

CLINICAL PORTFOLIO



SURGERY

Department of Surgery
Faculty of Medicine
Uva Wellassa University of Sri Lanka

1st Batch
2026

CLINICAL PORTFOLIO



Surgery

Faculty of Medicine

Uva Wellassa University of Sri Lanka

Personal details

Name :.....

Reg/No :UWU/MBBS/ /

MED No :.....

Signature of the Student :.....

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photograph here*

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Compiled by

Snr. Prof. Muditha Vidanapathirana, Dean, Faculty of Medicine, Uva Wellassa University of Sri Lanka (UWUSL)

Dr. Samira Janaka Jayasinghe, Consultant General Surgeon, Senior lecturer & Head of the Department, Department of Surgery, UWUSL

Dr. D.A.K.N. Dunusinghe, Consultant General Surgeon, Teaching Hospital Badulla

Dr. Piyal Kurukulasooriya, Consultant General Surgeon, Teaching Hospital Badulla

Dr. Wasula Rathnaweera, Consultant General Surgeon, Teaching Hospital Badulla

Dr. T. Tharanitharan, Temporary Demonstrator, Department of Surgery, UWUSL

Acknowledgement

Logbook of Surgery, Faculty of Medical Sciences, University of Sri Jayewardenepura

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(1) Introduction

This clinical portfolio in Surgery is specially designed as a teaching-learning assessment guide for the medical students during the surgery clinical training. The objectives to be achieved at the end of each clinical appointment are clearly mentioned. Each appointment will be evaluated on a graded scale of **three** by the respective consultants. **A** Excellent, **B** Good, **C** Poor. **It is your responsibility to ensure that the grading is recorded in your portfolio.**

Two portfolio assessment vivas will be held. One during the 8th semester and second at the end of the professorial unit appointment. Altogether portfolio assessment vivas will contribute ten percent (10%) to the final MBBS surgery marks.

Please note that maintaining all records and safe keeping of the clinical portfolio is the sole responsibility of the student.

Portfolio assessment viva will not be conducted, and a zero mark will be awarded if the student fails to produce the clinical portfolio at the viva.

Patient confidentiality is a core obligation of medical professionals and an integral part of their training. As such, **medical students bear full responsibility** for safeguarding patient information included in this portfolio.

We believe that this clinical portfolio will foster the development of a well-balanced medical student with comprehensive knowledge across all surgical specialties.

Dr Samira Janaka Jayasinghe
Consultant General Surgeon
Senior Lecturer & Head of the Department
Department of Surgery
Faculty of Medicine
Uva Wellassa University of Sri Lanka

(1.1) Final MBBS Examination Marks Allocation in Surgery

- One continuous assessment will be held at the end of the pre-professorial appointments at 8th semester.
- At the end of the 10th semester the final MBBS examination will be held.

CONTINUOUS ASSESSMENT – in 8th Semester

Continuous Assessment 8 - at the end of the 8th semester

Method of Assessment	Time (Minutes)	Total	Total marks allocated to Final MBBS
Pre-professorial portfolio assessment & Viva	15	5	5%
OSCE – 10 Stations	30	10	10%
Total			15%

Continuous Assessment 9 - at the end of the Professorial Appointment

Method of Assessment	Time (Minutes)	Total	Total marks allocated to Final MBBS
Professorial Portfolio assessment & Viva	15	5	05%
Total			05%

FINAL MBBS EXAMINATION – SURGERY – in 10th Semester

Method of Assessment	Number of Questions	Time (minutes)	Total	Total marks allocated to Final MBBS
MCQ (T/F +SBA)	70 (30+ 40)	120	20	20%
SAQ	8	180	20	20%
Long case	1 case	30	20	20%
Short case	02 - 04 cases	20	20	20%
Contribution from summative examination				80%
Continuous Assessment contribution				20%
Total marks				100%

(1.2) Award of Distinctions in Final MBBS Examination

A candidate who obtains

- 1) an overall average of **70%** marks in a subject and
- 2) **65% for the clinical component** in the following subjects in the (MBBS) Final examination (i) Medicine, (ii) Surgery, (iii) Obstetrics and Gynecology, (iv) Pediatrics, (v) Psychiatry and (vi) Family Medicine
- 3) shall be considered to have obtained a Distinction in that subject
- 4) provided that he/she is sitting that examination for the **first time** and
- 5) that he/she passes the whole (MBBS) Final examination and obtains either a **First or Second Class**.

(1.3) Award of Honours in Final MBBS Examination

1) First Class (Honours)

1. A candidate who passes the (MBBS) Final examination at the **first scheduled attempt** and
2. obtains an overall average mark of **70% or above** at that examination shall be eligible for First Class (Honours)

2) Second Class Upper Division (Honours)

1. A candidate who passes the (MBBS) Final examination at the **first scheduled attempt** and
2. obtains an overall average mark of **65% - 69%** at that examination shall be eligible for second Class Upper Division (Honours)

3) Second Class Lower Division (Honours)

1. A candidate who passes the (MBBS) Final examination at the **first scheduled attempt** and
2. obtains an overall average mark of **60% to 64%** at that examination shall be eligible for Second Class Lower Division (Honours)

4) 64% but 2nd class upper Division (Honours)

1. A candidate who has passed the MBBS Final examination at the **first scheduled attempt** and
2. obtains an average of **64%** marks at that examination shall be eligible for Second Class Upper Division (Honours) provided he/she has obtained
3. **Second Class Upper or First Class Honours in both the (MBBS) second and (MBBS) third examinations** and
4. has a **cumulative average** mark of **65%** or above at the **(MBBS) second and (MBBS) third examinations** and **(MBBS) Final examinations**.

5) 59% but 2nd class lower Division (Honours)

1. A candidate who has passed the (MBBS) Final examination at the **First scheduled attempt** and
2. obtains an average mark of **59%** or above at the (MBBS) Final examination shall be eligible for 2nd Class Lower Division (Honours)
3. provided that he/she obtained Honours **in both (MBBS) 2nd examination and (MBBS) 3rd examination** and
4. has a **cumulative average** mark of **60%** or above at the **2nd MBBS examination, 3rd MBBS examination, and Final MBBS examination**

(2) Guide to daily clinical work

During the clinical appointment, you contribute to patient care on a daily basis, by direct contact with patients, other medical team members and family members.

Your **clinical responsibilities** include (1) obtaining a detailed **history**, (2) performing a relevant physical **examination**, and (3) arriving at a differential diagnosis or **diagnosis**. You are expected to develop the ability to (4) request appropriate **investigations** and (5) formulate **management plans**. As part of routine clinical work, you should gather daily information on the patient's clinical status and treatment progress, (6) document **daily progress**, and plan for discharge. You should also take the initiative to (7) meet with family members and other team members to facilitate and implement treatment and **discharge planning**.

Ward rounds are conducted each morning. During ward rounds, the consultant and the surgical team review each patient, discuss the illness, and decide on the diagnostic and therapeutic plan for the day. To obtain maximum benefit from ward rounds, it is the student's responsibility to gather relevant clinical data in advance. Depending on the number of patients and the complexity of their clinical problems, you may need to (1) arrive in the ward **early**. (2) You should always have immediate access to each patient's **case summary**, (3) **medication details**, and (4) current **laboratory results**. This will enable you to actively participate in discussions during ward rounds. You will be required to (5) **present your patient's case** during ward rounds; in such situations, a concise summary rather than a detailed presentation is expected, in accordance with the preferences of the consultant in charge. (6) You are encouraged to adopt the **attitude** of a junior doctor responsible for the care of assigned patients, as this will enhance your learning experience. (7) You are requested to maintain a **set of case notes** for each patient in the format given on **page 06**.

All case records should be available at the mid-term and final assessments.

(2.1) Guidelines for General Conduct

Attendance

Attendance at the clinical appointment is a statutory requirement and is compulsory. Attendance will be recorded daily at 8.00 a.m. and on casualty nights. This includes public holidays unless otherwise stated. Leave for any reason must be obtained from the Head of the Department. If attendance is unsatisfactory, you will be required to repeat part or the entire appointment.

Illness

If you are absent from teaching due to illness, **inform** the Head of the Department **within 3 days** via dean.office.fomed@uwu.ac.lk, and you must submit a **Medical Certificate** within **7 days** to the HOD **through UMO**. At the discretion of the Head of the Department, the appointment may be prolonged to cover the days of absence.

Punctuality

It is essential, as late arrival is disruptive to other students. Latecomers may be refused admission to teaching sessions. Students are expected to arrive on time for all clinics & ward rounds.

Behaviour

Students must be courteous to patients and the general public at all times, and considerate towards medical, nursing, and para-medical staff. As you will spend much of your time in contact with patients who have professional expectations of you, noisy or inappropriate conversations must be avoided in all areas where patients or visitors may overhear.

Dress Code

Medical students must be clean and suitably attired in the hospital setting (e.g., scrubs) and maintain a neat appearance. Extremes of dress should be avoided e.g. Jeans, shorts, trainers, and slippers are not permitted. Students must always wear a name tag.

Student Belongings

Must not leave backpacks, helmets, or other personal belongings in wards or clinics. Personal belongings remain the responsibility of the student and should be kept in a secure location.

Conduct

Students are expected to maintain a high standard of public behaviour and demonstrate appropriate professional attitudes at all times.

Consenting and Patients' Rights

Patients have the right to decline being observed or attended to by students without any effect on the treatment they receive. Whenever practicable, the student's status and the reason for their presence must be explained, and the patient's prior informed consent should be requested.

(2.2) Format for Case History Documentation:

- **Preliminary data**
 - Patient's name
 - Age
 - Address
 - Date of admission & BHT
- **History**
 - Presenting complaint and ancillary complaints with duration
 - History of the presenting complaint
 - Past history
 - Past medical history
 - Past surgical history
 - Drug history: Current medications, any drug allergy
 - Family history
 - Personal and social history
 - Discuss relevant diagnosis or differential diagnosis according to the history giving reasons for your conclusions.
- **Examinations**
 - Clinical examination findings
- **Summary** - Give a summary of your history and examination.
- **Diagnosis**
 - Give the most likely diagnosis or differential diagnosis.
 - When the diagnosis or differential diagnosis is unknown, state the problems
 - When the patient has multiple diagnosis/problems list them according to the priority
- **Investigations-**
 - Discuss the plan of investigations. Give relevant investigations and document the results. Document biopsy, FNAC, CT, MRI findings.
- **Management**
 - Give the comprehensive plan of management.
 - Discuss the pre-operative and post-operative care
- **Daily status:**
 - Continue patient follow up with documentation of daily status which would include patient's daily clinical status and any changes in the management.
 - Maintain observation charts e.g. Head impact observation charts, fluid balance charts etc.
- **Plan for discharge.**
 - Document the discharge medication and follow up plan.

(3) Surgery Long Appointment - 1

(3.1) Objectives

- (01) **History taking** - obtain a comprehensive history of a surgical patient.
- (02) **Examination** - elicit and interpret physical signs of a surgical patient.
- (03) **Pre & Post-operative care** - institute appropriate pre & post-operative care.
- (04) **Surgical emergencies** – expected to observe the initial management of surgical emergencies in PCU
- (05) **Trauma resuscitation** - expected to observe the initial management of resuscitation
- (06) **Forms & charts** – should familiar with various type of charts and forms routinely used
- (07) **Communication** - have acquired communication skills and be able to explain in simple lay terms the intended surgical procedures.
- (08) **Ethical aspect** - emphasize the important ethical, moral and social issues involved in surgical practice and to induce discussion on cost benefit analysis.
- (09) **Hygiene** - appreciate the sterile techniques employed in the operation theatres and the appearance of normal and abnormal tissues.
- (10) **Skills development** - acquire skills in performing simple surgical procedures.
- (11) **Professionalism** - refine professional behavior and develop strong interpersonal relationships with patients, their families and members of the surgical team.
- (12) **Caring doctor** - learn to develop a kind and caring attitude towards patient care.

(3.2) Record of 1st Surgery long appointment

Duration: From: To

Ward and Hospital:

Name of the Consultant

(1) Histories Taken

Name	Date of admission	BHT No	Diagnosis

(2) Cases Presented

Date	Name & BHT	Diagnosis	Remark	Signature (VS/SR/Reg/SHO)

(3) Examination

(Minimum 03)

Topic	Comment	Signature of VS/SR/Reg/SHO

(4) Procedures

The students are expected to perform these procedures under the supervision of surgical team. The students should be aware of the principles of the indications , preparation, procedure, the correct techniques, important aspects of obtaining consent from the patients and the possible complications. Students are expected to assist/ perform at least **25%** of those tasks during the 1st appointment.

Skill Level: A – Can perform independently; B – Can perform under supervision; C – Has seen the procedures

Signature should be obtained from SHO/Registrar/SR/Consultant

Topic	Skill level	Date & sign	Date & sign	Date & sign	Date & sign	Date & sign
Venipuncture	B/A					
Venous cannulation	B/A					
Temperature chart	B/A					
HIOC (Head impact observation chart)	C					
Surgical check list (WHO checklist)	C					

Clinical Portfolio - Surgery

IM/SC/ID	B/A					
Scrubbing	B/A					
Wearing gloves	B/A					
Bladder catheterization	C					
Insert NG tube	C					
Setting up IV infusion	C					
Setting up blood transfusion	C					
Removal of sutures	C					
Dressing wounds	C					
Bandaging	C					
ATLS/PLC	C					
Apply splint, POP & Traction	C					
Dressing of burn patient	C					
Proctoscopy	C					
Tracheal intubation	C					
Lumbar puncture/spinal anesthesia	C					
Central venous cannulation	C					

(5) Surgeries observed

(Minimum of 01 major surgery and 02 minor surgeries)

Name	BHT	Surgery	Date & sign (VS/SR/Reg/SHO)

(6) Surgeries assisted

(Minimum of 01 major surgery and 02 minor surgeries)

Name	BHT	Surgery	Date & sign (VS/SR/Reg/SHO)

(7) Surgical Emergencies

(Traumatic and non-traumatic) Eg. Head injury, poly trauma, acute abdomen etc. (Minimum of 01)

Name	BHT	Problem & diagnosis	Date & sign (VS/SR/Reg/SHO)

(8) Trauma resuscitation observation

(Minimum of 01 case)

Name	BHT	Problem	Date & sign (VS/SR/Reg/SHO)

(9) Casualty attendance

Signature should be obtained from SHO/Registrar/SR/Consultant

Date	Signature	Date	Signature

(10) Clinic Attendance

Signature should be obtained from SHO/Registrar/SR/Consultant

Date	Signature	Date	Signature

(11) Interesting Patients Seen

Date	Name/BHT	Diagnosis

(12) Seminars, Meetings, and Presentations

Signature should be obtained from SHO/Registrar/SR/Consultant

Date	Seminars/Meetings/Presentations	Signature

(3.3) Assessment by Consultant

I certify that the student has satisfactorily / unsatisfactorily completed his/her appointment in general surgery under me. I have given a grade based on his/her performance of the appointment.

Surgery Long - I From to

Name of the Consultant:

Grade

.....
Consultant's signature
[with rubber stamp]

Grade –
A – Excellent, B – Good, C- Poor

(4) Surgery Long Appointment - 2

(4.1) Objectives

- (01) **History taking** - obtain a comprehensive history of a surgical patient.
- (02) **Examination** - elicit and interpret physical signs of a surgical patient..
- (03) **Investigations** - arrange the appropriate investigations
- (04) **Pre & Post-operative care** - institute appropriate pre & post-operative care.
- (05) **Surgical emergencies** – expected to observe the initial management of surgical emergencies in PCU
- (06) **Trauma resuscitation** - expected to observe the initial management of resuscitation
- (07) **Forms & charts** – should familiar with various type of chats and forms routinely used
- (08) **Communication** - have acquired communication skills and be able to explain in simple lay terms the intended surgical procedures.
- (09) **Ethical aspect** - emphasize the important ethical, moral and social issues involved in surgical practice and to induce discussion on cost benefit analysis.
- (10) **Hygiene** - appreciate the sterile techniques employed in the operation theatres and the appearance of normal and abnormal tissues.
- (11) **Skills development** - acquire skills in performing simple surgical procedures.
- (12) **Professionalism** - refine professional behavior and develop strong interpersonal relationships with patients, their families and members of the surgical team.
- (13) **Caring doctor** - learn to develop a kind and caring attitude towards patient care.

(3) Examination

(Minimum 03)

Topic	Comment	Signature of VS/SR/Reg/SHO

(4) Procedures

The students are expected to perform these procedures under the supervision of the surgical team. The students should be aware of the principles of the indications, preparation, procedure, the correct techniques, important aspects of obtaining consent from the patients and the possible complications. Students are expected to assist/ perform at least **50%** of those tasks during the 2nd appointment.

Skill Level: A – Can perform independently; B – Can perform under supervision; C – Has seen the procedures

Signature should be obtained from SHO/Registrar/SR/Consultant

Topic	Skill level	Date & sign	Date & sign	Date & sign	Date & sign	Date & sign
Venipuncture	B/A					
Venous cannulation	B/A					
Temperature chart	B/A					
HIOC (Head impact observation chart)	C					
Surgical check list (WHO check list)	C					

Clinical Portfolio - Surgery

IM/SC/ID	B/A					
Scrubbing	B/A					
Wearing gloves	B/A					
Bladder catheterization	C					
Insert NG tube	C					
Setting up IV infusion	C					
Setting up blood transfusion	C					
Removal of sutures	C					
Dressing wounds	C					
Bandaging	C					
ATLS/PLC	C					
Apply splint, POP & Traction	C					
Dressing of burn patient	C					
Proctoscopy	C					
Tracheal intubation	C					
Lumbar puncture/spinal anesthesia	C					
Central venous cannulation	C					

(5) Surgeries observed

Minimum of 01 major surgery and 02 minor surgeries

Name	BHT	Surgery	Date & sign (VS/SR/Reg/SHO)

(6) Surgeries assisted

Minimum of 01 major surgery and 02 minor surgeries

Name	BHT	Surgery	Date & sign (VS/SR/Reg/SHO)

(7) Surgical Emergencies

(Traumatic and non-traumatic)

Eg. Head injury, poly trauma, acute abdomen, etc. (Minimum of one)

Name	BHT	Problem & diagnosis	Date & sign (VS/SR/Reg/SHO)

(8) Trauma Resuscitation Observation

(Minimum of 01 case)

Signature should be obtained from SHO/Registrar/SR/Consultant

Name	BHT	Problem	Date & sign

(9) Casualty attendance

Signature should be obtained from SHO/Registrar/SR/Consultant

Date	Signature	Date	Signature

(10) Clinic attendance

Signature should be obtained from SHO/Registrar/SR/Consultant

Date	Signature	Date	Signature

(11) Interesting Patients Seen

Date	Name/BHT	Diagnosis

(12) Seminars, Meetings, and Presentations

Signature should be obtained from SHO/Registrar/SR/Consultant

Date	Seminars/Meetings/Presentations	Signature

(4.3) Assessment by Consultant

I certify that the student has satisfactorily / unsatisfactorily completed his/her appointment in general surgery under me. I have given a grade based on his/her performance in the appointment.

Surgery Long - II From to

Name of the Consultant:

Grade

.....
Consultant's signature
[with rubber stamp]

Grade –
A – Excellent, B – Good, C- Poor

(5) Surgery Long Appointment - 3

(5.1) Objectives

- (01) **History taking** - obtain a comprehensive history of a surgical patient.
- (02) **Examination** - elicit and interpret physical signs of a surgical patient.
- (03) **Investigations** - arrange the appropriate investigations
- (04) **Diagnosis** - arrive at a probable diagnosis.
- (05) **Pre & Post-operative care** - institute appropriate pre & post-operative care.
- (06) **Surgical emergencies** – expected to participate the initial management of surgical emergencies in PCU
- (07) **Trauma resuscitation** - expected to participate the initial management of resuscitation
- (08) **Forms & charts** – should familiar with various type of charts and forms routinely used
- (09) **Decision making** - appreciate the importance and need for careful accurate and speedy decision making in the setting of a surgical ward.
- (10) **Critical evaluation** - be familiar with the spectrum of surgical care available and to develop a critical attitude to assess its risks and benefits.
- (11) **Management** - understand the principles of management of critically injured and other surgical emergencies.
- (12) **Communication** - have acquired communication skills and be able to explain in simple lay terms the intended surgical procedures.
- (13) **Ethical aspect** - emphasize the important ethical, moral and social issues involved in surgical practice and to induce discussion on cost benefit analysis.
- (14) **Hygiene** - appreciate the sterile techniques employed in the operation theatres and the appearance of normal and abnormal tissues.
- (15) **Skills development** - acquire skills in performing simple surgical procedures.
- (16) **Professionalism** - refine professional behavior and develop strong interpersonal relationships with patients, their families and members of the surgical team.
- (17) **Caring doctor** - learn to develop a kind and caring attitude towards patient care.

(3) Examination

(Minimum 03)

Topic	Comment	Signature of (VS/SR/Reg/SHO)

(4) Observed History Taking

Signature should be obtained from SHO/Registrar/SR/Consultant

Date	Name & BHT	Diagnosis	Remark	Signature

(5) Procedures

The students are expected to perform these procedures under the supervision of surgical team. The students should be aware of the principles of the indications , preparation, procedure, the correct techniques, important aspects of obtaining consent from the patients and the possible complications. Students are expected to assist/ perform at least **75%** of those tasks during the 3rd appointment.

Skill Level : A – Can perform independently; B – Can perform under supervision; C – Has seen the procedures

Signature should be obtained from SHO/Registrar/SR/Consultant

Topic	Skill level	Date & sign	Date & sign	Date & sign	Date & sign	Date & sign
Venipuncture	B/A					
Venous cannulation	B/A					
Temperature chart	B/A					
HIOC (Head impact observation chart)	B/A					
Surgical check list (WHO check list)	B/A					
IM/SC/ID	B/A					
Scrubbing	B/A					
Wearing gloves	B/A					
Bladder catheterization	C					
Insert NG tube	C					
Setting up IV infusion	C					
Setting up blood transfusion	C					

Clinical Portfolio - Surgery

Removal of sutures	C					
Dressing wounds	C					
Bandaging	C					
ATLS/PLC	C					
Apply splint, POP & Traction	C					
Dressing of burn patient	C					
Proctoscopy	C					
Tracheal intubation	C					
Lumbar puncture/ spinal anesthesia	C					
Central venous cannulation	C					

(6) Surgeries observed

(Minimum of 01 major surgery and 02 minor surgeries)

Signature should be obtained from SHO/Registrar/SR/Consultant

Name	BHT	Surgery	Date & sign

(7) Surgeries assisted

(Minimum of 01 major surgery and 02 minor surgeries)

Signature should be obtained from SHO/Registrar/SR/Consultant

Name	BHT	Surgery	Date & sign

(8) Surgical emergencies

(Traumatic and Non-traumatic)

Eg. head injury, poly trauma, acute abdomen, etc. (minimum of 01)

Signature should be obtained from SHO/Registrar/SR/Consultant

Name	BHT	Problem & diagnosis	Date & sign

(9) Trauma resuscitation observation

(Minimum of 01 case)

Signature should be obtained from SHO/Registrar/SR/Consultant

Name	BHT	Problem	Date & sign

(10) Casualty attendance

Signature should be obtained from SHO/Registrar/SR/Consultant

Date	Signature	Date	Signature

(11) Clinic attendance

Signature should be obtained from SHO/Registrar/SR/Consultant

Date	Clinic	Signature Consultant/SR

(12) Interesting Patients Seen

Date	Name/BHT	Diagnosis

(13) Seminars, Meetings, and Presentations

Signature should be obtained from SHO/Registrar/SR/Consultant

Date	Seminars/Meetings/Presentations	Signature

(5.3) Assessment by Consultant

I certify that the student has satisfactorily / unsatisfactorily completed his/her appointment in general surgery under me. I have given a grade based on his/her performance of the appointment.

Surgery Long - III From to

Name of the Consultant:

Grade

.....

Consultant's signature
[with rubber stamp]

Grade –
A – Excellent, B – Good, C- Poor

(6) Surgery Short Appointments

(6.1) Orthopedic Surgery Short Appointment

(6.1.1) Objectives

On completion of clinical training in orthopedic surgery, students should be able to,

1. **Diagnosis & management** - Describe the principles of diagnosis and management of common orthopedic diseases including emergencies.
2. **Fracture management** - Describe the general principles of diagnosis, first aid and treatment methods of closed and open fractures.
3. **Examination** - Be confident in the technique of examination of knee and hip and shoulder joints and examination of spine.
4. **Emergencies** - Diagnose and manage septic arthritis and osteomyelitis.

Signature should be obtained from SHO/Registrar/SR/Consultant

Procedures	BHT/Clinic no	Diagnosis	Date & signature
POP (P)			
External fixators (O)			
Traction (O)			
Ponseti (O)			

Interpretation

	BHT/Clinic no	Diagnosis	Date & signature
X Ray			
Cast			
External fixators			

O – Observe; P - Perform

(6.1.2) Assessment by Consultant

I certify that the student has satisfactorily / unsatisfactorily completed his/her appointment in Orthopedic surgery under me. I have given a grade based on his/her performance of the appointment.

Orthopedic Surgery From to

Name of the Consultant:

Grade

.....

Consultant's signature
[with rubber stamp]

Grade –
A – Excellent, B – Good, C- Poor

(6.2) ENT Surgery Short Appointment

(6.2.1) Objectives

On completion of clinical training in ENT, students should be able to,

1. **History & examination** - Obtain a clinical history and examination of ear, nose and throat using the auroscope, tongue spatula and tuning fork.
2. **Management** - Assess and manage common ENT problems. (earache, ear discharge, headache & nasal discharge, hoarseness, sore throat, hearing loss, vertigo, trauma, acute & chronic otitis externa, otitis media, rhinosinosis, laryngitis, tonsillitis, pharyngitis, wax, conductive/sensorineural deaf ness, fracture of facial bones)
3. **Emergencies** - Identify conditions that need urgent referral/admissions- eg. Epistaxis, stridor, foreign bodies in the tracheobronchial tree, nose, ear and throat.

Signature should be obtained from SHO/Registrar/SR/consultant

Procedures	BHT/Clinic no	Diagnosis	Date & signature
Indirect Laryngoscopy (O)			
Audiometry (O)			
Cleaning & syringing the ear (O)			
Foreign body removal of nose ear (O)			
Nasal packing-for epistaxis (O)			

O – Observe; P - Perform

(6.2.2) Assessment by Consultant

I certify that the student has satisfactorily / unsatisfactorily completed his/her appointment in ENT surgery under me. I have given a grade based on his/her performance of the appointment.

ENT Surgery From to

Name of the Consultant:

Grade

.....
Consultant's signature
[with rubber stamp]

Grade –
A – Excellent, B – Good, C- Poor

(6.3) Ophthalmology Short Appointment

(6.3.1) Objectives

On completion of clinical training in Ophthalmology, students should be able to

1. **Anatomy & physiology** - Understand the basic ophthalmic anatomy and physiology.
2. **Visual defects** - Understand the concept of vision, visual acuity and common visual defects.
3. **Lid abnormalities** - Identify common lid abnormalities. (blepharitis, hordeolum, chalazion, entropion, ectropion etc)
4. **Red eye** - Diagnose the causes for "Red eye" (conjunctivitis/pterygium/subconjunctival haemorrhage)
5. **Management** - Understand the assessment and the principles of management of the following ophthalmic diseases.(episcleritis, scleritis, corneal ulcers, FBs, acute anterior uveitis, glaucoma, traumatic injuries to the eyes and oculoadnexae, cataract, diabetic related eye problems, squint refractory errors, myopia, hypermetropia, astigmatism presbyopia)

Signature should be obtained from SHO/Registrar/SR/Consultant

Procedures	BHT/Clinic no	Diagnosis	Date & signature
Pupillary abnormality detection [EPD/APD] (O)			
Detection of ocular movement abnormality(O)			
Visual field confrontation (P)			
Fundoscopy (P)			

O – Observe; P - Perform

(6.3.2) Assessment by Consultant

I certify that the student has satisfactorily / unsatisfactorily completed his/her appointment in Ophthalmology under me. I have given a grade based on his/her performance in the appointment.

Ophthalmology From to

Name of the Consultant:

Grade

.....

Consultant's signature
[with rubber stamp]

Grade –
A – Excellent, B – Good, C- Poor

(6.4) Anaesthesiology Short Appointment

(6.4.1) Objectives

On completion of clinical training in Anaesthesiology, students should be able to

1. **Pre anaesthetic assessment** - Perform a pre anaesthetic assessment & optimize the patient prior to the procedure.
2. **Basic techniques** - Understand the basic techniques of anaesthetic induction, maintenance & recovery.
3. **Management** - Understand the prevention & management of post-anaesthesia complications.
4. **Unconscious patient** Learn the management of an unconscious patient, especially with regard to the establishment of a clear airway and provision of adequate respiratory and associated life support.

Signature should be obtained from SHO/Registrar/SR/Consultant

Procedures	BHT/Clinic no	Diagnosis	Date & signature
Triple manoeuver (P)			
Intubation / Extubation (O)			
Tracheostomy (O)			
ICU care (O)			
Surgical check list (O)			

O – Observe; P - Perform

(6.4.2) Assessment by Consultant

I certify that the student has satisfactorily / unsatisfactorily completed his/her appointment in Anaesthesiology under me. I have given a grade based on his/her performance of the appointment.

Anaesthesiology From to

Name of the Consultant:

Grade

.....
Consultant's signature
[with rubber stamp]

Grade –
A – Excellent, B – Good, C- Poor

(6.5) Radiology Short Appointment

(6.5.1) Objectives

On completion of clinical training in radiology, students should be able to

1. **Investigations** - Be able to fill the investigation forms related to the radiological investigations.
2. **Procedures** - Be able to describe the commonly used radiological procedures, their indications, limitations and hazards as well as the preparation of patients for these procedures.
3. **Interpretation** - Be able to explain the basic principles of interpretation of the common types of radiographs.
4. **Preparation of the patients** - Have observed the needed radiology related procedures when possible and be able to describe the underlying principles of these procedures and the preparation of patients.

Signature should be obtained from SHO/Registrar/SR/Consultant

Interpretation & Reporting

	BHT/Clinic no	Diagnosis	Date & signature
Chest (X-ray)			
Abdomen (X-ray)			
Skeletal system (X-ray)			
Intravenous urogram			
Barium studies			
CECT			
MRI			

Observation

	BHT/Clinic no	Diagnosis	Date & signature
MCUG			
CT (NCCT / CECT)			
MRI			
Hysterosalpingogram			
Mammogram			
USS			
Tru-cut biopsy			

(6.5.2) Assessment by Consultant

I certify that the student has satisfactorily / unsatisfactorily completed his/her appointment in Radiology under me. I have given a grade based on his/her performance of the appointment.

Radiology From to

Name of the Consultant:

Grade

.....
Consultant's signature
[with rubber stamp]

Grade –
A – Excellent, B – Good, C- Poor

(6.6) Urology Short Appointment

(6.6.1) Objectives

On completion of clinical training in urology, students should be able to

1. **History taking & examination** - Consolidate their skills in history-taking and examination of patients with genitourinary disorders to achieve clinical diagnosis including differential diagnosis.
2. **Investigations** - Decide upon the investigations needed in order to come to a diagnosis
3. **Management** - Plan the management of patients suffering from common diseases, including the specific treatment of the disease and its complications.
4. **Emergencies** - Identify the genitourinary emergencies and its management plan.

Signature should be obtained from SHO/Registrar/SR/Consultant

Procedures	BHT/Clinic no	Diagnosis	Date & signature
Catheter – Insertion/ removal (P)			
Stenting (JJ) (O)			
Cystoscopy (O)			
TURBT (O)			
TURP surgery (O)			
Percutaneous Nephrotomy (O)			

O – Observe; P - Perform

(6.6.2) Assessment by Consultant

I certify that the student has satisfactorily / unsatisfactorily completed his/her appointment in urology under me. I have given a grade based on his/her performance of the appointment.

Urology From to

Name of the Consultant:

Grade

.....

Consultant's signature
[with rubber stamp]

Grade –
A – Excellent, B – Good, C- Poor

(6.7) Oncosurgery Short Appointment

(6.7.1) Objectives

On completion of clinical training in Oncosurgery, students should be able to

1. **History-taking & examination** - Consolidate their skills in history-taking and examination of patients with Oncosurgical disorders to achieve clinical diagnosis , including differential diagnosis.
2. **Investigations** - Decide upon the investigations needed in order to come to a diagnosis
3. **Management** - Carryout staging of the common malignancies.
4. **Palliative care** - Plan the management of patients suffering from common cancers, including the specific treatment of the disease and its complications.
5. **Emergencies** - Identify the Oncosurgical emergencies and their management plan.

Signature should be obtained from SHO/Registrar/SR/Consultant

Procedures	BHT/Clinic no	Diagnosis	Date & signature
Stoma (O)			
PEG tube (O)			
NG tube (O)			
Tracheostomy care (O)			

O – Observe; P - Perform

(6.7.2) Assessment by Consultant

I certify that the student has satisfactorily / unsatisfactorily completed his/her appointment in Oncosurgery under me. I have given a grade based on his/her performance of the appointment.

Oncosurgery From to

Name of the Consultant:

Grade

.....
Consultant's signature
[with rubber stamp]

Grade –
A – Excellent, B – Good, C- Poor

(6.8) Neurosurgery Short Appointment

(6.8.1) Objectives

On completion of clinical training in Neurosurgery, students should be able to

1. **History taking & examination** -Consolidate their skills in history-taking and examination of patients with neurosurgical disorders to achieve clinical diagnosis including differential diagnosis.
2. **Investigations** - Decide upon the investigations needed in order to come to a diagnosis
3. **Management** - Plan the management of patients suffering from common conditions, including the specific treatment of the conditions and its complications.
4. **Emergencies** - Identify the neurosurgery emergencies and its management plan.

Signature should be obtained from SHO/Registrar/SR/Consultant

Procedures	BHT/Clinic no	Diagnosis	Date & signature
Burr hole (O)			
Craniectomy(O)			

O – Observe; P - Perform

(6.8.2) Assessment by Consultant

I certify that the student has satisfactorily / unsatisfactorily completed his/her appointment in Neurosurgery under me. I have given a grade based on his/her performance of the appointment.

Neurosurgery From to

Name of the Consultant:

Grade

.....
Consultant's signature
[with rubber stamp]

Grade –
A – Excellent, B – Good, C- Poor

(6.9) Vascular surgery Short Appointment

(6.9.1) Objectives

On completion of clinical training in Vascular surgery, students should be able to

1. **History taking & examination** - Consolidate their skills in history-taking and examination of patients with vascular surgical disorders to achieve clinical diagnosis including differential diagnosis.
2. **Investigations** - Decide upon the investigations needed in order to come to a diagnosis
3. **Management** - Plan the management of patients suffering from common conditions, including the specific treatment of the conditions and its complications.
4. **Emergencies** - Identify the vascular surgical emergencies (acute limb ischemia, ruptured aneurysm, compartment syndrome) and its management plan.

Signature should be obtained from SHO/Registrar/SR/Consultant

Procedures	BHT/Clinic no	Diagnosis	Date & signature
Fogarty catheter (O)			
Thrombolysis (O)			
AV fistula (O)			
Embolectomy (O)			

O – Observe; P - Perform

(6.9.2) Assessment by Consultant

I certify that the student has satisfactorily / unsatisfactorily completed his/her appointment in Vascular surgery under me. I have given a grade based on his/her performance of the appointment.

Vascular surgery From to

Name of the Consultant:

Grade

.....
Consultant's signature
[with rubber stamp]

Grade –
A – Excellent, B – Good, C- Poor

(7) Professorial Appointment

(7.1) Objectives

- (1) **History taking** - obtain a comprehensive history of a surgical patient.
- (2) **Examination** - elicit and interpret physical signs of a surgical patient.
- (3) **Investigations** - arrange the appropriate investigations
- (4) **Diagnosis** - arrive at a probable diagnosis.
- (5) **Pre & Post-operative care** - institute appropriate pre & post-operative care.
- (6) **Surgical emergencies** – expected to participate the initial management of surgical emergencies in PCU
- (7) **Trauma resuscitation** - expected to participate the initial management of resuscitation
- (8) **Forms & charts** – able to fill various type of chats and forms routinely used
- (9) **Decision making** - appreciate the importance and need for careful accurate and speedy decision making in the setting of a surgical ward.
- (10) **Critical evaluation** - be familiar with the spectrum of surgical care available and to develop a critical attitude to assess its risks and benefits.
- (11) **Management** - understand the principles of management of critically injured and other surgical emergencies.
- (12) **Communication** - have acquired communication skills and be able to explain in simple lay terms the intended surgical procedures.
- (13) **Ethical aspect** - emphasize the important ethical, moral and social issues involved in surgical practice and to induce discussion on cost benefit analysis.
- (14) **Hygiene** - appreciate the sterile techniques employed in the operation theatres and the appearance of normal and abnormal tissues.
- (15) **Skills development** - acquire skills in performing simple surgical procedures.
- (16) **Professionalism** - refine professional behavior and develop strong interpersonal relationships with patients, their families and members of the surgical team.
- (17) **Caring doctor** - learn to develop a kind and caring attitude towards patient care.

(2) Cases Presented

Signature should be obtained from SHO/Registrar/SR/Consultant

Date	Name & BHT	Diagnosis	Remark	Signature

(3) Examination

(Minimum 05)

Topic	Comment	Signature of (VS/SR/Reg/SHO)

(4) Observed History Taking

Signature should be obtained from SHO/Registrar/SR/Consultant

Date	Name & BHT	Diagnosis	Remark	Signature

(5) Forms & Charts

Signature should be obtained from SHO/Registrar/SR/Consultant

	Date & Sign	Date & Sign	Date & Sign	Date & Sign	Date & Sign	Date & Sign
Temperature chart						
Surgical check list						
HIOC (Head impact observation chart)						
Blood investigations						
Urine investigations						
Culture form						
Histology forms						
Xray/ scan forms						

(6) Procedures

The students are expected to perform these procedures under the supervision of surgical team. The students should be aware of the principles of the indications, preparation, procedure, the correct techniques, important aspects of obtaining consent from the patients and the possible complications. Students are expected to assist/ perform at least **90 %** of those tasks during the professorial appointment.

Skill Level: A – Can perform independently; B – Can perform under supervision; C – Has seen the procedures

Signature should be obtained from SHO/Registrar/SR/Consultant

Topic	Skill level	Date & sign	Date & sign	Date & sign	Date & sign	Date & sign
Venipuncture	A					
Venous cannulation	A					
IM/SC/ID	A					
Scrubbing	A					
Wearing gloves	A					
Bladder catheterization	A/B					
Insert NG tube	A/B					
Setting up IV infusion	A/B					
Setting up blood transfusion	A/B					
Suturing	A/B					
Removal of sutures	A/B					
Dressing wounds	A					

Clinical Portfolio - Surgery

Bandaging	A					
ATLS/PLC	A/B					
Apply splint, POP & Traction	A/B					
Dressing of burn patient	A/B					
Proctoscopy	C					
Tracheal intubation	C					
Lumbar puncture/ spinal anesthesia	C					
Central venous cannulation	C					
DRE	A					
ABG	A					
Endoscopy	C					
Banding	C					
Colonoscopy/ sigmoidoscopy	C					
Sclerotherapy	C					
IC tube	C					
Biopsy	C					

(7) Surgeries Observed

(Minimum of 03 major surgeries and 05 minor surgeries)

Signature should be obtained from SHO/Registrar/SR/Consultant

Name	BHT	Surgery	Date & sign

(8) Surgeries Assisted

(Minimum of two major surgeries and four minor surgeries)

Signature should be obtained from SHO/Registrar/SR/Consultant

Name	BHT	Surgery	Date & sign

(9) Surgical Emergencies

(Traumatic and non-traumatic)

Eg. Head injury, poly trauma, acute abdomen etc. (minimum of 05)

(Signature should be obtained from SHO/Registrar/SR/Consultant)

Name	BHT	Problem & diagnosis	Date & sign

(10) Trauma resuscitation observation

(Minimum of 05 cases)

Signature should be obtained from SHO/Registrar/SR/Consultant

Name	BHT	Problem	Date & sign

(13) Interesting Patients Seen

Date	Name/BHT	Diagnosis

(14) Seminars, Meetings, and Presentations

Signature should be obtained from SHO/Registrar/SR/Consultant

Date	Seminars/Meetings/Presentations	Signature

(15) Shadow HO Assessment

Shadow house officer attachment is a key feature of this clinical clerkship. In this attachment you will extend the clinical skills already acquired and gain experience in the practice of general surgery. During this one week you will function as an apprentice house officer, joining in with the in-patient work of the unit. The unit staff will help you as necessary. You will be given the responsibility of a limited number of patients admitted to the unit. You are expected to write brief case notes, daily follow up notes and may be asked to present few cases during the ward rounds.

This attachment gives you an insight into the daily life of a house officer and can be useful in preparing for your future internship appointment. It will be considered as a part of your professional development, and feedback on your work will be obtained.

The following objectives should be fulfilled during the attachment.

- a) Surgical emergency :
 - To carry out a rapid assessment of illness severity
 - To identify the most significant symptom.
 - To ask pertinent questions to assist differential diagnosis.
 - To determine the presence or absence of relevant physical signs.
 - To establish priorities in investigation and management.
 - To carry out a diagnostic assessment of the unconscious patient.
 - To prioritize resuscitation.

- b) Non-acute conditions:
 - To develop an appropriate initial approach to the patient.
 - To obtain a detailed history.
 - To distinguish major symptoms from others.
 - To ascertain all necessary ancillary information about the major symptoms.
 - To carry out a critical examination of all systems.
 - To interpret abnormal physical signs & construct a differential diagnosis.
 - To construct an appropriate investigation and management plan.
 - To be aware of the principles of long-term management of disease.

- c) Knowledge objectives:
 - Differential diagnosis of all common emergencies.
 - Clinical presentations of all common emergencies.
 - Safe prescribing of drugs on the care formulary.
 - Patient preparation for surgery and procedures
 - Time management by house officers.

Obtain the signature from the ward round consultant on the last day of your shadow HO attachment.

Period of shadow house officer attachment:..... From to

Name of the Consultant:

Grade

Comments :

.....
Consultant's signature
[with rubber stamp]

Grade –
A – Excellent, B – Good, C- Poor

(7.3) Assessment by Consultant

I certify that the student has satisfactorily / unsatisfactorily completed his/her appointment in general surgery under me. I have given a grade based on his/her performance of the appointment.

Professorial Appointment From to

Name of the Consultant:

Grade

.....
Consultant's signature
[with rubber stamp]

Grade –
A – Excellent, B – Good, C- Poor

(8) Core Surgical Conditions to Be Completed by the End of the Course

Core surgical cases

- (01) Acute and chronic pancreatitis
- (02) Bladder outflow obstruction
- (03) Breast pathologies
- (04) Dysphagia
- (05) Epigastric lump
- (06) Haematuria
- (07) Obstructive jaundice
- (08) Per rectal bleeding
- (09) Peripheral vascular disease
- (10) RIF mass & pain
- (11) Right hypochondrial pain
- (12) Thyroid enlargement

Core surgical examinations:

- (01) Lump examination – (lipoma, cyst, ganglion)
- (02) Ulcers examination
- (03) Thyroid examination
- (04) Breast examination
- (05) Hernia examination
- (06) Varicose vein examination
- (07) Parotid lump examination
- (08) Scrotal examination
- (09) Hand examination - CTS, Trigger finger
- (10) Nerve palsy examination
- (11) Amputated stump examination
- (12) POP cast & external fixators examination
- (13) Stoma examination
- (14) IC tube examination

(9) Recommended Textbooks

1. **Bailey & Love's Short Practice of Surgery**; Norman S.Williams, P.Ronan O'Connell, Andrew W. McCaskie, Robert D.Sayers editors. 28th ed. London: CRC Press / Taylor & Francis; 2023.
2. **An Introduction to the Symptoms and Signs of Surgical Disease** (Norman & Browse); James A. Gossage, Matthew F. Bultitude, Steven A Corbett. 6th ed. CRC Press London: 2023.
3. **Demonstrations of Physical Signs in Clinical Surgery** (Hamilton Bailey); Bailey H. Latest edition. London: CRC Press / Taylor & Francis.
4. **Oxford Handbook of Surgery**; McLatchie GR, Borley NR, Anil Agarwal, Santhini Jeyarajah, Ruwan Weerakkody editors. 5th ed. Oxford: Oxford University Press; 2023.
5. **Clinical Anatomy: A Revision and Applied Anatomy for Clinical Students** (Harold Ellis); Ellis H, Vishy Mahadevan. Latest edition. Oxford: Wiley-Blackwell.



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Faculty of Medicine
Uva Wellassa University
of Sri Lanka

Portfolio of Surgery
Faculty of Medicine
Uva Wellassa University of Sri Lanka

Badulla

Tel : +94 55 205 1234

Fax : +94 55 205 1234

E-mail : dean.office.fomed@uwu.ac.lk

Website : www.uwu.ac.lk

@2026, February