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**KENYA MEDICAL TRAINING COLLEGE**

**FACULTY OF CLINICAL SCIENCES**

**DEPARTMENT OF ORTHOPAEDIC AND TRAUMA MEDICINE**

**RECORD OF STUDENT’S PRACTICAL TRAINING (LOG BOOK)**

**FOR**

**CERTIFICATE IN ORTHOPAEDIC AND TRAUMA MEDICINE**

**NAME OF THE CAMPUS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COLLEGE No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions to the student.**

For the purposes of this log book, you should adhere to the following instructions;

1. Always carry the log book along with you whenever you are in a clinical placement/practical site.
2. You will rotate in the assigned area i.e. accident and emergency department, casting room, surgical wards, theatre and specialized clinics.
3. You must perform all procedures in this log book
4. For every procedure you intend to perform, you must have been assisted by a qualified person in doing it before you do it yourself.
5. All procedures should be recorded in this log book and countersigned by the supervisor every time they are done.
6. Time allocated for each rotation must be completed.

**Information to the supervisor**.

1. The log book states the minimum requirements for each procedure the student has to perform during the rotations in the hospital.
2. Students should be assisted in performing the procedures indicated before being allowed to do them and signed in the log book every time they are done.

**Course objectives**

By the time this log book is submitted, the student should have;

1. Taken history
2. Performed physical examination in a systematic manner
3. Identified orthopaedic and trauma conditions from radiological images
4. Performed specified orthopaedic nursing skills.
5. Performed orthopaedics procedures such as casting, traction, theatre techniques and management of orthopaedic & trauma patients non-operatively.

**COMMUNICATION SKILLS**

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| Surgical history taking: Introduction of oneself, creating rapport, history taking and summarizing history |
| S/N | Patient No. | Diagnosis | Expected minimum numbers | Student | Supervisor | Date |
| Observed (3) | Performed (7) | Signature | Name | Signature |  |
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**Supervisor’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERFORM EXAMINATION**

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| Perform Physical Examination Of Orthopaedic and Trauma Patients – General examination, vital signs and local examination |
| S/N | Patient No. | Diagnosis | Expected minimum numbers | Student | Supervisor | Date |
| Observed (3) | Performed (7) | Signature | Name | Signature |  |
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**Supervisor’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RADIOLOGY AND IMAGING**

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| Observe and identify orthopaedic and Trauma conditions on radiographs and images |
| S/N | Patient No. | Diagnosis | Expected minimum numbers | Student | Supervisor | Date |
| Observed (3) | Performed (7) | Signature | Name | Signature |  |
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**Supervisor’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SPECIFIED ORTHOPAEDIC NURSING SKILLS**

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| Observe, assist (aided) and perform (unaided) wound cleaning and dressing. |
| S/N | Patient No. | Diagnosis | Task done | Expected minimum numbers | Student | Supervisor | Date |
| Observed (2) | Aided (3) | Unaided (5) | Signature | Name | Signature |  |
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**Supervisor’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FRACTURE REDUCTION**

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| Observe, Assist(Aided) And Perform (unaided) Fracture closed Reduction |
| S/N | Patient No. | Diagnosis | Expected minimum numbers | Student | Supervisor | Date |
| Observed (2) | Aided(3)  | Unaided(5) | Signature | Name | Signature |  |
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**Supervisor’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DISLOCATION REDUCTION**

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| Observe, Assist(Aided) And Perform (unaided) dislocation closed Reduction |
| S/N | Patient No. | Diagnosis | Expected minimum numbers | Student | Supervisor | Date |
| Observed (2) | Aided(3)  | Unaided(5) | Signature | Name | Signature |  |
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**Supervisor’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CAST APPLICATION – Upper Limbs**

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| Observe, Assist(Aided) And Perform (unaided) cast application of the upper limbs |
| S/N | Patient No. | Diagnosis | Type of cast applied | Expected minimum numbers | Student | Supervisor | Date |
| Observed (2) | Aided(3)  | Unaided(5) | Signature | Name | Signature |  |
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**Supervisor’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CAST APPLICATION – Lower Limbs**

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| --- |
| Observe, Assist(Aided) And Perform (unaided) cast application of the lower limbs |
| S/N | Patient No. | Diagnosis | Type of cast applied | Expected minimum numbers | Student | Supervisor | Date |
| Observed (2) | Aided(3)  | Unaided(5) | Signature | Name | Signature |  |
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**Supervisor’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CAST REMOVAL – Upper Limbs**

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| Observe, Assist(Aided) And Perform (unaided) cast Removal of the upper limbs |
| S/N | Patient No. | Diagnosis | Type of cast removed | Expected minimum numbers | Student | Supervisor | Date |
| Observed (2) | Aided(3)  | Unaided(5) | Signature | Name | Signature |  |
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**Supervisor’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CAST REMOVAL – Lower limbs**

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| Observe, Assist(Aided) And Perform (unaided) cast Removal of the lower limbs |
| S/N | Patient No. | Diagnosis | Type of cast removed | Expected minimum numbers | Student | Supervisor | Date |
| Observed (2) | Aided(3)  | Unaided(5) | Signature | Name | Signature |  |
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**Supervisor’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SKIN TRACTION APPLICATION**

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| Observe Assist (Aided) And Perform (unaided) Skin traction application. |
| S/N | Patient No. | Diagnosis | Expected minimum numbers | Student | Supervisor | Date |
| Observed (2) | Aided(3)  | Unaided(5) | Signature | Name | Signature |  |
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**Supervisor’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SKIN TRACTION REMOVAL**

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| Observe Assist (Aided) And Perform (unaided) Skin traction removal. |
| S/N | Patient No. | Diagnosis | Expected minimum numbers | Student | Supervisor | Date |
| Observed (2) | Aided(3)  | Unaided(5) | Signature | Name | Signature |  |
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**Supervisor’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SKELETAL TRACTION APPLICATION**

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| Observe, Assist(Aided) And Perform (unaided) skeletal traction application |
| S/N | Patient No. | Diagnosis | Type of traction | Expected numbers | Student | Supervisor | Date |
| Observed (2) | Aided(3)  | Unaided(5) | Signature | Name | Signature |  |
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**Supervisor’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SKELETAL TRACTION REMOVAL**

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| Observe, Assist(Aided) And Perform (unaided) skeletal traction removal |
| S/N | Patient No. | Diagnosis | Type of traction | Expected minimum numbers | Student | Supervisor | Date |
| Observed (2) | Aided(3)  | Unaided(5) | Signature | Name | Signature |  |
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**Supervisor’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THEATRE PROCEDURES**

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| Observe, Assist(Aided) And Perform (unaided) Aseptic technique, tourniquet application, patient positioning |
| S/N | Patient No. | Diagnosis | Task done | Expected minimum numbers | Student | Supervisor | Date |
| Observed (2) | Aided(3)  | Unaided(5) | Signature | Name | Signature |  |
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**Supervisor’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SPLINT APPLICATION**

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| Observe, Assist(Aided) And Perform (unaided) splint application (e.g. in casualty Before Final Treatment) |
| S/N | Patient No. | Diagnosis | Type of splint | Expected minimum numbers | Student | Supervisor | Date |
| Observed (2) | Aided(3)  | Unaided(5) | Signature | Name | Signature |  |
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**Supervisor’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICATION OF BANDAGES AND BRACES**

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| Observe, Assist (Aided) And Perform (unaided) Application of bandages and braces. |
| S/N | Patient No. | Diagnosis | Expected minimum numbers | Student | Supervisor | Date |
| Observed (2) | Aided(3)  | Unaided(5) | Signature | Name | Signature |  |
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**Supervisor’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REHABILITATION TECHNIQUES.**

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| --- |
| Observe and assist in Orthopaedic Technology, Physiotherapy And Occupational Therapy  |
| S/N | Patient No. | Department | Expected minimum numbers | Student | Supervisor | Date |
| Observed (3) | Assist (7) | Signature | Name | Signature |  |
| 1.  |  |  |  |  |  |  |  |  |
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| 9. |  |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |  |

**Supervisor’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ORTHOPAEDIC DEFORMITY MANAGEMENT**

|  |
| --- |
| Observe Assist (Aided) And Perform (unaided) Orthopaedic deformity management e.g. Club foot |
| S/N | Patient No. | Diagnosis | Expected minimum numbers | Student | Supervisor | Date |
| Observed (2) | Aided(3)  | Unaided(5) | Signature | Name | Signature |  |
| 1.  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |  |  |

**Supervisor’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COMMENTS BY CLASS COORDINATOR:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COMMENTS BY HOD:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**