LOG BOOK

OPRATION TECHNQUES 2NDLEVEL FIRST SEMESTER 2026-2027

Student name	.....
Level of study	.....
Place of training	.....
Trainer name	.....
Supervisor name	.....

Prep by:

Ass.prof. Fares Mahdi

Designed by

Dr. Mohammed AL-yahiri

إرشادات استخدام كراسة التدرب العمل

يطلب من الطالب الاحتفاظ بتسجيل المهارات التي تم عملها ووضع نوع المهارة والتجارب والأنشطة التي تم العمل بها وتقييم مستوى مشاركة الطالب فيها كالتالي :

1. شاهد: الطالب: شاهد عمل المهارة دون أي مشاركة.
2. شارك: تم عمل المهارة من قبل الطالب بمساعدة المدرب.
3. نفذ: تم عمل المهارة بدون مساعدة تحت إشراف المدرب.

التعليمات:

- التعليمات تتم بواسطة مدرب التدريب العملي ثم التوقيع في نفس اليوم الذي تم فيه التدرب
- التسجيل الشهري يتم فقط بواسطة المشرف العام للتدريب العملي في الموقع التدريبي.
- الطالب مسئولا عن هذه الكراسة ويجب إحضارها عند طلبها
- التسجيل في هذه الكراسة يجب أن تتم بواسطة الطالب.
- غير مسموح لأي طالب بالتسجيل نيابة عن طالب اخر
- الطالب الذي لا يتقيد بما جاء أعلاه يعرض نفسه للعقاب من مشرف التدريب العملي أو القسم التابع له.
- المحافظة على هذا السجل وتدوين كل ما يتعلق بالتدريب العملي فيه أولا بأول.
- عدم إحداث أي كشط أو تعديل في بيانات السجل.
- استيفاء جميع توقيعات المدربين كلا بما يخصه.
- ارتداء الملابس الخاصة بالحقل التدريبي أثناء التدريب والالتزام بقواعد السلامة والوقاية.
- اصطحاب البطاقة الطلابية وتعليقها أثناء التدريب.
- يمنع الانتقال من قسم إلى آخر إلا بتوجيه من المشرف العام.
- تواجدك في مواقع التدريب هو للتدريب فقط وعليه فأنت ممنوع من القيام بأي نشاط آخر غير التدريب.
- في حال لم يوقع الطالب على حضور وانصراف يحسب غياب حتى في حال تواجده في التدريب والتوقيع على الحافظة وقت الحضور والانصراف في الوقت المحدد
- درجة اكتمال وتعبئة الكراسة 30 درجة
- المطلوب دراسة حالة وتعبئتها كل اسبوع
- احترام قوانين ولوائح التدريب التابعة لمكان النزول الميداني
- احترام موائيق حقوق المرضى وواجباتهم

الاسبوع الأول

- **أيام التدريب** .....
- **التاريخ من**: / / **الى** / /
- **مكان التدريب**
- **قسم التدريب**

اسم مشرف التدريب: .....

Patient Name: ..... **Date:** \ \ 2023
Ward: ..... **Sheet NO** ..... **Bed No:** ☐ **Room No:** ☐

Pre- operative care:

ASSESSMENT:

A- History

personal History:

- **Patient's Name:** -..... ..... . **Age:** ..... Address.....
- **Marietal status :** single ☐ married ☐ divorce ☐
- **Habits:** Smoker ☐ Chewing Qat ☐ other .....
- **Educational Level:** .....
- **DOA** …/…/2023

Patient History:

☒ **Chief of Complains**:

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☒ **History of present illness**

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Past History:

☒ **Medical history:**

D.M ( ) HTN ( ) IHD ( ) CHD ( )
HBV ( ) HCV ( ) T.B ( ) HIV ( )
HAV ( ) Convulsion ( ) Malaria ( ) Arthritis ( )

GIT diseases ( ) Mental diseases ( ) Blood disorder ( )

Thyroid disorder ( ) Previous hospitalization ( )

☒ Surgical history:

Appendectomy ( ) Thyroidectomy ( )

Previous ( ) Blood transfusion ( )

☒ Allergic history

Nutritive substances ( ) Drug sensitivity ( )

Any reaction ( )

B- Physical Examination:

Systems review

General appearance and functional abilities

Clinical Examination: _____

Clinical: _____ Chest: _____ Heart: _____

B.P: _____ Pulse: _____ Temp: _____

General Condition: _____
Premedication: _____

Supervisor Signature: _____ Date: _____

1- PRE-OP CHECKLIST

It is important for trained student to check this list and compare it with the practitioner check list then reinsured by trainer or department leader or other specific person.

يجب على الطالب ان يتدرب قائمة تشييك المريض للتحضير قبل العملية بأشراف ومتابعة المدرب للتأكد من صحة التشييك

CHECK LIST	CHECK by trained student
ID bands in place x2 and correct	**(YES) (NO)**
Consent Form Labelled, Signed and Understood	**(YES) (NO)**
Thromboprophylaxis	
Vital sings	**B.P: _____** **Pulse: _____** **Temp: _____** **RR: _____**
Blood and blood products **RH**	**blood group =** **p. unit =** **type of unit =** **amount of unit=**
Last Food and Drink	**(YES) (NO)**
Allergies (to include food/latex/medicines etc) Correct arm bands and labels	**(YES) (NO)**
Correct Notes with:- Drug Chart, Fluid Chart and labels	**(YES) (NO)**
Most recent investigations/results: -Xrays, Scans, Bloods, BMetc.	**(YES) (NO)**
Site is marke : -	**(YES) (NO)**
Any medication to accompany patient	**(YES) (NO)**
Glasses or Contact Lens	**(YES) (NO)**
Dentures - removed	**(YES) (NO)**
Loose teeth, caps, crowns	**(YES) (NO)**
Jewellery removed or taped	**(YES) (NO)**
Comments:	**Student name……** **Sign**

Supervisor name ……..……..sign…….

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Intra- operative care

patient's Name: .....**sex** .....**age**..... **Date:** \ \ 2023
Ward: .....**Sheet NO** ..... **Bed No:** : **Room No:**
Surgery procedure.....**Clinical skills in operation theatre**

Checklist of clinical skills must be evaluated during clinical practice OPERATION THEATRE .	**Evaluation of steps performance marked by person in the clinical field supervisor/ trainer /or staff leader**

	Excellent	Very good	Good	Accepted	N/A
Skills					
1. Demonstrates knowledge of universal precautions.					
2. Properly identifies, counts, and cleans instruments.					
3. Proper loading/operating of steam sterilizer, ultrasonic, washer etc.					
4. Selects correct methods for sterilization, wrapping, packaging.					
5. Checks sterilization parameters.					
6. Properly unloads sterilizer.					
7. Properly stores sterile sterile items.					
8. Identifies and counts instruments using count sheets					
9. Performs task with minimal assistance.					
10. Perform tasks without direct supervision.					
11. Arrive promptly and prepared.					
12. Shows respect for others.					
13. Participates as a team player.					
14. Demonstrates initiative during down time.					
15. Knowledge of instruments.					
16. Correctly records distributed items for charge issue.					
17. Set OP Surgical case carts in timely and accurate manner					

Comments of supervisor

Supervisor name ..... Sign .....

Scrubbing of trained student evaluation

Checklist of clinical skills must be evaluated during clinical practice of Scrubbing role	**Evaluation of steps performance marked by person in the clinical field supervisor/ trainer /or staff leader**				
	Excellent	**Very good**	**Good**	**Accepted**	**N/A**
Steps:					
1. Hand scrub using correct technique, gown and glove properly.					
2. Aseptic technique.					
3. Checks items for sterility and maintains sterility					
4. Organizes back table and Mayo. (set up)					
5. Gowns and gloves others.					
6. Handles drapes correctly.					
7. Hands instruments correctly.					
8. Prepares and handles sutures and sharps correctly.					
9. Prepares and handles drugs and solutions properly.					
10. Anticipates surgeon's needs.					
11. Keeps Mayo and Back table organized.					
12. Assist surgeon: holding retractors, suction, cut suture, and staple, etc. (if applicable)					
13. Corrects breaks in techniques, maintains sterile field. Observe standard precautions.					
14. Assist with clean up, prepares for next case, follows instructions.					
15. Knowledge of instruments, procedures.					
16. Assumes responsibility for own performance and needs minimal help.					
17. Cooperates and shows respect, participates as a team member.					
Comments of supervisor					
Supervisor name ..... Sign					

List of surgical instruments that used during operation

Instrument	Category	Quantity

Post - operative care

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Post-operative medication

Name of drug	Drug group	Dose	Rout	Time	Side effect

ملخص الاستفادة من التدريب في الأسبوع الأول

العمليات الجراحية التي تم مواجهتها خلال الأسبوع

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عدد الحالات التي تم التدرب عليها خلال الأسبوع ( )

- **عدد حالات مشاهدتها فقط** ( )
- **عدد الحالات التي تم مساعدة الكادر في تنفيذها** ( )

عدد الحالات التي تم تنفيذها ك (scrub or circulating) **بأشراف المدرب** ( )

ملخص الأدوات الجراحية والأدوات الطبية والمستلزمات والأجهزة الطبية التي تم التعرف عليها اثناء التدريب خلال الأسبوع

Instrument	Medical equipment	Supplements	Devices

ملاحظات الطالب المتدرب

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المشرف ..... **التوقيع** .....

الاسبوع الأول

- **أيام التدريب** .....
- **التاريخ من**: / / **الى** / /
- **مكان التدريب**
- **قسم التدريب**

اسم مشرف التدريب: .....

Patient Name: ..... **Date:** \ \ 2023
Ward: ..... **Sheet NO** ..... **Bed No:** ☐ **Room No:** ☐

Pre- operative care:

ASSESSMENT:

A- History

personal History:

- **Patient's Name:** -..... ..... . **Age:** ..... **Sex:** M ☐ F ☐
- **Marital Status**: ..... **Occupation:** .....
- **Habits:** Smoker ☐ Chewing Qat ☐ Exercise ☐
- **Educational Level:** .....
- **Medical Diagnosis:** .....
- **DOA** …/…/2023
- **DOD** …/…/2023

Patient History:

☒ **Chief of Complains**:

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☒ **History of present illness**

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Past History:

☒ **Medical history:**

D.M ( ) HTN ( ) IHD ( ) CHD ( ) HBV ( ) HCV ( ) T.B ( ) HIV ( ) HAV ( ) Convulsion ( ) Malaria ( ) Arthritis ( ) GIT diseases ( ) Mental diseases ( ) Blood disorder ( ) Thyroid disorder ( ) Previous hospitalization ( )

☒ Surgical history:

Appendectomy ( ) Thyroidectomy ( ) Previous ( ) Blood transfusion ( )

☒ Allergic history

Nutritive substances ( ) Drug sensitivity ( ) Any reaction ( )

B- Physical Examination:

Systems review

General appearance and functional abilities

Clinical Examination: _____

Clinical: _____ Chest: _____ Heart: _____

B.P: _____ Pulse: _____ Temp: _____

General Condition: _____
Premedication: _____

Supervisor Signature: _____ Date: _____

1- PRE-OP CHECKLIST

It is important for trained student to check this list and compare it with the practitioner check list then reinsured by trainer or department leader or other specific person.

يجب على الطالب ان يتدرب قائمة تشييك المريض للتحضير قبل العملية بأشراف ومتابعة المدرب للتأكد من صحة التشييك

CHECK LIST	CHECK by trained student
ID bands in place x2 and correct	**(YES) (NO)**
Consent Form Labelled, Signed and Understood	**(YES) (NO)**
Thromboprophylaxis	
Vital sings	**B.P: _____** **Pulse: _____** **Temp: _____** **RR: _____**
Blood and blood products RH	**blood group =** **p. unit =** **type of unit =** **amount of unit=**
Last Food and Drink	**(YES) (NO)**
Allergies (to include food/latex/medicines etc) Correct arm bands and labels	**(YES) (NO)**
Correct Notes with:- Drug Chart, Fluid Chart and labels	**(YES) (NO)**
Most recent investigations/results: -Xrays, Scans, Bloods, BMetc.	**(YES) (NO)**
Site is marke : -	**(YES) (NO)**
Any medication to accompany patient	**(YES) (NO)**
Glasses or Contact Lens	**(YES) (NO)**
Dentures – removed	**(YES) (NO)**
Loose teeth, caps, crowns	**(YES) (NO)**
Jewellery removed or taped	**(YES) (NO)**
Comments:	**Student name…….** **Sign**

Supervisor name ……..……..sign…….

Intra- operative care

patient's Name: .....**sex**.....**age**..... **Date:** \ \ 2023
Ward: ..... **Sheet NO** ..... **Bed No:** : **Room No:**
Surgery procedure.....

Clinical skills in operation theatre

Checklist of clinical skills must be evaluated during clinical practice OPERATION THEATRE	**Evaluation of steps performance marked by person in the clinical field supervisor/ trainer /or staff leader**				
	Excellent	**Very good**	**Good**	**Accepted**	**N/A**
Skills					
1. Demonstrates knowledge of universal precautions.					
2. Properly identifies, counts, and cleans instruments.					
3. Proper loading/operating of steam sterilizer, ultrasonic, washer etc.					
4. Selects correct methods for sterilization, wrapping, packaging.					
5. Checks sterilization parameters.					
6. Properly unloads sterilizer.					
7. Properly stores sterile sterile items.					
8. Identifies and counts instruments using count sheets					
9. Performs task with minimal assistance.					
10. Perform tasks without direct supervision.					
11. Arrive promptly and prepared.					
12. Shows respect for others.					
13. Participates as a team player.					
14. Demonstrates initiative during down time.					
15. Knowledge of instruments.					
16. Correctly records distributed items for charge issue.					
17. Set OP Surgical case carts in timely and accurate manner					

Comments of supervisor

Supervisor name ..... Sign .....

Scrubbing of trained student evaluation

Checklist of clinical skills must be evaluated during clinical practice of Scrubbing role	Evaluation of steps performance marked by person in the clinical field supervisor/ trainer /or staff leader				
	Excellent	Very good	Good	Accepted	N/A
Steps:					
1. Hand scrub using correct technique, gown and glove properly.					
2. Aseptic technique.					
3. Checks items for sterility and maintains sterility					
4. Organizes back table and Mayo. (set up)					
5. Gowns and gloves others.					
6. Handles drapes correctly.					
7. Hands instruments correctly.					
8. Prepares and handles sutures and sharps correctly.					
9. Prepares and handles drugs and solutions properly.					
10. Anticipates surgeon's needs.					
11. Keeps Mayo and Back table organized.					
12. Assist surgeon: holding retractors, suction, cut suture, and staple, etc. (if applicable)					
13. Corrects breaks in techniques, maintains sterile field. Observe standard precautions.					
14. Assist with clean up, prepares for next case, follows instructions.					
15. Knowledge of instruments, procedures.					
16. Assumes responsibility for own performance and needs minimal help.					
17. Cooperates and shows respect, participates as a team member.					
Comments of supervisor					
Supervisor name ..... Sign					

List of surgical instruments that used during operation

Instrument	Category	Quantity

Post - operative care:

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Post-operative medication

Name of drug	Drug group	Dose	Rout	Time	Side effect

ملخص الاستفادة من التدريب في الأسبوع الثاني

العمليات الجراحية التي تم مواجهتها خلال الأسبوع

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عدد الحالات التي تم التدرب عليها خلال الأسبوع ( )

- **عدد حالات مشاهدتها فقط** ( )
- **عدد الحالات التي تم مساعدة الكادر في تنفيذها** ( )

عدد الحالات التي تم تنفيذها ك (scrub or circulating) **بأشراف المدرب** ( )

ملخص الأدوات الجراحية والأدوات الطبية والمستلزمات والأجهزة الطبية التي تم التعرف عليها اثناء التدريب خلال الأسبوع

Instrument	Medical equipment	Supplements	Devices

ملاحظات الطالب المتدرب

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المشرف .....**التوقيع**.....

الأسبوع الثالث

- **أيام التدريب** .....
- **التاريخ من**: / / **الى** / /
- **مكان التدريب**
- **قسم التدريب**

اسم مشرف التدريب: .....

Patient Name: ..... **Date:** \ \ 2023
Ward: ..... **Sheet NO** ..... **Bed No** ☐ : **Room No:** ☐

Pre- operative care:

ASSESSMENT:

A- History

personal History:

- **Patient's Name:** -..... ..... . **Age:** ..... **Sex:** M ☐ F ☐
- **Marital Status**: ..... **Occupation:** .....
- **Habits:** Smoker ☐ Chewing Qat ☐ Exercise ☐
- **Educational Level:** .....
- **Medical Diagnosis:** .....
- **DOA** …/…/2023
- **DOD** …/…/2023

Patient History:

☒ **Chief of Complains**:

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☒ **History of present illness**

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Past History:

☒ **Medical history:**

D.M ( ) HTN ( ) IHD ( ) CHD ( ) HBV ( ) HCV ( ) T.B ( ) HIV ( ) HAV ( ) Convulsion ( ) Malaria ( ) Arthritis ( ) GIT diseases ( ) Mental diseases ( )

Blood disorder ( ) Thyroid disorder ( )

Previous hospitalization ( )

☒ Surgical history:

Appendectomy ( ) Thyroidectomy ( )

Other…… ( ) Blood transfusion ( )

☒ Allergic history

Nutritive substances ( ) Drug sensitivity ( )

Any reaction ( )

B- Physical Examination:

Systems review

General appearance and functional abilities

Clinical Examination: _____

Clinical: _____ Chest: _____ Heart: _____

B.P: _____ Pulse: _____ Temp: _____

General Condition: _____
Premedication: _____

Supervisor Signature: _____ Date: _____

1- PRE-OP CHECKLIST

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CHECK LIST	CHECK by trained student
ID bands in place x2 and correct	**(YES) (NO)**
Consent Form Labelled, Signed and Understood	**(YES) (NO)**
Thromboprophylaxis	
Vital sings	**B.P: _____** **Pulse: _____** **Temp: _____** **RR: _____**
Blood and blood products RH	**blood group =** **p. unit =** **type of unit =** **amount of unit=**
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Most recent investigations/results: -Xrays, Scans, Bloods, BMetc.	**(YES) (NO)**
Site is marke : -	**(YES) (NO)**
Any medication to accompany patient	**(YES) (NO)**
Glasses or Contact Lens	**(YES) (NO)**
Dentures – removed	**(YES) (NO)**
Loose teeth, caps, crowns	**(YES) (NO)**
Jewellery removed or taped	**(YES) (NO)**
Comments:	**Student name……** **Sign**

Supervisor name ……..……..sign…….

Intra- operative care

patient's Name: .....**sex**.....**age**..... **Date:** \ \ 2023
Ward: ..... **Sheet NO** ..... **Bed No:** : **Room No:**
Surgery procedure.....

Clinical skills in operation theatre

Checklist of clinical skills must be evaluated during clinical practice OPERATION THEATRE	**Evaluation of steps performance marked by person in the clinical field supervisor/ trainer /or staff leader**				
	Excellent	**Very good**	**Good**	**Accepted**	**N/A**
Skills					
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7. Properly stores sterile sterile items.					
8. Identifies and counts instruments using count sheets					
9. Performs task with minimal assistance.					
10. Perform tasks without direct supervision.					
11. Arrive promptly and prepared.					
12. Shows respect for others.					
13. Participates as a team player.					
14. Demonstrates initiative during down time.					
15. Knowledge of instruments.					
16. Correctly records distributed items for charge issue.					
17. Set OP Surgical case carts in timely and accurate manner					
Comments of supervisor					
Supervisor name ..... Sign					

Scrubbing of trained student evaluation

Checklist of clinical skills must be evaluated during clinical practice of Scrubbing role	**Evaluation of steps performance marked by person in the clinical field supervisor/ trainer /or staff leader**				
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14. Assist with clean up, prepares for next case, follows instructions.					
15. Knowledge of instruments, procedures.					
16. Assumes responsibility for own performance and needs minimal help.					
17. Cooperates and shows respect, participates as a team member.					
Comments of supervisor					
Supervisor name ..... Sign					

List of surgical instruments that used during operation

Instrument	Category	Quantity

Post - operative care:

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Post-operative medication

Name of drug	Drug group	Dose	Rout	Time	Side effect

ملخص الاستفادة من التدريب في الأسبوع الثالث

العمليات الجراحية التي تم مواجهتها خلال الأسبوع

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عدد الحالات التي تم التدرب عليها خلال الأسبوع ( )

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ملخص الأدوات الجراحية والأدوات الطبية والمستلزمات والأجهزة الطبية التي تم التعرف عليها اثناء التدريب خلال الأسبوع

Instrument	Medical equipment	Supplements	Devices

ملاحظات الطالب المتدرب

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المشرف ..... **التوقيع** .....

الأسبوع الرابع

- **أيام التدريب** .....
- **التاريخ من**: / / **الى** / /
- **مكان التدريب**
- **قسم التدريب**

اسم مشرف التدريب: .....

Patient Name: ..... **Date:** \ \ 2023
Ward: ..... **Sheet NO** ..... **Bed No:** ☐ **Room No:** ☐

Pre- operative care:

ASSESSMENT:

A- History

personal History:

- **Patient's Name:** -..... ..... . **Age:** ..... **Sex:** M ☐ F ☐
- **Marital Status**: ..... **Occupation:** .....
- **Habits:** Smoker ☐ Chewing Qat ☐ Exercise ☐
- **Educational Level:** .....
- **Medical Diagnosis:** .....
- **DOA** …/…/2023
- **DOD** …/…/2023

Patient History:

☒ **Chief of Complains**:

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☒ **History of present illness**

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Past History:

☒ **Medical history:**

D.M ( ) HTN ( ) IHD ( ) CHD ( ) HBV ( ) HCV ( ) T.B ( ) HIV ( ) HAV ( ) Convulsion ( ) Malaria ( ) Arthritis ( ) GIT diseases ( ) Mental diseases ( )

Blood disorder ( ) Thyroid disorder ( )

Previous hospitalization ( )

☒ Surgical history:

Appendectomy ( ) Thyroidectomy ( )

Other……. ( ) Blood transfusion ( )

☒ Allergic history

Nutritive substances ( ) Drug sensitivity ( )

Any reaction ( )

B- Physical Examination:

Systems review

General appearance and functional abilities

Clinical Examination: _____

Clinical: _____ Chest: _____ Heart: _____

B.P: _____ Pulse: _____ Temp: _____

General Condition: _____
Premedication: _____

Supervisor Signature: _____ Date: _____

1- PRE-OP CHECKLIST

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CHECK LIST	CHECK by trained student
ID bands in place x2 and correct	**(YES) (NO)**
Consent Form Labelled, Signed and Understood	**(YES) (NO)**
Thromboprophylaxis	
Vital sings	**B.P: _____** **Pulse: _____** **Temp: _____** **RR: _____**
Blood and blood products **RH**	**blood group =** **p. unit =** **type of unit =** **amount of unit=**
Last Food and Drink	**(YES) (NO)**
Allergies (to include food/latex/medicines etc) Correct arm bands and labels	**(YES) (NO)**
Correct Notes with:- Drug Chart, Fluid Chart and labels	**(YES) (NO)**
Most recent investigations/results: -Xrays, Scans, Bloods, BMetc.	**(YES) (NO)**
Site is marke : -	**(YES) (NO)**
Any medication to accompany patient	**(YES) (NO)**
Glasses or Contact Lens	**(YES) (NO)**
Dentures – removed	**(YES) (NO)**
Loose teeth, caps, crowns	**(YES) (NO)**
Jewellery removed or taped	**(YES) (NO)**
Comments:	**Student name……** **Sign**

Supervisor name ……..……..sign……

Intra- operative care

patient's Name: .....**sex**.....**age**..... **Date:** \ \ 2023
Ward: ..... **Sheet NO** ..... **Bed No:** : **Room No:**
Surgery procedure.....

Clinical skills in operation theatre

Checklist of clinical skills must be evaluated during clinical practice OPERATION THEATRE	Evaluation of steps performance marked by person in the clinical field supervisor/ trainer /or staff leader				
	Excellent	Very good	Good	Accepted	N/A
Skills					
1. Demonstrates knowledge of universal precautions.					
2. Properly identifies, counts, and cleans instruments.					
3. Proper loading/operating of steam sterilizer, ultrasonic, washer etc.					
4. Selects correct methods for sterilization, wrapping, packaging.					
5. Checks sterilization parameters.					
6. Properly unloads sterilizer.					
7. Properly stores sterile sterile items.					
8. Identifies and counts instruments using count sheets					
9. Performs task with minimal assistance.					
10. Perform tasks without direct supervision.					
11. Arrive promptly and prepared.					
12. Shows respect for others.					
13. Participates as a team player.					
14. Demonstrates initiative during down time.					
15. Knowledge of instruments.					
16. Correctly records distributed items for charge issue.					
17. Set OP Surgical case carts in timely and accurate manner					
Comments of supervisor					
Supervisor name ..... Sign					

Scrubbing of trained student evaluation

Checklist of clinical skills must be evaluated during clinical practice of Scrubbing role	**Evaluation of steps performance marked by person in the clinical field supervisor/ trainer /or staff leader**				
	Excellent	**Very good**	**Good**	**Accepted**	**N/A**
Steps:					
1. Hand scrub using correct technique, gown and glove properly.					
2. Aseptic technique.					
3. Checks items for sterility and maintains sterility					
4. Organizes back table and Mayo. (set up)					
5. Gowns and gloves others.					
6. Handles drapes correctly.					
7. Hands instruments correctly.					
8. Prepares and handles sutures and sharps correctly.					
9. Prepares and handles drugs and solutions properly.					
10. Anticipates surgeon's needs.					
11. Keeps Mayo and Back table organized.					
12. Assist surgeon: holding retractors, suction, cut suture, and staple, etc. (if applicable)					
13. Corrects breaks in techniques, maintains sterile field. Observe standard precautions.					
14. Assist with clean up, prepares for next case, follows instructions.					
15. Knowledge of instruments, procedures.					
16. Assumes responsibility for own performance and needs minimal help.					
17. Cooperates and shows respect, participates as a team member.					
Comments of supervisor					
Supervisor name ..... Sign					

List of surgical instruments that used during operation

Instrument	Category	Quantity

Post - operative care:

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Post-operative medication

Name of drug	Drug group	Dose	Rout	Time	Side effect

ملخص الاستفادة من التدريب في الأسبوع الرابع

العمليات الجراحية التي تم مواجهتها خلال الأسبوع

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عدد الحالات التي تم التدرب عليها خلال الأسبوع ( )

- **عدد حالات مشاهدتها فقط** ( )
- **عدد الحالات التي تم مساعدة الكادر في تنفيذها** ( )

عدد الحالات التي تم تنفيذها ك (scrub or circulating) **بأشراف المدرب** ( )

ملخص الأدوات الجراحية والأدوات الطبية والمستلزمات والأجهزة الطبية التي تم التعرف عليها اثناء التدريب خلال الأسبوع

Instrument	Medical equipment	Supplements	Devices

ملاحظات الطالب المتدرب

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المشرف ..... **التوقيع** .....

- **أيام التدريب** .....
- **التاريخ من**: / / **الى** / /
- **مكان التدريب**
- **قسم التدريب**

اسم مشرف التدريب: .....

Patient Name: ..... **Date:** \ \ 2023
Ward: ..... **Sheet NO** ..... **Bed No:** ☐ **Room No:** ☐

Pre- operative care:

ASSESSMENT:

A- History

personal History:

- **Patient's Name:** -..... ..... . **Age:** ..... **Sex:** M ☐ F ☐
- **Marital Status**: ..... **Occupation:** .....
- **Habits:** Smoker ☐ Chewing Qat ☐ Exercise ☐
- **Educational Level:** .....
- **Medical Diagnosis:** .....
- **DOA** …/…/2023
- **DOD** …/…/2023

Patient History:

☒ **Chief of Complains**:

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☒ **History of present illness**

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Past History:

☒ **Medical history:**

D.M ( ) HTN ( ) IHD ( ) CHD ( ) HBV ( ) HCV ( ) T.B ( ) HIV ( ) HAV ( ) Convulsion ( ) Malaria ( ) Arthritis ( ) GIT diseases ( ) Mental diseases ( )

Blood disorder ( ) Thyroid disorder ( )

Previous hospitalization ( )

☒ Surgical history:

Appendectomy ( ) Thyroidectomy ( )

Previous ( ) Blood transfusion ( )

☒ Allergic history

Nutritive substances ( ) Drug sensitivity ( )

Any reaction ( )

B- Physical Examination:

Systems review

General appearance and functional abilities

Clinical Examination: _____

Clinical: _____ Chest: _____ Heart: _____

B.P: _____ Pulse: _____ Temp: _____

General Condition: _____
Premedication: _____

Supervisor Signature: _____ Date: _____

1- PRE-OP CHECKLIST

It is important for trained student to check this list and compare it with the practitioner check list then reinsured by trainer or department leader or other specific person.

يجب على الطالب ان يتدرب قائمة تشييك المريض للتحضير قبل العملية بأشراف ومتابعة المدرب للتأكد من صحة التشييك

CHECK LIST	CHECK by trained student
ID bands in place x2 and correct	**(YES) (NO)**
Consent Form Labelled, Signed and Understood	**(YES) (NO)**
Thromboprophylaxis	
Vital sings	**B.P: _____** **Pulse: _____** **Temp: _____** **RR: _____**
Blood and blood products **RH**	**blood group =** **p. unit =** **type of unit =** **amount of unit=**
Last Food and Drink	**(YES) (NO)**
Allergies (to include food/latex/medicines etc) Correct arm bands and labels	**(YES) (NO)**
Correct Notes with:- Drug Chart, Fluid Chart and labels	**(YES) (NO)**
Most recent investigations/results: -Xrays, Scans, Bloods, BMetc.	**(YES) (NO)**
Site is marke : -	**(YES) (NO)**
Any medication to accompany patient	**(YES) (NO)**
Glasses or Contact Lens	**(YES) (NO)**
Dentures – removed	**(YES) (NO)**
Loose teeth, caps, crowns	**(YES) (NO)**
Jewellery removed or taped	**(YES) (NO)**
Comments:	**Student name…….** **Sign**

Supervisor name ……..……..sign…….

Intra- operative care

patient's Name: .....**sex**.....**age**..... **Date:** \ \ 2023
Ward: ..... **Sheet NO** ..... **Bed No:** : **Room No:**
Surgery procedure.....

Clinical skills in operation theatre

Checklist of clinical skills must be evaluated during clinical practice OPERATION THEATRE	Evaluation of steps performance marked by person in the clinical field supervisor/ trainer /or staff leader				
	Excellent	Very good	Good	Accepted	N/A
Skills					
1. Demonstrates knowledge of universal precautions.					
2. Properly identifies, counts, and cleans instruments.					
3. Proper loading/operating of steam sterilizer, ultrasonic, washer etc.					
4. Selects correct methods for sterilization, wrapping, packaging.					
5. Checks sterilization parameters.					
6. Properly unloads sterilizer.					
7. Properly stores sterile sterile items.					
8. Identifies and counts instruments using count sheets					
9. Performs task with minimal assistance.					
10. Perform tasks without direct supervision.					
11. Arrive promptly and prepared.					
12. Shows respect for others.					
13. Participates as a team player.					
14. Demonstrates initiative during down time.					
15. Knowledge of instruments.					
16. Correctly records distributed items for charge issue.					
17. Set OP Surgical case carts in timely and accurate manner					
Comments of supervisor					
Supervisor name ..... Sign					

Scrubbing of trained student evaluation

Checklist of clinical skills must be evaluated during clinical practice of Scrubbing role	Evaluation of steps performance marked by person in the clinical field supervisor/ trainer /or staff leader				
	Excellent	Very good	Good	Accepted	N/A
Steps:					
1. Hand scrub using correct technique, gown and glove properly.					
2. Aseptic technique.					
3. Checks items for sterility and maintains sterility					
4. Organizes back table and Mayo. (set up)					
5. Gowns and gloves others.					
6. Handles drapes correctly.					
7. Hands instruments correctly.					
8. Prepares and handles sutures and sharps correctly.					
9. Prepares and handles drugs and solutions properly.					
10. Anticipates surgeon's needs.					
11. Keeps Mayo and Back table organized.					
12. Assist surgeon: holding retractors, suction, cut suture, and staple, etc. (if applicable)					
13. Corrects breaks in techniques, maintains sterile field. Observe standard precautions.					
14. Assist with clean up, prepares for next case, follows instructions.					
15. Knowledge of instruments, procedures.					
16. Assumes responsibility for own performance and needs minimal help.					
17. Cooperates and shows respect, participates as a team member.					
Comments of supervisor					
Supervisor name ..... Sign					

List of surgical instruments that used during operation

Instrument	Category	Quantity

Post - operative care:

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Post-operative medication

Name of drug	Drug group	Dose	Rout	Time	Side effect

ملخص الاستفادة من التدريب في الأسبوع الخامس

العمليات الجراحية التي تم مواجهتها خلال الأسبوع

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عدد الحالات التي تم التدرب عليها خلال الأسبوع ( )

- **عدد حالات مشاهدتها فقط** ( )
- **عدد الحالات التي تم مساعدة الكادر في تنفيذها** ( )

عدد الحالات التي تم تنفيذها ك (scrub or circulating) **بأشراف المدرب** ( )

ملخص الأدوات الجراحية والأدوات الطبية والمستلزمات والأجهزة الطبية التي تم التعرف عليها اثناء التدريب خلال الأسبوع

Instrument	Medical equipment	Supplements	Devices

ملاحظات الطالب المتدرب

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المشرف ..... **التوقيع** .....

الأسبوع السادس

- **أيام التدريب** .....
- **التاريخ من**: / / **الى** / /
- **مكان التدريب**
- **قسم التدريب**

اسم مشرف التدريب: .....

Patient Name: ..... **Date:** \ \ 2023
Ward: ..... **Sheet NO** ..... **Bed No:** ☐ **Room No:** ☐

Pre- operative care:

ASSESSMENT:

A- History

personal History:

- **Patient's Name:** -..... ..... . **Age:** ..... **Sex:** M ☐ F ☐
- **Marital Status**: ..... **Occupation:** .....
- **Habits:** Smoker ☐ Chewing Qat ☐ Exercise ☐
- **Educational Level:** .....
- **Medical Diagnosis:** .....
- **DOA** .../.../2023
- **DOD** .../.../2023

Patient History:

☒ **Chief of Complains**:

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☒ **History of present illness**

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.....

Past History:

☒ **Medical history:**

D.M ( ) HTN ( ) IHD ( ) CHD ( ) HBV ( ) HCV ( ) T.B ( ) HIV

( ) HAV ( ) Convulsion ( ) Malaria ( )

Arthritis ( ) GIT diseases ( ) Mental diseases ( )

Blood disorder ( ) Thyroid disorder ( )

Previous hospitalization ( )

☒ Surgical history:

Appendectomy ( ) Thyroidectomy ( )

Previous ( ) Blood transfusion ( )

☒ Allergic history

Nutritive substances ( ) Drug sensitivity ( )

Any reaction ( )

B- Physical Examination:

Systems review

General appearance and functional abilities

Clinical Examination: _____

Clinical: _____ Chest: _____ Heart: _____

B.P: _____ Pulse: _____ Temp: _____

General Condition: _____

Premedication: _____

Supervisor Signature: _____ Date: _____

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Site is marke : -	**(YES) (NO)**
Any medication to accompany patient	**(YES) (NO)**
Glasses or Contact Lens	**(YES) (NO)**
Dentures - removed	**(YES) (NO)**
Loose teeth, caps, crowns	**(YES) (NO)**
Jewellery removed or taped	**(YES) (NO)**
Comments:	**Student name……** **Sign**

Supervisor name ……..……..sign…….

Intra- operative care

patient's Name: .....**sex**.....**age**..... **Date:** \ \ 2023
Ward: ..... **Sheet NO** ..... **Bed No:** : **Room No:**
Surgery procedure.....

Clinical skills in operation theatre

Checklist of clinical skills must be evaluated during clinical practice OPERATION THEATRE	Evaluation of steps performance marked by person in the clinical field supervisor/ trainer /or staff leader				
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5. Checks sterilization parameters.					
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14. Demonstrates initiative during down time.					
15. Knowledge of instruments.					
16. Correctly records distributed items for charge issue.					
17. Set OP Surgical case carts in timely and accurate manner					
Comments of supervisor					
Supervisor name ..... Sign					

Scrubbing of trained student evaluation

Checklist of clinical skills must be evaluated during clinical practice of Scrubbing role	**Evaluation of steps performance marked by person in the clinical field supervisor/ trainer /or staff leader**				
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9. Prepares and handles drugs and solutions properly.					
10. Anticipates surgeon's needs.					
11. Keeps Mayo and Back table organized.					
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15. Knowledge of instruments, procedures.					
16. Assumes responsibility for own performance and needs minimal help.					
17. Cooperates and shows respect, participates as ateam member.					
Comments of supervisor					
Supervisor name ..... Sign					

List of surgical instruments that used during operation

Instrument	Category	Quantity

Post - operative care:

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Post-operative medication

Name of drug	Drug group	Dose	Rout	Time	Side effect

ملخص الاستفادة من التدريب في الأسبوع السادس

العمليات الجراحية التي تم مواجهتها خلال الأسبوع

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عدد الحالات التي تم التدرب عليها خلال الأسبوع ( )

- **عدد حالات مشاهدتها فقط** ( )
- **عدد الحالات التي تم مساعدة الكادر في تنفيذها** ( )

عدد الحالات التي تم تنفيذها ك (scrub or circulating) **بأشراف المدرب** ( )

ملخص الأدوات الجراحية والأدوات الطبية والمستلزمات والأجهزة الطبية التي تم التعرف عليها اثناء التدريب خلال الأسبوع

Instrument	Medical equipment	Supplements	Devices

ملاحظات الطالب المتدرب

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المشرف.....**التوقيع** .....

التحصيل العلمي واعمال الفصل والتدريب العلمي

اسم الطالب	
المستوى	
التخصص	
مكان التدريب	

معايير التقييم	**الانضباط المظهر العام والسلوكيات** 5	**المهارات السريرية** 10	**سيناريو دراسة الحالة** 30	**اجمالي درجة اللوق بوك** 30
درجة الطالب				

المشرف: **مدير ادارة التدريب السريري** **يعتمد عميد الكلية**

التوقيع: **التوقيع:** **التوقيع:**

الختم **الختم:**

LOG BOOK

OPRATION TECHNQUES 2NDLEVEL FIRST SEMESTER 2026-2027

Student name	.....
Level of study	.....
Place of training	.....
Trainer name	.....
Supervisor name	.....