ORAL AND MAXILLO FACIAL SURGERY DEPARTMENT

Rashid Latif Dental College

Log Book

Department of Oral & Maxillofacial Surgery
Rashid Latif Dental College
Clinical Log

Total Minimum Credits : 100
Assisted/Observed Credits: 15
Direct Supervision Credits: 55
Independent Credits: 30
MOS Credits (Assisted/Observed): 5

Log Case #: _____ MRN: _____

Name of Patient: _____ Age/Gender: _____

Address:

Summary of the Case:

(Brief History, Diagnosis, Clinical & Radiographic Assessment and Treatment plan including the technique and type of Anaesthesia and any change in plan according to the systemic co-morbidities, Verbal Consent)
History & Assessment: _____
_____
_____
_____
_____
_____
_____

Diagnosis: _____

Anaesthesia: _____

Treatment Plan: _____

Competency Level of the Operator:
Observed / Assisted
Operated under Supervision
Operated Independently.

Stepwise Assessment by Supervisor:

1. Introduction, Assessment & Treatment Planning, Consent.
2. Armamentarium setup and Administration of Local Anaesthesia
   Operator's position/Chair Position
   Assessment of the effectiveness of Local Anaesthesia.
3. Procedure performed (Operator's position/Chair Position, Instrument Selection, Complications-If any, post-operative instructions with Follow-up Protocol, Prescription)
   Viva in case of Observer status / OSPE in Case of Skill Exercise
4. Communication Skills and Behaviour with the patient and peers.

Grading/Assessment by Supervisor (Maximum Score = 16): _____

Excellent 4, Good 3, Satisfactory 1, Unsatisfactory 0 (For all domains).

<u>The six stages of Gibbs' Reflective Cycle are as follows:</u>

1. Description of the experience _____
2. Feelings and thoughts about the experience _____
3. Evaluation of the experience, both good and bad _____
4. Analysis to make sense of the situation _____
5. Conclusion about what you learned and what you could have done differently
6. Action plan for how you would deal with similar situations in the future or general changes you might find appropriate _____

Supervisor Name & signature: _____

Date & Time: _____