



The Republic of Iraq



**Ministry of Higher Education & Scientific Research
The Iraqi Board for medical specializations
Scientific Council of Otolaryngology**

Annual Log Book



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Name of Trainee :

Name of Training Center :

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Personal data of the trainee

Name		
Gender		
Place & date of birth		
Graduation year	University:	
Name of training center		
Phone number		
Email address		
Date of registration in the scientific council of otolaryngology		
The date of success of the primary examination		
The date of success in the written final examination		

Beginning in the second year
Hospitals and training centers

Name of training center	Training period	Specialty	Signature of the training supervisor

General instructions for the applicant

1-The purpose of the logbook is to provide evidence to the Scientific Council of ENT specialization that the trainee has received sufficient training to submit the final written examination or to obtain the certificate of the Iraqi Council of Medical Specialties. The logbook is the record in which you will record all the training you have done during the training period from cases, operations or practical activities.

2- Read the instructions before filling any part of the logbook - the training record where each page is written more clearly, if you find any difficulty you should consult the training supervisor in your hospital

3- You must fill in the logbook for the entire duration of the training and fill in this logbook must be on a daily basis.

4- The trainee must carry the training logbook with him/her continuously during work.

5- The trainee must write the periods of absence or leave.

6- Record all scientific activities that you participate in, such as lectures, conferences, journal club , seminars or research (Research Projects)

7- The trainee must send the training logbook at the end of the training period each year.

Instructions of the teachers supervisor training or counselors :

1. The training supervisor is required to approve the training work in the logbook daily.
2. Requests the head of the department to approve training of the trainee annually.
3. Before the end of the training period three months, the head of the department sends his report to the scientific council as stated in the training register and thus gives approval for the final written examination.
4. The supervisor responsible for the training must sign and date the commencement of training on this logbook.

Conditions of obtaining the certificate of the Iraqi Council for the specialty of the otolaryngology

The program of the Iraqi Council for the specialization of ENT consists of five years of training:

The 1st year is general surgery and the 4 years are ear, nose and throat.

The 1st year training (**R1**): 6 months general surgery and 2 months plastic surgery, 2 months neurosurgery and 2 months Maxillofacial surgery.

the training years of the Ear, Nose and Throat is divided into two periods:

(Junior Residency - **R2 & R3**) for the first two years

(Senior Residency - **R4 & R5**) advanced years

An exam is recommended at the end of each year by the training supervisor at each center.

Annual Evaluation:

The annual assessment is completed through an exam conducted at the end of the training year and the documents of scientific and practical activities (surgical operations) accompanied by an evaluation letter from the supervisor of training at the center.

The trainee must perform the minimum required operations as a first year surgeon, 220 cases during the entire training period. He should also perform operations as an assistant according to the possibilities of the training center under the supervision of the training supervisor.

The trainee must meet the required conditions for training in outpatient and emergency under the supervision of the supervisor of the training.

Annual scientific and practical activity required to be met

Activity	Number	Name and signature of supervisor of surgical, training and educational work	
- Case Presentation	5		
- Journal Club	5		
- Morbidity and Mortality	5		
- Grand Rounds	10		
- Out-patient Clinic	Once /week (Minimum)		
- On Call Duties	Once /week (Minimum)		

Training courses to be implemented during the training period

Course	Date	Place	supervisor signature on the course
Temporal Bone Dissection			
FESS			
Head and Neck Courses (Optional)			

Active Participation in the research work in the department to be published or accepted for publication during the training period

Research Name	Year of Research	Published in	The signature of the supervisor

The training required in the audiology department during the training period

The test	Cases Number	The place	The signature of supervisor
Audiometry	10		
Tympanometry	10		
Vestibular Investigation	10		

The operations required by the applicant during the training period

The minimum number of operations performed by first year surgeon according to the schedule below.

1. Adenoidectomy	50
2. Tonsillectomy	50
3. Myringotomy + /- Grommet	50
4. Septoplasty	15
5. Nasal endoscopic surgery (Nasal Polypectomy, Anterior FESS)	15
6. Tympanoplasty I	5
7. Cortical Mastoidectomy	5
8. Microlaryngoscopy	5
9. Oesophagoscopy	5
10. Tracheostomy	5
11. Nasal Bone Repair (trauma)	5
12. Bronchoscopy	5
13. Neck Surgery	5

The operations initiated by the applicant as first year surgeon according to the year of training

I	OPERATIONS
II	Adeno-tonsillectomy Myringotomy Tracheostomy Nasal Bone repair
III	Septoplasty / Submucous resection Microlaryngoscopy Bronchoscopy - Tympanoplasty I
IV	Esophageoscopy Anterior FESS Cortical Mastoidectomy
V	Larynx & Neck and Ear Surgery

**The operations required by the applicant during the training period.
The operations in which he participated as an assistant according to the possibilities
of the training program**

- 1-Mastoid Surgery**
- 2-Stapes Surgery**
- 3-Tympanoplasty and Ossiculoplasty**
- 4-Cochlear Implant Surgery**
- 5-Inner Ear Surgery**
- 6-Lateral Rhinotomy**
- 7-Maxillectomy**
- 8-Trephine Operation**
- 9-DCR**
- 10-Snoring Procedures**
- 11-Rhinoplasty**
- 12-Laryngectomy**
- 13-Neck Dissection**
- 14-Salivary Glands Surgery**
- 15-Thyroid Surgery**
- 16-Others**

Outpatient services required to be completed during the training period

Outpatient Services Otology

Service	Name of the supervisor of outpatient services	signature
Ear Endoscopy		
Ear Microscopy		
Suction Clearance		
ear Packing		

**Outpatient Services
Rhinology**

Service	Name of supervisor of clinical work For outpatients	Signature
Flexible N/P		
Rigid Nasopharyngeal Endoscopy		
Cautery		
Anterior Nasal Pack		
Posterior Nasal Pack		

**Out Patient Services
Head and Neck Services**

Service	Name of the supervisor of clinical work For outpatients	Signature
Indirect (mirror) Laryngoscopy		
Flexible Rhinopharyngolaryngoscopy		
Rigid (Hopkins) Laryngoscopy		
Neck Examination		

**Out Patient Services
Phoniatrics Service (Optional)**

Service	Name of the supervisor of the clinical work of outpatients	Signature

Emergency services to be provided by the trainee during training

Diagnosis	Condition	Name and signature of supervisor of the emergency services
Airway Obstruction	Acute epiglottitis	
	Acute Laryngotracheobronchitis	
	•Laryngeal trauma	
	Vocal Cord Paralysis	

Ear, Nose and Throat Emergency

Diagnosis	Conditions	Name and signature of the supervisor of nasal emergency
Abscess	Peritonsillar	
	Retropharyngeal	
	Parapharyngeal	
	Ludwing's Angina	
	Bezold's	
	Retroauricular	
	Septal	
Bleeding	Epistaxis	
	Hemoptysis	
	Hematemesis	
	Ear Bleeding	

Ear, Nose and Throat Emergency

Diagnosis	Condition	Name and signature of emergency supervisor
Facial Trauma	Facial Lacerations	
	Fracture Nose	
	Fracture Facial Bones	
PO Complications	Adenoid Bleeding	
	Tonsil Bleeding	
Pain	Migraine	
	Neuralgias	
Acute Functional Loss	Sudden Hearing Loss	
	Facial Palsy	
	Aphonia	
	Dizziness	
	Anosmia	

The training in the first year

General surgery –Plastic surgery-Maxillofacial surgery

Neurosurgery

Iraqi Board (IBNT)

First year / training periods

Date	Department	Hospital	The name and signature of the supervisor

2 – 5 years : Training periods

Date	Department	Hospital	The name and signature of the supervisor

**The Operations required to be undertaken
by primary surgeon**

The operations done by the trainee
Type of operation : Adenoidectomy / Tonsillectomy

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

The operations undertaken by the trainee

Type of surgery: Septoplasty / SMR

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

Iraqi Board (EIT)

The surgical operations undertaken by the trainee

Type of operation: Turbinate Sub-Mucous Diathermy (SMD)

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

The operations undertaken by the trainee

Type of surgery: Myrinogotomy +/- Grommet

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

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Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

The surgical operations undertaken by the trainee
Type of operation : FESS (Anterior)

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

The surgical operations undertaken by the trainee

Type of operation: Cortical Mastoidectomy

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

The surgical operations undertaken by the trainee
Type of operation : Tracheostomy

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

The surgical operations undertaken by the trainee
Type of operation :Nasal bone repair

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

The surgical operations undertaken by the trainee

Type of surgery : Hypopharyngoscopy / Oesophageoscopy

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

The surgical operations undertaken by the trainee
Type of operation : Bronchoscopy

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

The surgical operations undertaken by the trainee
Type of operation :Neck Surgery

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

The operations undertaken by the trainee - as an assistant

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

The operations undertaken by the trainee - as an assistant

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

The operations undertaken by the trainee - as an assistant

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

The operations undertaken by the trainee - as an assistant

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

The operations undertaken by the trainee - as an assistant

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

The operations undertaken by the trainee - as an assistant

Date	Patient name /case sheet number	Operation	Name and signature of the supervisor of the surgical work

Periodic scientific activities

(Lectures - scientific seminars - clinical grounds - morbidity / mortality seminars)

Date	Details	Place

Periodic scientific activities

(Lectures - scientific seminars - clinical grounds - morbidity / mortality seminars)

Date	Details	Place

Periodic scientific activities

(Lectures - scientific seminars - clinical grounds - morbidity / mortality seminars)

Date	Details	Place

Periodic scientific activities

(Lectures - scientific seminars - clinical grounds - morbidity / mortality seminars)

Date	Details	Place

The scientific and practical activity required during the 5 years training period

Case Presentation

Date	Case sheet number	Details	Name and signature of the supervisor of scientific and practical activity

The scientific and practical activity required during the 5 years training period

Case Presentation

Date	Case sheet number	Details	Name and signature of the supervisor of scientific and practical activity

The scientific and practical activity required during the 5 years training period

Journal Club

Date	Case sheet number	Details	Name and signature of the supervisor of scientific and practical activity

The scientific and practical activity required during the 5 years training period

Morbidity and Mortality

Date	Case sheet number	Details	Name and signature of the supervisor of scientific and practical activity

The scientific and practical activity required during the 5 years training period

Grand Rounds

Date	Case sheet number	Details	Name and signature of the supervisor of scientific and practical activity

The scientific and practical activity required during the 5 years training period

Grand Rounds

Date	Case sheet number	Details	Name and signature of the supervisor of scientific and practical activity

Summary of the training

A summary of the operations you have done during the training with the signature of the trainer and the training supervisor

It should be filled in the fifth year of training

Operation	During the year				Total number	Supervisor Signature
	II	III	IV	V		

Operation	During the year				Total number	Supervisor Signature
	II	III	IV	V		

Operation	During the year				Total number	Supervisor Signature
	II	III	IV	V		

Operation	During the year				Total number	Supervisor Signature
	II	III	IV	V		

Operation	During the year				Total number	Supervisor Signature
	II	III	IV	V		

Final Assessment (to be completed by the training committee)

Criterion	Score	Maximum (%)
Log Book Fulfillment		60
Cases / Topics Presented		10
Scientific Presentation Participation		10
Meetings attendance		10
Dissection courses		10

The End