

LOG BOOK: PHASE A

MD (ANAESTHESIOLOGY) RESIDENCY PROGRAMME
Session: March 2014-February 2016



Department of Anaesthesia, Intensive Care and Pain Medicine
Bangabandhu Sheikh Mujib Medical University

Shahbag, Dhaka-1000

Email: anaesthesia.dept@bsmmu.org

PERSONAL DETAILS

Name		Photo									
Date of birth	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>										

ADDRESSES	Permanent Address		Contact Address (if different)		
Telephone Home		Telephone Mobile			
e-mail					

REGISTRATION NUMBER																			
BMDC																			
Date Reg												Renewal Date							
BSMMU Reg								Session											

QUALIFICATIONS			
	Medical College	University	Year of Awarded
MBBS			

General Information

1. Report to department by 8 am and change dress.
2. The Log Book (Daily Training Record) is a day to day record of the clinical and academic work done by the Resident.
3. The log book will be pre-requisite for appearing End Block Assessment
4. This log book has to be maintained by all the resident throughout the period of training
5. The resident will obtain the log book from the course Co-Ordinator of the parent Institute immediately after joining
6. The resident will make the required entries in the logbook on the same day of the event and get it signed by the supervisor / instructor.
7. It is the responsibility of the resident to keep the logbook safe and secured
8. Entries in the log book will be rotation wise.

Block Rotation in phase A

Name of Block	Duration	Name of Block	Duration
Basic Anaesthesia Rotation	Three month	Surgery Faculty: Radiology and imaging	One month
Basic Anaesthesia Rotation	Three month	Surgery Faculty: Trauma / Emergency Medicine	One month
Medicine Faculty: Cardiology	Two month	Surgery Faculty: Neurosurgery	One month
Medicine Faculty: Rheumatology	15days	Regional Block	Three month
Medicine Faculty : Physical Medicine and Rehabilitation	15days		
Medicine Faculty: Neurology	One month	ICU (basic training)	Three month
Medicine Faculty: Nephrology	15 days		
Medicine Faculty: Respiratory Medicine	One month		
Medicine Faculty: Endocrinology	15 days		

Profile of Supervisor (s)

Name	Designation	Supervisor of Block Rotation	Specimen Signature	Specimen Initial
Prof MA Hye	Professor and Chairman			
Prof AKM Akhtaruzzaman	Professor and Course Co-ordinator			
Prof Nezamuddin Ahmad	Professor			
Prof Debabrata Banik	Professor			
Prof Moinul Hossain	Professor			
Dr Iqbal Hossain Chowdhury	Associate Professor			
Dr AK Qarmul Huda	Associate Professor			
Dr Debashish Banik	Associate Professor			
Dr Mustafa Kamal	Associate Professor			

Rotation Summary Form

Blocks	Supervisor / Facilitator	Date of starting	Date of completion	Remarks
Basic Anaesthesia Rotation				
Basic Anaesthesia Rotation				
Composite (Medicine) Block				
Cardiology				
Rheumatology				
Physical Medicine and Rehabilitation				
Composite (Medicine) Block				
Neurology				
Nephrology				
Respiratory Medicine				
Endocrinology				
Composite (Surgical) Block				
Radiology and Imaging				
Neurosurgery				
Traumatology and Emergency				
Regional Anaesthesia Rotation				
Intensive Care Medicine rotation				

ASSESSMENT DOCUMENTATIONS

Assessment documentation should include:

1. Specific workplace assessments for each of the training units
2. Any clinical assessment tools used other than list below

SUMMARY:

Work place based Assessment			
No (s)	Training sub-specialty	Remarks	Signature
	Basic Anaesthesia Rotation		
	Basic Anaesthesia Rotation		
Composite (Medicine) Block			
	Cardiology		
	Rheumatology		
	Physical Medicine and Rehabilitation		
Composite (Medicine) Block			
	Neurology		
	Nephrology		
	Respiratory Medicine		
	Endocrinology		
Composite (Surgical) Block			
	Radiology and Imaging		
	Neurosurgery		
	Traumatology and Emergency Medicine		
	Regional Anaesthesia Rotation		
	ICU rotation		

DOPS ASSESSMENT			
No (s)	Training sub-specialty	Remarks	Signature
	Basic Anaesthesia Rotation		
	Basic Anaesthesia Rotation		
Composite (Medicine) Block			
	Cardiology		
	Rheumatology		
	Physical Medicine and Rehabilitation		
Composite (Medicine) Block			
	Neurology		
	Nephrology		
	Respiratory Medicine		
	Endocrinology		
Composite (Surgical) Block			
	Radiology and Imaging		
	Neurosurgery		
	Traumatology and Emergency Medicine		
	Regional Anaesthesia Rotation		
	ICU rotation		

Case based discussion (CbD) Assessment			
No (s)	Training sub-specialty	Remarks	Signature
	Basic Anaesthesia Rotation		
	Basic Anaesthesia Rotation		
Composite (Medicine) Block			
	Cardiology		
	Rheumatology		
	Physical Medicine and Rehabilitation		
Composite (Medicine) Block			
	Neurology		
	Nephrology		
	Respiratory Medicine		
	Endocrinology		
Composite (Surgical) Block			
	Radiology and Imaging		
	Neurosurgery		
	Traumatology and Emergency Medicine		
	Regional Anaesthesia Rotation		
	ICU rotation		

Anaesthesia mini-CeX Assessment			
No (s)	Training sub-specialty	Remarks	Signature
	Basic Anaesthesia Rotation		
	Basic Anaesthesia Rotation		
Composite (Medicine) Block			
	Cardiology		
	Rheumatology		
	Physical Medicine and Rehabilitation		
Composite (Medicine) Block			
	Neurology		
	Nephrology		
	Respiratory Medicine		
	Endocrinology		
Composite (Surgical) Block			
	Radiology and Imaging		
	Neurosurgery		
	Traumatology and Emergency Medicine		
	Regional Anaesthesia Rotation		
	ICU rotation		

EMERGENCY SKILLS

Name of Skill	Date	Particulars of patient	Performance of the student	Signature of Instructor	Signature of Supervisors
Emergency airway management					
Cardiopulmonary resuscitation					
Management of shocked patient					
Management of Unconscious / comatose patient					
Treatment of Anaphylaxis					

BLS / ACLS certification					

Legend: Performance Level: Excellent, good, satisfactory, unsatisfactory

GENERAL SKILLS

Name of Skill	Date	Particulars of patient	Performance of the student	Signature of Instructor	Signature of Supervisors
Universal precaution and waste disposal					
IV Access (10 cases)					
NG tube placement (10 cases)					
Fluid / Blood loss measurement					

Safe blood transfusion					

Performance Level: Excellent, good, satisfactory, unsatisfactory

BASIC ANAESTHETIC SKILLS

Name of Skill	Date	Place of assessment	Performance level	Signature of Facilitator	Signature of Supervisor
Anaesthesia Machine Check					
Aseptic technique					
Venous Access (peripheral)					
Induction of anaesthesia (IV)					
Induction of anaesthesia (Inhalational)					

Mask ventilation					
Endotracheal Intubation					

Rapid sequence induction					
Airway assessment					

Performance Level: Excellent, good, satisfactory, unsatisfactory

CRITICAL INCIDENT (S) ENCOUNTERED:

Name of incidents	Date	Place	Maneuver and outcome (s)	Signature of Facilitator
Difficult intubation				
Failed intubation				
Cyanosis				
Bradycardia				
Tachycardia				
Neurological deficit				

CLINICAL ROTATION

Name of rotation: Basic Anaesthesia (Year 1, Block-01)

Facilitator:

A. Bed side teaching at PACU (Pre-anaesthetic assessment)

Date	Topic	Name of Facilitator	Signature
	Principles of preoperative assessment and preparation		
	Premedication		
	ASA classification of risk assessment		
	Mallampati grading		
	Drug interactions (disease and drugs)		
	Mandatory and optional investigations		
	Optimization of physical condition (preparation of patient for surgery and anaesthesia)		
	Medical Consultation note		
	Informed consent		
	Preoperative blood ordering schedule		
	Record Keeping		
	Discipline in Operating Room		

B. Clinical Competence (skills) at PACU

Sl no	Name of competence (required number)	Performance level	Signature of Instructor	Signature of Supervisors
Pre-operative assessment (PACU)				
1	Physical examination (5 in each stem) CVS Respiratory system Measuring Blood Pressure			
2	Communication skill (5 in each stem) <i>Planning for anaesthetic technique</i> <i>Planning for postoperative analgesia</i>			
3	History taking			
4	Data interpretation <i>ECG</i> <i>X ray</i> <i>Electrolytes</i> <i>Coagulation profile</i> <i>Markers related to renal system</i> <i>ABG</i>			
5	Planning of anaesthetic technique <i>Regional block</i> <i>General Anaesthesia</i> <i>Induction (IV / Inhalational)</i> <i>Muscle relaxant</i> <i>Fluids</i>			
6	ASA grading			
7	Mallampati grading			

Record 5 full anaesthetic sheet:



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WORK PLACE BASED ASSESSMENT SUMMARY FORM

Name of Resident:

Batch:

Reg no:

Name of Rotation:

Facilitator:

Duration of placement:

Inspection of log book:

Attendance: *days*, out of (percentage:); Attainment of required skills: Y / N Direct involvement in sufficient clinical cases: Y / N

Satisfactory communication skills, attitudes and behaviour: Y / N

Skills assessment:

Tools	Number	Area covered
Anaes-CEx		
DOPS		
CbD		

COMMENTS: SATISFACTORY / REQUIRED IMPROVEMENT IN THE FOLLOWING AREA

1.

2.

Facilitator/ Supervisor

Signed

Seal

NB:

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2. Please attached attendance sheet and individual assessment form

Name of rotation: Basic Anaesthesia (Year 1, Block-02)

Subspecialty: Post-operative care

Facilitator:

A. Bed Side Teaching

Date	Topic (s)	Name of Facilitator	Signature
	Postoperative recovery		
	Fluid and pain management in postoperative are		
	Oxygen therapy		
	Emergency airway management		
	Management of cardiac and respiratory complications		
	Minimum monitoring system in recovery area		
	Scoring system used in recovery area		
	Assessment of intensity of Pain (VAS, VRS)		
	Complications of central blockade		
	Role of the Acute Pain Team including basic concept of post-operative pain		
	PONV		
	Analgesics		
	Regional technique in pain management		
	Communication with patient, nurse and other health care personnel		

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Name of Rotation:

Facilitator:

Duration of placement:

Inspection of log book:

Attendance: *days*, out of (percentage:); Attainment of required skills: Y / N Direct involvement in sufficient clinical cases: Y / N

Satisfactory communication skills, attitudes and behaviour: Y / N

Skills assessment:

Tools	Number	Area covered
Anaes-CEx		
DOPS		
CbD		

COMMENTS: SATISFACTORY / REQUIRED IMPROVEMENT IN THE FOLLOWING AREA

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B. Clinical Competences: CCU / General Ward

Sl no	Name of competence (required number)	Performance level	Signature of Instructor	Signature of Supervisors
1	Physical examination (5 in each stem) CVS Respiratory system Measuring Blood Pressure			
2	Communication skills Planning for anaesthesia with cardiac disease Planning for anaesthesia with cardiac pacemaker			
3	History taking (5 in each stem) Patient with coronary insufficiency Patient with systemic hypertension Patient with valvular heart disease Patient with cardio-myopathy			

(Complete 10 POMR related to cardiac disease)

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Batch:

Reg no:

Name of Rotation:

Facilitator:

Duration of placement:

Inspection of log book:

Attendance: *days*, out of (percentage:); Attainment of required skills: Y / N Direct involvement in sufficient clinical cases: Y / N

Satisfactory communication skills, attitudes and behaviour: Y / N

Skills assessment:

Tools	Number	Area covered
Anaes-CEx		
DOPS		
CbD		

COMMENTS: SATISFACTORY / REQUIRED IMPROVEMENT IN THE FOLLOWING AREA

1.

2.

Facilitator/ Supervisor

Signed

Seal

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2. Please attached attendance sheet and individual assessment form

B. Clinical Competences: Rheumatology

Sl no	Name of competence (required number)	Performance level	Signature of Instructor	Signature of Supervisors
1	Physical examination (5 in each stem) General Systemic CVS Respiratory system Nervous system Locomotor			
2	Communication skills			
3	History taking (5 in each stem)			

Record 5 full anaesthetic sheet:



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Name of Resident:

Batch:

Reg no:

Name of Rotation:

Facilitator:

Duration of placement:

Inspection of log book:

Attendance: *days*, out of (percentage:); Attainment of required skills: Y / N Direct involvement in sufficient clinical cases: Y / N

Satisfactory communication skills, attitudes and behaviour: Y / N

Skills assessment:

Tools	Number	Area covered
Anaes-CEX		
DOPS		
CbD		

COMMENTS: SATISFACTORY / REQUIRED IMPROVEMENT IN THE FOLLOWING AREA

1.

2.

Facilitator/ Supervisor

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2. Please attached attendance sheet and individual assessment form

B. Clinical Competences: Physical Medicine and Rehabilitation

Sl no	Name of competence (required number)	Performance level	Signature of Instructor	Signature of Supervisors
1	Physical examination (5 in each stem) General Systemic CVS Respiratory system Nervous system Locomotors			
2	Communication skills			
3	History taking (5 in each stem)			

C. Investigation Competences: (working principle, on hand practice and interpretation)

Name of competences	Performance level	Name of Instructor / Facilitator	Signature of facilitator
ECG			
Transoesophageal Echo (TEE)			
Echocardiography			
Markers related to cardiac insult			
Stress test (ETT)			
Coronary angiogram			
Dobutamine stress test			

(Complete 10 POMR related to Physical Medicine)

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Name of Resident:

Batch:

Reg no:

Name of Rotation:

Facilitator:

Duration of placement:

Inspection of log book:

Attendance: *days*, out of (percentage:); Attainment of required skills: Y / N Direct involvement in sufficient clinical cases: Y / N

Satisfactory communication skills, attitudes and behaviour: Y / N

Skills assessment:

Tools	Number	Area covered
Anaes-CEx		
DOPS		
CbD		

COMMENTS: SATISFACTORY / REQUIRED IMPROVEMENT IN THE FOLLOWING AREA

1.

2.

Facilitator/ Supervisor

Signed

Seal

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2. Please attached attendance sheet and individual assessment form

B. Clinical Competences: Neurology

Sl no	Name of competence (required number)	Performance level	Signature of Instructor	Signature of Supervisors
1	Physical examination (5 in each stem) General Systemic Nervous system CVS Respiratory system Locomotor			
2	Communication skills			
3	History taking (5 in each stem)			

C. Investigation Competences: (working principle, on hand practice and interpretation)

Name of competences	Performance level	Name of Instructor / Facilitator	Signature of facilitator
Nerve conduction velocity test (NCV)			
EEG			
EMG			
CT Scan			
MRI			

(Complete 10 POMR related to Neurology)

Record 5 full anaesthetic sheet:



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Name of Resident:

Batch:

Reg no:

Name of Rotation:

Facilitator:

Duration of placement:

Inspection of log book:

Attendance: *days*, out of (percentage:); Attainment of required skills: Y / N Direct involvement in sufficient clinical cases: Y / N

Satisfactory communication skills, attitudes and behaviour: Y / N

Skills assessment:

Tools	Number	Area covered
Anaes-CEx		
DOPS		
CbD		

COMMENTS: SATISFACTORY / REQUIRED IMPROVEMENT IN THE FOLLOWING AREA

1.

2.

Facilitator/ Supervisor

Signed

Seal

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2. Please attached attendance sheet and individual assessment form

B. Clinical Competences: Nephrology

Sl no	Name of competence (required number)	Performance level	Signature of Instructor	Signature of Supervisors
1	Physical examination (5 in each stem) General Systemic Renal System Nervous system CVS Respiratory system Locomotor			
2	Communication skills			
3	History taking (5 in each stem)			

C. Investigation Competences and procedure: (working principle, on hand practice and interpretation)

Name of competences	Performance level	Name of Instructor / Facilitator	Signature of facilitator
Peritoneal dialysis			
Haemodialysis			
Continuous Renal Replacement Therapy (CRRT)			

(Complete 5 POMR related to Nephrology)

Record 5 full anaesthetic sheet:



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WORK PLACE BASED ASSESSMENT SUMMARY FORM

Name of Resident:

Batch:

Reg no:

Name of Rotation:

Facilitator:

Duration of placement:

Inspection of log book:

Attendance: *days*, out of (percentage:); Attainment of required skills: Y / N Direct involvement in sufficient clinical cases: Y / N

Satisfactory communication skills, attitudes and behaviour: Y / N

Skills assessment:

Tools	Number	Area covered
Anaes-CEx		
DOPS		
CbD		

COMMENTS: SATISFACTORY / REQUIRED IMPROVEMENT IN THE FOLLOWING AREA

1.

2.

Facilitator/ Supervisor

Signed

Seal

NB:

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2. Please attached attendance sheet and individual assessment form

Name of rotation: (Medicine Faculty Composite Block-02) Block-04

B. Clinical Competences: Respiratory Medicine

Sl no	Name of competence (required number)	Performance level	Signature of Instructor	Signature of Supervisors
1	Physical examination (5 in each stem) General Systemic Respiratory system			
2	Communication skills			
3	History taking (5 in each stem)			

C. Investigation Competences and procedure: (working principle, on hand practice and interpretation)

Name of competences		Performance level	Name of Instructor	Signature
Bronchoscopy				
Lung Function Test (LFT)				
Bronchial lavage				
Plural Fluid aspiration				
Insertion of chest drain				
Non invasive ventilation				

(Complete 5 POMR related to Respiratory Medicine)

Record 5 full anaesthetic sheet:



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WORK PLACE BASED ASSESSMENT SUMMARY FORM

Name of Resident:

Batch:

Reg no:

Name of Rotation:

Facilitator:

Duration of placement:

Inspection of log book:

Attendance: *days*, out of (percentage:); Attainment of required skills: Y / N Direct involvement in sufficient clinical cases: Y / N

Satisfactory communication skills, attitudes and behaviour: Y / N

Skills assessment:

Tools	Number	Area covered
Anaes-CEx		
DOPS		
CbD		

COMMENTS: SATISFACTORY / REQUIRED IMPROVEMENT IN THE FOLLOWING AREA

1.

2.

Facilitator/ Supervisor

Signed

Seal

NB:

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2. Please attached attendance sheet and individual assessment form

B. Clinical Competences: Endocrinology

Sl no	Name of competence (required number)	Performance level	Signature of Instructor	Signature of Supervisors
1	Physical examination (5 in each stem) General Systemic Respiratory system Renal System Nervous system CVS Locomotor			
2	Communication skills			
3	History taking (5 in each stem)			

(Complete 5 POMR related to Endocrinology)

Record 5 full anaesthetic sheet:



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Name of Resident:

Batch:

Reg no:

Name of Rotation:

Facilitator:

Duration of placement:

Inspection of log book:

Attendance: *days*, out of (percentage:); Attainment of required skills: Y / N Direct involvement in sufficient clinical cases: Y / N

Satisfactory communication skills, attitudes and behaviour: Y / N

Skills assessment:

Tools	Number	Area covered
Anaes-CEx		
DOPS		
CbD		

COMMENTS: SATISFACTORY / REQUIRED IMPROVEMENT IN THE FOLLOWING AREA

1.

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Facilitator/ Supervisor

Signed

Seal

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2. Please attached attendance sheet and individual assessment form

Record 5 full anaesthetic sheet:



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WORK PLACE BASED ASSESSMENT SUMMARY FORM

Name of Resident:

Batch:

Reg no:

Name of Rotation:

Facilitator:

Duration of placement:

Inspection of log book:

Attendance: *days*, out of (percentage:); Attainment of required skills: Y / N Direct involvement in sufficient clinical cases: Y / N

Satisfactory communication skills, attitudes and behaviour: Y / N

Skills assessment:

Tools	Number	Area covered
Anaes-CEx		
DOPS		
CbD		

COMMENTS: SATISFACTORY / REQUIRED IMPROVEMENT IN THE FOLLOWING AREA

1.

2.

Facilitator/ Supervisor

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Seal

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2. Please attached attendance sheet and individual assessment form

Name of rotation: (Surgical Faculty Composite Block-01) Block-05

Sub-specialty Neurosurgery (one month)

Supervisor:

A. Bed side teaching (Didactic/ Tutorial):

Date	Topic (s)	Name of Facilitator	Signature
		Head injury Multitrauma Sepsis Fluid, electrolyte, nutrition, and acid-base disorders Care of the unconscious patient regardless of aetiology	

B. Clinical Competences: Neurosurgery

Sl no	Name of competence (required number)	Performance level	Signature of Instructor	Signature of Supervisors
1	Physical examination (5 in each stem) General Systemic Nervous system CVS Respiratory system Renal System Locomotor			
2	Communication skills			
3	History taking (5 in each stem)			

C. Investigation Competences and procedure: (working principle, on hand practice and interpretation)

Name of competences	Performance level	Name of Instructor / Facilitator	Signature of facilitator
GCS scoring			
Triaging			

(Complete 10 POMR related to Neurosurgery)

Record 5 full anaesthetic sheet:



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Name of Resident:

Batch:

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Name of Rotation:

Facilitator:

Duration of placement:

Inspection of log book:

Attendance: *days*, out of (percentage:); Attainment of required skills: Y / N Direct involvement in sufficient clinical cases: Y / N

Satisfactory communication skills, attitudes and behaviour: Y / N

Skills assessment:

Tools	Number	Area covered
Anaes-CEx		
DOPS		
CbD		

COMMENTS: SATISFACTORY / REQUIRED IMPROVEMENT IN THE FOLLOWING AREA

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2. Please attached attendance sheet and individual assessment form

Name of rotation: (Surgical Faculty Composite Block-01) Block-05

Sub-specialty: Traumatology and Emergency Medicine (one month)

Supervisor:

A. Bed side teaching (Didactic/ Tutorial):

Date	Topic (s)	Name of Facilitator	Signature
	Principles of triage		
	Airway management		
	Pre-hospital care		
	Transport of gravely ill patients		
	Multiple injuries		
	Management of shock		
	Head injury		
	Injuries to the neck and face		
	Chest injury		
	Spinal injury		
	Burns		

B. Clinical Competences: Traumatology and Emergency Medicine

Sl no	Name of competence (required number)	Level of participations	Signature of Instructor	Signature of Supervisors
1	Physical examination (5 in each stem) General Systemic Nervous system Respiratory system Renal System CVS Locomotor			
2	Communication skills Communication with multidisciplinary resuscitation team Communication with patients and relatives			
3	History taking			

C. Investigation Competences and procedure: (working principle, on hand practice and interpretation)

Name of competences	Performance level	Name of Instructor / Facilitator	Signature of facilitator
Chest drainage			
Application of Cervical Collar			

(Complete 10 POMR related to Traumatology ands Emergency Medicine)

Record 5 full anaesthetic sheet:



MD Residency Programme
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Bangabandhu Sheikh Mujib Medical University
Shahbag, Dhaka-1000

WORK PLACE BASED ASSESSMENT SUMMARY FORM

Name of Resident:

Batch:

Reg no:

Name of Rotation:

Facilitator:

Duration of placement:

Inspection of log book:

Attendance: *days*, out of (percentage:); Attainment of required skills: Y / N Direct involvement in sufficient clinical cases: Y / N

Satisfactory communication skills, attitudes and behaviour: Y / N

Skills assessment:

Tools	Number	Area covered
Anaes-CEx		
DOPS		
CbD		

COMMENTS: SATISFACTORY / REQUIRED IMPROVEMENT IN THE FOLLOWING AREA

1.

2.

Facilitator/ Supervisor

Signed

Seal

NB:

1. Worked place based assessment is an important part for teaching in anaesthesia. It consists of taking attendance, performing of minimum two Anaes-CEx, DOPS and CbD in any rotation. The supervisor plays a pivotal role in this assessment tools. *You are requested to rates your trainee in the area of communication skills, attitudes and behaviour before signing off from this rotation.*
2. Please attached attendance sheet and individual assessment form

B. Procedural Competence: Pre-block preparation, procedure itself and post block note

Name of competences			Performance level	Name of Instructor	Signature
Subarachnoid Block					
Epidural Block					

(Complete Regional anaesthetic note 05 for each type of block)

Record 5 full anaesthetic sheet:



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Batch:

Reg no:

Name of Rotation:

Facilitator:

Duration of placement:

Inspection of log book:

Attendance: *days*, out of (percentage:); Attainment of required skills: Y / N Direct involvement in sufficient clinical cases: Y / N

Satisfactory communication skills, attitudes and behaviour: Y / N

Skills assessment:

Tools	Number	Area covered
Anaes-CEx		
DOPS		
CbD		

COMMENTS: SATISFACTORY / REQUIRED IMPROVEMENT IN THE FOLLOWING AREA

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Facilitator/ Supervisor

Signed

Seal

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2. Please attached attendance sheet and individual assessment form

Name of rotation: (ICU) Block-07

Supervisor:

A. Bed side teaching (Didactic/ Tutorial):

Date	Topic (s)	Name of Facilitator	Signature
	Principles of management ICU admitted patient		
	Basics of ICU Ventilator		
	Nutrition in ICU		
	Sedation in ICU		
	Management of patient with head injury, respiratory failure		
	Invasive monitoring used in ICU		
	Percutaneous tracheostomy		
	Principles of management ICU admitted patient		

B. Clinical Competences:

Sl no	Name of competence (required number)	Performance level	Signature of Instructor	Signature of Supervisors
1	Physical examination (5 in each stem) General Systemic Nervous system Respiratory system Renal System CVS Locomotors			
2	Communication skills Breaking the bad news Communication with patients and relatives Communication with other health care personnel Management of organ transplant coordination			
3	History taking			

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C. Investigation Competences and procedure: (working principle, on hand practice and interpretation)

Name of competences	Performance level	Name of Instructor / Facilitator	Signature of facilitator
Chest drainage			
Application of Cervical Collar			

Record 5 full anaesthetic sheet:



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WORK PLACE BASED ASSESSMENT SUMMARY FORM

Name of Resident:

Batch:

Reg no:

Name of Rotation:

Facilitator:

Duration of placement:

Inspection of log book:

Attendance: *days*, out of (percentage:); Attainment of required skills: Y / N Direct involvement in sufficient clinical cases: Y / N

Satisfactory communication skills, attitudes and behaviour: Y / N

Skills assessment:

Tools	Number	Area covered
Anaes-CEx		
DOPS		
CbD		

COMMENTS: SATISFACTORY / REQUIRED IMPROVEMENT IN THE FOLLOWING AREA

1.

2.

Facilitator/ Supervisor

Signed

Seal

NB:

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2. Please attached attendance sheet and individual assessment form

Tutorial:

Date	Topic (s)	Facilitator	Remarks	Signature
	Endotracheal tubes			
	Laryngoscopes			
	Breathing circuits (connection & disconnection)			
	Sterilization of anaesthetic equipment			
	Air way management (intubation & LMA insertion)			
	Machine checkup			
	Monitoring equipment checkup			
	Writing consultation, Perioperative anaesthetic & critical incident reporting note			
	Spinal Anaesthesia			
	Lumber Epidural			
	Caudal Epidural, Anaesthesia / Analgesia			
	Face Mask & Airway adjuncts			
	Peripheral nerve block			
	Bier's Block/ Brachial Plexus block			
	Anaesthesia Machine check			



CERTIFICATE OF LOG BOOK COMPLETION

TO WHOM IT MAY CONCERN

We, to the best of my knowledge and belief certify that Dr. _____,
BSMMU Registration no: _____ session March 2014 to February 2016 has been completed his assigned works and recorded as directed
by his / her supervisor (s). He / She has attended _____ classes out of _____. Dr _____ has shown care and
respect for the patient, demonstrate eagerness to learn and practice during this period. He / She may be allowed to appear Phase A final
examination in this session.

Course Co-ordinator

Chairman