

**GUIDELINES FOR FINAL YEAR MEDICAL STUDENTS
OF PROFESSORIAL SURGICAL UNIT- CNTH RAGAMA**

Introduction

Final year appointment is the culmination of the clinical teaching in the career of a medical student, the duration of the appointment is two months. This is a very critical period in the training of the doctor. It is an opportunity to use the theoretical and practical knowledge acquired in the preceding four years to deal with patients. Every student should relish this opportunity.

All clinical knowledge acquired in the previous appointment must be recalled and reinforced. There are no lectures in the final year and the student is expected to devote all his/her time doing the appointment with commitment and focus.

Punctuality is highly assessed in the department of surgery. The morning attendance register will be marked by 7.30 am and it is the responsibility of the monitor to get the signature of the on call registrar. All medical students must be present in the hospital till 5pm, except for casualty days. On casualty days, all students must be present by 7 am and need to actively observe and assess clinical scenarios in the PCU until 10pm. Lunch time will be between 12 noon to 1pm while the dinner time is from 6pm to 7pm.

Prior approval of leave should be taken with a written letter. In an event of an emergency, inform the department of surgery over the phone (011 2 956 993). Necessary disciplinary actions will be taken against the students who do not comply with rules and regulations.

Objectives for attending the routine theatre.

1. Day prior to surgery – pre operative preparations
 - a) How patient is prepared
 - b) Anaesthesia
 - c) Pre-operative investigations
 - d) Consent
 - e) Should actively be involved with the preparation of patient

2. Day of theatre
 - a) Student should be in the theatre with the patient by 7,00am
 - b) Owner of the patient should observe and participate in patient preparation from the time of taking patient in to the theatre.
 - Positioning
 - Intubation
 - Catheterization
 - Cannula insertion
 - Placement of lights

3. Scrubbing techniques

4. Assisting for the surgery
 - a) Be familiarized with anatomy
 - b) Be familiarized with basic instrument and consumable

5. Other objectives - Observe how the theatre is arranged to
 - a) Control infection
 - b) Facilitate anesthesia
 - c) Facilitate surgeon and surgery
 - d) Recovery of the patient
 - e) Smooth functioning and handling of the crowd

Example: To facilitate surgeon and surgery.

- Arrangement of lights
- Laparoscopic system
- Surgical instruments
- Temperature control, why it is important that temperature range
- Adjustable beds, how does it help in positioning of patients

6. To achieve these objectives
 - a) Observe
 - b) Ask from theatre staff
 - c) Read

Objectives for attending endoscopy procedure room

Have an adequate understanding of,

1. Different types of endoscopy procedures.
2. Different types of endoscopes.
3. Extent of bowel that could be examined.
4. End viewing and side viewing endoscope.
5. Sterilization of endoscopes.
6. Preparation of patients for endoscopy.
7. Complications associated with endoscopy.
8. Drugs used in endoscopy, mechanism of action of the drugs and side effects.
9. GORD and treatment options.
10. How to detect H. pylori.
11. Appearance of endoscopy in following conditions.
 - a) Colonic carcinoma
 - b) Ulcerative colitis
 - c) Crohn's disease
 - d) Colonic tuberculosis
 - e) Amoebic dysentery
12. Therapeutic uses of endoscopy.

Objectives for attending the casualty theatre

1. Pre-operatively, students should,
 - a) Have an idea about the preparation of the casualty list
 - b) Actively participate in optimization of patients before surgery.
 - c) Take informed consent from the patients.

2. During casualty theatre,
 - a) Observe differences in general anesthesia
 - b) Have adequate knowledge behind the principles of giving local anesthesia and carefully practice them.
 - c) Observe and assess,
 - How to assist in major surgery in theatre/ surgical emergencies.
 - Incision and drainage of an abscess
 - Excision of lump
 - Excision of skin lesion
 - Incisional biopsy
 - Suturing skin
 - Tendon suture
 - Muscle suture
 - Wound toilet

3. Master the skills of,
 - a) Writing an operation note.
 - b) Writing a post-operative management plan
 - c) Writing a biopsy request form.

4. Observe and assess post-operative complications following casualty theatre and how to manage them.

Objectives for the short appointment rotation

1. Understanding concepts in Genitourinary Surgery
For this, students are expected to visit the GU theatre/ward on Monday and Wednesday of the relevant week
2. Understanding concepts in Paediatric surgery
Students are expected to visit the Paediatric surgery clinic on Thursday of the relevant week
3. Understanding concepts in Plastic Surgery
For this, Students are expected to visit the Plastic surgery clinic on Friday of the relevant week

Objectives for the PBL session on head injury management

1. Understanding basic concepts guiding head injury management.
For this, students are expected to prepare 1 presentation as a group, based on 4 different cases which presented to casualty according to the following topics, discussing the concepts of head injury management;
 - a) A patient with head injury transferred to another institution
 - b) A patient with head injury who was intubated
 - c) A patient with head injury kept under observation following imaging
 - d) A patient with head injury kept under observation without imaging

PREPARATION OF STUDENT LOG BOOK AND PORTFOLIO

1. Students should maintain the log book in a proper manner and brief learning points for each topic (about one page) should be included with numbered pages. The page reference number should be mentioned in the allocated box in the checklist.
2. All the procedures should be signed off at the time of the procedure with the BHT number and only signed by the specific personnel allowed to sign. (RHO/Nurses aren't authorized to sign the log book)
3. Every student must complete the log book before the end of the appointment. Those with incomplete log books will not be allowed to sit for the end of appointment OSCE exam and would be repeated until the log book is duly completed.
4. An example is attached below.

EMERGENCY MANAGEMENT IN THE PCU (SIGNED ONLY BY CONSULTANT/SENIOR REGISTRAR /REGISTRAR)

PROCEDURE	REF. NO.		1	2	3
Wound suturing	2	BHT NUMBER	1437/19	2348/19	5322/19
		DESIGNATION	SR	REG	VS
		SIGNATURE	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
Placement of dressing		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			
Urinary catheter		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			

WOUND SUTURING

- Suture marks may be minimised by using monofilament sutures that are removed early (3-5 days)
- Sutures inserted under tension will leave marks.
- The wound can be strengthened post-suture removal by the use of sticky strips.
- Fine sutures (6/0/smaller) placed close to the wound margin tend to leave less scarring.
- Suturing avoids suture marks either side of the wound incision.

```

graph TD
    Sutures --> Non-absorbable
    Sutures --> Absorbable
    Non-absorbable --> Braided
    Non-absorbable --> Non-braided
    Absorbable --> Braided
    Absorbable --> Non-braided
  
```

PAGE 2

EMERGENCY MANAGEMENT IN THE PCU (SIGNED ONLY BY CONSULTANT/SENIOR REGISTRAR /REGISTRAR)

PROCEDURE	REF. NO.		1	2	3
Wound suturing		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			
Placement of dressing		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			
Urinary catheter		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			
Observation of insertion of IC tube		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			
Assessment of major trauma		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			
Placement of cervical collar		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			
Assessment of cervical spine		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			
Penicillin ST		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			
Inspection of NG tube		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			

Apply a back slab		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			
Preparation for emergency laparotomy		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			

CASUALTY THEATRE (SIGNED ONLY BY SHO/REG/SR)

PROCEDURE	REF. NO.		1	2	3
Assisting I and D		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			
Assisting Wound Toilet		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			
Assisting a Appendicectomy		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			
Skin suturing		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			
Assessment of excision of a lump		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			
Assessment of skin graft placement		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			

ENDOSCOPY PROCEDURES (SIGNED ONLY BY CONSULTANT/SENIOR REGISTRAR /REGISTRAR)

PROCEDURE	REF. NO.		1	2	3
Cleaning of endoscope		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			
Describe a lesion		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			
Writing a report		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			
Preparing a patient for colonoscopy		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			
Prepare a patient for flexible sigmoidoscopy.		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			
Observe colonoscopy		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			

Observe flexible sigmoidoscopy.		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			
Observe UGIE		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			

ROUTINE THEATRE (SIGNED ONLY BY CONSULTANT/SENIOR REGISTRAR)

PROCEDURE	REF. NO.		1	2	3
Scrubbing		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			
Assisting a major surgery		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			
Writing a op-note		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			
Observe laparoscopy procedure		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			
Assisting a minor surgery		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			

WARD WORK (SENIOR REGISTRAR)

PROCEDURE	REF. NO.		1	2	3	4	5
Setting up a drip		BHT NUMBER					
		DESIGNATION					
		SIGNATURE					
Post-op care of a patient		BHT NUMBER					
		DESIGNATION					
		SIGNATURE					
ABG		BHT NUMBER					
		DESIGNATION					
		SIGNATURE					
Cannulation		BHT NUMBER					
		DESIGNATION					
		SIGNATURE					
Wound dressing		BHT NUMBER					
		DESIGNATION					
		SIGNATURE					
Diagnosis cards		BHT NUMBER					
		DESIGNATION					
		SIGNATURE					
Prepare a patient for major surgery		BHT NUMBER					
		DESIGNATION					
		SIGNATURE					
Stoma care		BHT NUMBER					
		DESIGNATION					
		SIGNATURE					

Chest physiotherapy		BHT NUMBER					
		DESIGNATION					
		SIGNATURE					
Pressure point care		BHT NUMBER					
		DESIGNATION					
		SIGNATURE					

CLINICAL SKILLS (SIGNED ONLY BY THE CONSULTANT)

1) Short cases

PROCEDURE	REF. NO.		1	2	3	4	5
		CASE					
Short cases (MANDATORY SHORT CASES: LUMP, HERNIA, VARICOSE VEINS)		BHT NUMBER					
		DESIGNATION					
		SIGNATURE					

2) Present a case to a consultant

PROCEDURE	REF. NO.	Case	BHT	Consultant's name	Signature
Long case					

3) Visiting hour commination with a family

PROCEDURE	REF. NO.		1 st day	2 nd day	3 rd day
communication		BHT NUMBER			
		DESIGNATION			
		SIGNATURE			

4) Clinic Visits during the short appointment rotation

	Clinic	Date	Signature of the consultant
1	Paediatric surgery clinic		
2	Plastic surgery clinic		
3	GU Theatre/ward	Day 1	
		Day 2	

5) PBL Session on head injury management

Date	Signature

