephrectomy |  |  |  |  |
| 11.3 | Endourological procedures |  |  |  |  |
| 11.4 | Open urinary stones surgery (kidney, ureter & bladder) |  |  |  |  |
| 11.5 | Suprapubic cystostomy |  |  |  |  |
| 11.6 | Cystectomy |  |  |  |  |
| 11.7 | Prostatectomy |  |  |  |  |
| 11.8 | Varicocelectomy |  |  |  |  |
| 11.9 | Hydrocelectomy |  |  |  |  |
| 11.10 | Orchidectomy |  |  |  |  |
|   |
| 12 | **Miscellaneous** |
| 12.1 | Insertion of central venous line |  |  |  |  |
| 12.2 | Endotracheal intubation |  |  |  |  |
| 12.3 | Tracheostomy |  |  |  |  |
| 12.4 | Lymph node biopsy |  |  |  |  |
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Trainer Name & Signature:

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**Emergency Sessions**

**EMERGENCY SESSIONS**

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**EMERGENCY SESSIONS**

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Trainer Name & Signature:

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**Scientific Activities**

**SCIENTIFIC ACTIVITIES**

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| **Serial** | **Date**  | **Event** | **Topic** | **Candidate’s Role** | **Trainer/Moderator****Name & Signature** |
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Trainer Name & Signature:

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| **Serial** | **Date**  | **Event** | **Topic** | **Candidate’s Role** | **Trainer/Moderator****Name & Signature** |
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Trainer Name & Signature:

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**SCIENTIFIC ACTIVITIES**

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Trainer Name & Signature:

**SCIENTIFIC ACTIVITIES**

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| **Serial** | **Date**  | **Event** | **Topic** | **Candidate’s Role** | **Trainer/Moderator****Name & Signature** |
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Trainer Name & Signature:

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**Training Courses**

**TRAINING COURSES**

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| **Serial** | **Date** | **Title** | **Venue** | **Trainer/Moderator****Name & Signature** |
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Trainer Name & Signature:

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**Rotation Schedule**

**ROTATION SCHEDULE**

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| **Serial** | **Specialty** | **Hospital** | **Date** | **Trainer****Name & Signature** |
| **From** | **To** |
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Trainer Name & Signature:

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**GOOD LUCK**