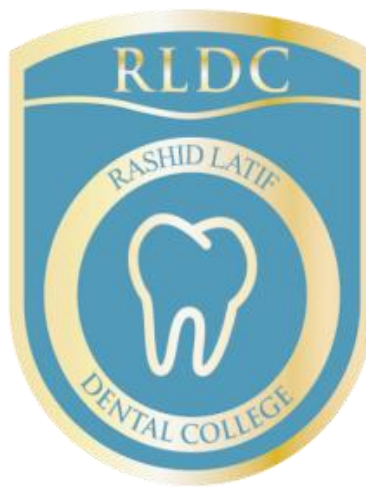


ORAL AND MAXILLO FACIAL SURGERY DEPARTMENT



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).

The six stages of Gibbs' Reflective Cycle are as follows:

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: _____