



**SURGERY LOG**  
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25. OBSERVED- Surgery Opthamology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. ASSISTED-Surgery Opthamology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. OBSERVED-Surgery Orthopedics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. ASSISTED-Surgery Orthopedics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. OBSERVED-Urology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. ASSISTED-Urology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. OBSERVED-Gynecology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. ASSISTED-Gynecology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Comments:**

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Signature of Supervising Physician                      Date

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Print Supervising Physician Name

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Signature of D.M.E.                      Date

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Print D.M.E. Name

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Please return this form to the Department of Clinical Education, Nova Southeastern University,  
College of Osteopathic Medicine, 3200 S. University Dr. Ft. Lauderdale, FL 33328. Thank You

**SURGERY LOG**  
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**Skills and Procedures Checklist**

Rotation Month \_\_\_\_\_

Skills & Procedures	# of cases Observed	# of cases Assisted	# of cases Performed	Has the student achieved competency in each skill?		Preceptor Initial
				Yes	No	
Clean & Sterile Technique						
Isolation Technique						
Scrubbing, Gowning & Gloving						
Sterile Technique in O.R.						
Surgical Instruments (Names Handling)						
Suturing						
Stapling						
Suture & Staple Removal						
Use of Steristrips						
Drainage of Dressings						
Use of Drains						
N/G Tube Placement						
Urinary Catheter Placement						
Giving of Injections						
Starting Peripheral IV						
Arterial Puncture						
Placement of Central Venous Line						
Placement Long Term Cent'l Catheters						
Infusoport Catheter Placement						

Have rotation Coordinator or the Physician you have spent the most time with initial this form for each week.

Student: \_\_\_\_\_

Rotation Coordinator: \_\_\_\_\_

Physician (Preceptor): \_\_\_\_\_

**SURGERY LOG**  
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O = Observed  
A = Assisted  
P = Performed

**Operations Log**

Name of Operation

(write the name of each operation in the space provided)

	(O)	(A)	(P)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
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21.			
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23.			
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26.			
27.			
28.			
29.			
30.			

Use additional sheets if necessary

Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Date: \_\_\_\_\_