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

			PERS	ON	AL	DE	ETA	IL	S			
Name												Photo
Date of birth												
ADDRESSES		Permar	nent Address						Conta	act Address ((if different)	
Telephone Home			Telephone Mobile	;								
e-mail												
			RE	GISTR	ATION	NUN	IBER					
BMDC												
Date Reg			Renewal Date									
BSMMU Reg	 	1 1	Session									
				QUAL	IFICA	TION	S					
	Mo	edical C	ollege			Ur	iversit	y			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		l		
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				

LEAVE ACCOUNTS

Policy:

- 1. Maximum $20 \times 02 = 40$ days as casual leave is allowed during the period phase A
- Prior leave permission should always- be sought from Chairman of the Department only after being allowed by the
 Respective Rotation Supervisor and forwarding letter from Course Co-ordinator of the Department
 Leave account must be recorded in the enclosed format with duly signed and approved by respective assigned Head / Supervisor / Consultant

From	To	Duration of leaves	Reason (s)	SIGNATURE		
				Supervisor	Course Co- ordinator	Chairman

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 plac	ce 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 AS	SESSMENT		
No (s)	Training sub-specialty	Remarks	Signature
	Basic Anaesthesia Rotation		
	Basic Anaesthesia Rotation		
Composite	(Medicine) Block		1
	Cardiology		
	Rheumatology		
	Physical Medicine and Rehabilitation		
Composite	(Medicine) Block		1
	Neurology		
	Nephrology		
	Respiratory Medicine		
	Endocrinology		
Composite	(Surgical) Block		1
	Radiology and Imaging		
	Neurosurgery		
	Traumatology and Emergency Medicine		
	·	,	
	Regional Anaesthesia Rotation		
	ICU rotation		
 [

Case based	d 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		

Anaesthes	ia 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	,	1
	Neurology		
	Nephrology		
	Respiratory Medicine		
	Endocrinology		
Composite	(Surgical) Block		
	Radiology and Imaging		
	Neurosurgery		
	Traumatology and Emergency Medicine		
	,	,	
	Regional Anaesthesia Rotation		
	ICU rotation		

LEARNING OUTSIDE THE CLINICAL ENVIRONMENT

Clinical meeting attended

Date	Title	Signature of chairperson

CLINICAL GOVERNANCE

Journal Club Meeting

Date	Title	Signature of Chairperson

Morbidity and mortality meeting

Date	Title	Signature of Chairperson

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 shocked patient					
Management of Unconscious /					
comatose patient					
Treatment of Anaphylaxis					

DV G / + GV G			
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			

Nasal Intubation			
LMA insertion			

Sub-arachnoid Block		
Epidural Anaesthesia		

D 11 1 1 1	1		I
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				
Tuned intubution				
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-ope	Pre-operative assessment (PACU)							
1	Physical examination (5 in each stem)							
	CVS							
	Respiratory system							
2	Measuring Blood Pressure Communication skill (5 in each stem)							
2								
	Planning for anaesthetic technique							
3	Planning for postoperative analgesia History taking							
4	Data interpretation							
	ECG							
	X ray							
	Electrolytes Coagulation profile							
	Markers related to renal system							
	ABG							
5	Planning of anaesthetic technique							
	Regional block							
	General Anaesthesia							
	Induction (IV / Inhalational) Muscle relaxant							
	Fluids							
6	ASA grading							
7	Mallampati grading							

Record 5 full anaesthetic sheet:

2. Please attached attendance sheet and individual assessment form



MD Residency Programme Dept. of Anaesthesia, Analgesia and Intensive Care Medicine Bangabandhu Sheikh Mujib Medical University Shahbag, Dhaka-1000

WORK PLACE BASED ASSESSMENT SUMMARY FORM

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 CCD COMMENTS: SATISFACTORY / REQUIRED IMPROVEMENT IN THE FOLLOWING AREA 1.	Name of Resident:			Batch:	Reg no:	
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.	Name of Resident.			Dateii.	Reg no.	
Attendance: days, out of (percentage:); Attainment of required skills: Y / N Direct involvement in sufficient clinical cases: Y / N Skills assessment: Tools Number Area covered Anaes-CEx DOPS CbD CDD COMMENTS: SATISFACTORY / REQUIRED IMPROVEMENT IN THE FOLLOWING AREA 1. 2.	Name of Rotation:			Facilitator:	Duration of placement:	
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.	Inspection of log book:					
Skills assessment: Tools Number Area covered Anaes-CEx DOPS CbD COMMENTS: SATISFACTORY / REQUIRED IMPROVEMENT IN THE FOLLOWING AREA 1. 2.	Attendance: days, o	out of (percentage:);	Attainment of required skills: Y / N	Direct involvement in sufficient clinical cases: Y / N	
Tools Number Area covered Anaes-CEx DOPS CbD COMMENTS: SATISFACTORY / REQUIRED IMPROVEMENT IN THE FOLLOWING AREA 1. 2.	Satisfactory communication	skills, attitudes	and behaviour: Y / N			
Tools Number Area covered Anaes-CEx DOPS CbD COMMENTS: SATISFACTORY / REQUIRED IMPROVEMENT IN THE FOLLOWING AREA 1. 2.	Skills assessment:					
DOPS CbD COMMENTS: SATISFACTORY / REQUIRED IMPROVEMENT IN THE FOLLOWING AREA 1. 2.		Number	Area covered			
COMMENTS: SATISFACTORY / REQUIRED IMPROVEMENT IN THE FOLLOWING AREA 1. 2.	Anaes-CEx					
COMMENTS: SATISFACTORY / REQUIRED IMPROVEMENT IN THE FOLLOWING AREA 1. 2.	DOPS					
1. 2.	CbD					
1. 2.						
2.	COMMENTS: SATISFAC	CTORY / REQUI	IRED IMPROVEMENT	T IN THE FOLLOWING AREA		
	1.					
Facilitator/ Supervisor Signed Seal	2.					
AID.	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	NB: 1. Worked place base	ed assessment is	an important part for	teaching in anaesthesia. It consists of ta	king attendance, performing of minimum two Anaes-CEx. DC	OPS 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.				is a second of the second of t	year a manage and area by communication cannot authorize an	

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 ca	are personnel	

B. Clinical Competence:

Date	Particulars of patient	Type of anaesthesia	Signature of facilitator

Record 5 full anaesthetic sheet:

2. Please attached attendance sheet and individual assessment form



MD Residency Programme Dept. of Anaesthesia, Analgesia and Intensive Care Medicine 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, or	nt of (percentage:);	Attainment of required skills: Y / N	Direct involvement in sufficient clinical cases: Y /	N
Satisfactory communication	skills, attitudes a	and behaviour: Y / N			
Skills assessment:					
Tools	Number	Area covered			
Anaes-CEx					
DOPS					
CbD					
COMMENTS: SATISFAC	TORY / REQUI	RED IMPROVEMENT	IN THE FOLLOWING AREA		
1.					
2.					
Facilitator/ Supervisor NB:		Signed	Seal		
 Worked place based 	l assessment is	an important part for t	teaching in anaesthesia. It consists of ta	aking attendance, performing of minimum two Anaes	s-CEx, DOPS and CbD in any
rotation. The super-	visor plays a pi	votal role in this asses	sment tools. You are requested to rates	s your trainee in the area of communication skills, a	ttitudes and behaviour before
signing off from this	rotation.				

Sub specialty: Card	Sub specialty: Cardiology (two months)				
Supervisor:					
A. Bed side teachi	ng (Didactic/ Tutorial):				
Date	Topic (s)	Name of Facilitator	Signature		

Name of rotation: Cardiology (Medicine Faculty Composite Block-01) Block-03

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 vulvular heart disease Patient with cardio-myopathy			

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			

D. Patient management

Date	Particulars of patient	Diagnosis and final remarks	Name of Facilitator	Signature

(Complete 10 POMR related to cardiac disease)

Record 5 full anaesthetic sheet:

2. Please attached attendance sheet and individual assessment form



MD Residency Programme Dept. of Anaesthesia, Analgesia and Intensive Care Medicine 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, o	ut of (percentage:); Attainment of required	skills: Y / N Dire	ct 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: SATISFAC	TORY / REQUI	RED IMPROVEMI	ENT IN THE FOLLOWING	G AREA		
<i>I</i> .						
2.						
2.						
Facilitator/ Supervisor NB:		Signed		Seal		
	d assessment is	an important part f	or teaching in anaesthesia.	It consists of taking a	attendance, performing of minimum two Anaes-CEx, DOPS and CbD in ar	ny
rotation. The super	visor plays a pi	votal role in this as	sessment tools. You are reg	quested to rates your	trainee in the area of communication skills, attitudes and behaviour befo	ore
signing off from thi	s rotation					

Sub-specialty Rh	Sub-specialty Rheumatology (15days)						
Supervisor:							
A. Bed side teac	A. Bed side teaching (Didactic/ Tutorial):						
Date	Topic (s)	Name of Facilitator	Signature				

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

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)			

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			

D. Patient management

Date	Particulars of patient	Diagnosis and final remarks	Name of Facilitator	Signature

(Complete 5 POMR related to Rheumatology)

Record 5 full anaesthetic sheet:

2. Please attached attendance sheet and individual assessment form



MD Residency Programme Dept. of Anaesthesia, Analgesia and Intensive Care Medicine 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	of (p	percentage:);	Attainment of required skills: Y / N	Direct involvement in sufficient clinical cases: Y / N	
Satisfactory communication ski	lls, attitudes a	nd behaviour: Y / N			
Skills assessment:					
Tools	Number	Area covered			
Anaes-CEx					
DOPS					
СЬО					
COMMENTS: SATISFACTO	RY / REQUI	RED IMPROVEMEN	T IN THE FOLLOWING AREA		
<i>I</i> .					
2					
2.					
Facilitator/ Supervisor NB:		Signed	Seal		
 Worked place based a 	ssessment is	an important part for	teaching in anaesthesia. It consists of ta	king attendance, performing of minimum two Anaes-CEx, DOP	'S and CbD in an
rotation. The supervise	or plays a piv	otal role in this asses	sment tools. You are requested to rates	your trainee in the area of communication skills, attitudes and	behaviour befor
signing off from this re	otation.				

	Name of rotation: Physical Medicine and Rehabilitation (Medicine Faculty Composite Block-01) Block-03				
	Sub specialty: Physical Medicine (15days)				
	Supervisor:				
A. Bed side teaching (Didactic/ Tutorial):					
	Date	Topic (s)	Name of Facilitator	Signature	

	1

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			

D. Patient management

Date	Particulars of patient	Diagnosis and final remarks	Name of Facilitator	Signature

(Complete 10 POMR related to Physical Medicine)

Record 5 full anaesthetic sheet:

2. Please attached attendance sheet and individual assessment form



MD Residency Programme Dept. of Anaesthesia, Analgesia and Intensive Care Medicine 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, o	ut 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: SATISFAC	TORY / REQUI	IRED IMPROVEMENT	T IN THE FOLLOWING AREA		
1.					
2.					
Facilitator/ Supervisor NB:		Signed	Seal		
 Worked place base 	d assessment is	an important part for t	eaching in anaesthesia. It consists of ta	aking attendance, performing of minimum two Anaes-C	Ex, DOPS and CbD in any
rotation. The super	visor plays a pi	votal role in this assess	sment tools. You are requested to rates	s your trainee in the area of communication skills, atti	tudes and behaviour before
signing off from thi	s rotation.				

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

Sub-specialty: Neurology (One month)

Supervisor:

A. Bed side teaching (Didactic/ Tutorial):

Date	Topic (s)	Name of Facilitator	Signature

1	

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			

D. Patient management

Date	Particulars of patient	Diagnosis and final remarks	Name of Facilitator	Signature

(Complete 10 POMR related to Neurology)

Record 5 full anaesthetic sheet:

2. Please attached attendance sheet and individual assessment form



MD Residency Programme Dept. of Anaesthesia, Analgesia and Intensive Care Medicine 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, o	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	ſ		
Skills assessment:					
Tools	Number	Area covered			
Anaes-CEx					
DOPS					
CbD					
COMMENTS: SATISFAC	TORY / REQUI	I IRED IMPROVEMEN	NT IN THE FOLLOWING AREA		
<i>I</i> .					
2					
2.					
Facilitator/ Supervisor NB:		Signed	Seal		
	d assessment is	an important part for	teaching in anaesthesia. It consists of ta	king attendance, performing of minimum two Anaes	-CEx, DOPS and CbD in any
				your trainee in the area of communication skills, at	
signing off from thi	s rotation.				

Sub-specialty Ne	Sub-specialty Nephrology (15days)						
Supervisor:	Supervisor:						
A. Bed side tead	ching (Didactic/ Tutorial):						
Date	Topic (s)	Name of Facilitator	Signature				

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

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			
IIdialania			
Haemodialysis			
Continuous Renal Replacement Therapy (CRRT)			

D. Patient management

Date	Particulars of patient	Diagnosis and final remarks	Name of Facilitator	Signature

(Complete 5 POMR related to Nephrology)

Record 5 full anaesthetic sheet:



MD Residency Programme Dept. of Anaesthesia, Analgesia and Intensive Care Medicine 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, o	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: SATISFAC	TORY / REQUI	I RED IMPROVEMEN	NT IN THE FOLLOWING AREA		
<i>I</i> .					
2.					
Facilitator/ Supervisor NB:		Signed	Seal		
	d assessment is	an important part for	teaching in anaesthesia. It consists of	taking attendance, performing of n	ninimum two Anaes-CEx, DOPS and CbD in any
					munication skills, attitudes and behaviour before
signing off from th	s rotation.				

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

2. Please attached attendance sheet and individual assessment form

Sub-specialty Respiratory Medicine (1 month
Supervisor:

A. Bed side teaching (Didactic/ Tutorial):

Date	Topic (s)	Name of Facilitator	Signature

Name of competence (required number)	Performance level	Signature of Instructor	Signature of Supervisors
Physical examination (5 in each stem)			
General			
Systemic			
Respiratory system			
Communication skills			
History taking (5 in each stem)			
	Physical examination (5 in each stem) General Systemic Respiratory system Communication skills	Physical examination (5 in each stem) General Systemic Respiratory system Communication skills	Physical examination (5 in each stem) General Systemic Respiratory system Communication skills

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			

D. Patient management

Date	Particulars of patient	Diagnosis and final remarks	Name of Facilitator	Signature

(Complete 5 POMR related to Respiratory Medicine)



MD Residency Programme Dept. of Anaesthesia, Analgesia and Intensive Care Medicine Bangabandhu Sheikh Mujib Medical University Shahbag, Dhaka-1000

WORK PLACE BASED ASSESSMENT SUMMARY FORM

Name of	f Resident:			Batch:	Reg no:	
	f Rotation: on of log book:			Facilitator:	Duration of placement:	
Attendar		ut of	(percentage:);	Attainment of required skills: Y / N	Direct involvement in sufficient clinical cases:	Y / N
Satisfact	tory communication	skills, attitudes	and behaviour: Y / N			
Skills as	ssessment:					
Tools		Number	Area covered			
Anaes-	-CEx					
DOPS						
CbD						
COMMI	ENTS: SATISFAC	TORY / REQU	 	IT IN THE FOLLOWING AREA		
1.						
2.						
	tor/ Supervisor		Signed	Seal		
<u>NB:</u> 1.	Worked place base	d assessment is	s an important part for	teaching in anaesthesia. It consists of ta	aking attendance, performing of minimum two A	naes-CEx, DOPS and CbD in any
	rotation. The super	visor plays a p	ivotal role in this asses	ssment tools. You are requested to rates	s your trainee in the area of communication skil	ls, attitudes and behaviour before
	signing off from this			- -		
2.			nd individual assessmen	nt form		

Sub-specialty End	Sub-specialty Endocrinology (15days)					
Supervisor:	Supervisor:					
A. Bed side teacl	hing (Didactic/ Tutorial):					
Date	Topic (s)	Name of Facilitator	Signature			

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

1	

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)			

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

Name of competences	Performance level	Name of Instructor / Facilitator	Signature of facilitator
OGTT			
HbA1C			
Hyperosmolar Ketosis Coma			
Hyperosmoiai Ketosis Coma			

D. Patient management

Date	Particulars of patient	Diagnosis and final remarks	Name of Facilitator	Signature

(Complete 5 POMR related to Endocrinology)

2. Please attached attendance sheet and individual assessment form



MD Residency Programme Dept. of Anaesthesia, Analgesia and Intensive Care Medicine 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:); Att	tainment of required skills: Y / N	Direct involvement in sufficient clinical cases: Y / N
Satisfactory communication skills, a	ttitudes and behaviour: Y / N		
Skills assessment:			
Tools Num	ber Area covered		
Anaes-CEx			
DOPS			
CbD			
COMMENTS: SATISFACTORY	REQUIRED IMPROVEMENT IN	THE FOLLOWING AREA	
1.			
2.			
Facilitator/ Supervisor NB:	Signed	Seal	
 Worked place based assess 	ment is an important part for teach	hing in anaesthesia. It consists of tal	king attendance, performing of minimum two Anaes-CEx, DOPS and CbD in an
rotation. The supervisor pla	ays a pivotal role in this assessmen	nt tools. You are requested to rates	your trainee in the area of communication skills, attitudes and behaviour before
signing off from this rotatio	on.		

Name of rotation: (Surgical Faculty Composite Block-01) Block-05
Sub-specialty Radiology and imaging (one month)
Supervisor:

$\boldsymbol{A.\ Bed\ side\ teaching\ (Didactic/\ Tutorial):}$

Date	Topic (s)	Name of Facilitator	Signature

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

Name of competences	Performance level	Name of Instructor / Facilitator	Signature of facilitator

		1

2. Please attached attendance sheet and individual assessment form



MD Residency Programme Dept. of Anaesthesia, Analgesia and Intensive Care Medicine 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, ou	t of (percentage:);	Attainment of required skills:	Y / N Direct	involvement in sufficient clinical cases: Y / N	
Satisfactory communication s	kills, attitudes a	and behaviour: Y / N				
Skills assessment:						
Tools	Number	Area covered				
Anaes-CEx						
DOPS						
CbD						
COMMENTS: SATISFACT	ORY / REQUI	RED IMPROVEMEN	Γ IN THE FOLLOWING ARE	A		
1.						
2.						
Facilitator/ Supervisor NB:		Signed	Seal			
	assessment is	an important part for t	eaching in anaesthesia. It cons	sists of taking at	tendance, performing of minimum two Anaes-CEx,	DOPS and CbD in any
rotation. The superv	isor plays a pi	votal role in this assess	sment tools. You are requested	l to rates your tr	cainee in the area of communication skills, attitude	es and behaviour before
signing off from this	rotation					

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

D. Patient management

Date	Particulars of patient	Diagnosis and final remarks	Name of Facilitator	Signature

(Complete 10 POMR related to Neurosurgery)



MD Residency Programme Dept. of Anaesthesia, Analgesia and Intensive Care Medicine Bangabandhu Sheikh Mujib Medical University Shahbag, Dhaka-1000

WORK PLACE BASED ASSESSMENT SUMMARY FORM

		WORK	TERCE DINGED RESERVEIVE	Sevin Hitt I Otto	
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: SATISFAC	CTORY / REQU	IRED IMPROVEMENT	IN THE FOLLOWING AREA		
1.					
2.					
Facilitator/ Supervisor		Signed	Seal		
NB: 1 Worked place has	ed assessment is	an important part for te	eaching in anaesthesia. It consists of ta	king attendance, performing of minimum two Anaes-CEx, DOPS	and ChD in any
				your trainee in the area of communication skills, attitudes and b	
signing off from th		ivotai ioie iii tiiis assess	mient toois. Tou ure requested to rates	your ramee in the area of communication skins, attitudes and to	Chaviour octor
signing on from th	ıs rotation.				

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):

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		
	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	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

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			

D. Patient management

Date	Particulars of patient	Diagnosis and final remarks	Name of Facilitator	Signature

(Complete 10 POMR related to Traumatology ands Emergency Medicine)

2. Please attached attendance sheet and individual assessment form



MD Residency Programme Dept. of Anaesthesia, Analgesia and Intensive Care Medicine 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	n skills, attitudes	and behaviour: Y / 1	N		
Skills assessment: Tools	Number	Area covered			
	Number	Alea covered			
Anaes-CEx					
DOPS					
CbD					
COMMENTS: SATISFA	CTORY / REQUI	RED IMPROVEME	NT IN THE FOLLOWING AREA		
1.					
2.					
Facilitator/ Supervisor NB:		Signed	Seal		
	ed assessment is	an important part for	r teaching in anaesthesia. It consists of t	aking attendance, performing of minimum two Anaes-C	CEx, DOPS and CbD in any
				s your trainee in the area of communication skills, atti-	
_		, can rote in time doo	issued tools. Iou are requested to rate	, jour is affect in the area of communication skins, and	inaco ana conarioni concre
signing off <i>from th</i>	us rotation.				

Name of rotation: (Regional Block) Block-06 (three months)

Supervisor:

A. Bed side teaching (Didactic/ Tutorial):

Date	Topic (s)	Name of Facilitator	Signature

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				

	l .	l	l .	

D. Patient management

Date	Name of patient	ASA status	Block performed	Surgical procedure	Dose of LA used	Effect of block	Unwanted effect	Signature of Instructor

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

2. Please attached attendance sheet and individual assessment form



MD Residency Programme Dept. of Anaesthesia, Analgesia and Intensive Care Medicine 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 / 1	N					
Satisfactory communication	skills, attitudes	and behaviour: Y / N	ſ							
Skills assessment:										
Tools	Number	Area covered								
Anaes-CEx										
DOPS										
CbD										
COMMENTS: SATISFACTORY / REQUIRED IMPROVEMENT IN THE FOLLOWING AREA										
1.										
2										
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 th	signing off from this rotation.									

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		

1	

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			

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			
A 1' (' (C) ' 10 II			
Application of Cervical Collar			

D. Patient management

Date	Particulars of patient	Diagnosis and final remarks	Name of Facilitator	Signature

Record 5 full anaesthetic sheet:

2. Please attached attendance sheet and individual assessment form



MD Residency Programme Dept. of Anaesthesia, Analgesia and Intensive Care Medicine 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, o	ut of (percentage:); Attainment of required	skills: Y / N Dire	ct 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: SATISFAC	TORY / REQUI	RED IMPROVEMI	ENT IN THE FOLLOWING	G AREA		
<i>I</i> .						
2.						
2.						
Facilitator/ Supervisor NB:		Signed		Seal		
	d assessment is	an important part f	or teaching in anaesthesia.	It consists of taking a	attendance, performing of minimum two Anaes-CEx, DOPS and CbD in ar	ny
rotation. The super	visor plays a pi	votal role in this as	sessment tools. You are reg	quested to rates your	trainee in the area of communication skills, attitudes and behaviour befo	ore
signing off from thi	s rotation					

Anatomy:

Date	Topic (s)	Facilitator	Signature

	1

Physiology:

Date	Topic (s)	Facilitator	Signature

Biochemistry:

Date	Topic (s)	Facilitator	Signature

Pathology:

Date	Topic (s)	Facilitator	Signature

Microbiology / Virology:

Date	Topic (s)	Facilitator	Signature

	1

Didactic Lecture: (Basic Science, organized by Faculty of Basic Science and Department of Anaesthesiology)

Pharmacology:

Date	Topic (s)	Facilitator	Signature

	1

Didactic Lecture: (Department of Anaesthesiology)

Physics and Clinical measurement:

Date	Topic (s)	Facilitator	Signature

Didactic Lecture: (Department of Anaesthesiology)

Anaesthetic and monitoring equipment:

Date	Topic (s)	Facilitator	Signature

Didactic Lecture: (Department of Anaesthesiology)

Biostatistics:

Date	Topic (s)	Facilitator	Signature

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			

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Airway assessment		
IV techniques (CVP)		
• ` ` ′		
IV Induction		
1 v induction		
Inhalational induction		
N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
Mask Ventilation in anaesthesia		
Failed intubation drill		
D 110		
Rapid Sequence induction		
Medical gas cylinder		
Vaporizers		
Breathing System		
g, g		
TT 1100		
Humidification		



CERTIFICATE OF LOG BOOK COMPLETION

TO WHOM IT MAY CONCERN

We, to the best of my know	vledge and belief certify	that Dr		
BSMMU Registration no:	session March 2014 to	February 2016 has been co	ompleted his assigned	d 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, demons	trate eagerness to learn ar	nd practice during this period	od. He / She may be	allowed to appear Phase A final
examination in this session.				

Course Co-ordinator Chairman