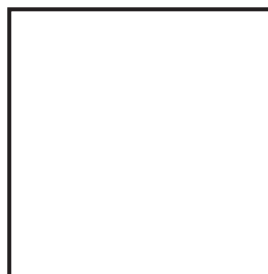


**PERSONAL PARTICULARS**



1. Name:.....
2. I.C. No:.....
3. Period of posting: From.....to.....
4. Duration of Extension (if any) :.....
5. Name of Supervisor :.....
6. Designation of Supervisor :.....
7. Name of Hospital:.....

## **CONTENTS**

1. Introduction
2. Objectives of Houseman Training
3. Guidelines to the use of the log book
4. Grading system
5. House officer curriculum
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8. Workplace-based assessments and log book
9. Continuous professional development
10. Summary of workplace-based assessments performed
11. Multi-source feedback
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## INTRODUCTION

1. This record book is designed to guide both the medical officer and the supervisor in coordinating activities that are regarded as essential experience during the pre-registration year. It is generally agreed that the training provided during the undergraduate period is insufficient for the practice of medicine and thus a graduate needs to undergo a period of further training under supervision in a recognised hospital. This period, regarded as a pre-registration period, is a statutory requirement and a medical officer can only be fully registered after completing satisfactorily the housemanship programme. Criteria for satisfactory completion are mainly by undergoing training and experience in specified disciplines followed by formal endorsement by consultants supervising the training.
2. This record book which forms the basis of summary report (Form 6 of the Medical Act 1971) shall be filled by the Hospital Director and submitted to the Malaysian Medical Council.
3. All house officers should undergo one (1) week of orientation in each unit. During this period they should observe and assist in any procedures before being allowed to perform it.

### **OBJECTIVES OF HOUSEMANSHIP TRAINING**

At the end of the training period, the house officer is expected to:

- 1) Acquire clinical experience and skills in history taking, clinical examination, diagnosis and management of patients that require emergency care.
- 2) Understand and apply the underlying concepts of health and disease in the holistic management of patients.
- 3) Acquire adequate skills to perform all related clinical procedures competently.
- 4) Develop a caring, responsible and professional attitude through teamwork for optimal patient care.

### **GUIDELINES TO THE USE OF THIS LOG BOOK**

1. This log book shall be carried by the house officer at all times to facilitate recording.
2. This log book shall be assessed by the supervisor regularly.
3. The house officer is required to submit the log book to supervising clinical specialist/consultant two (2) weeks before the end of each posting for assessment. A house officer who fails to submit this log book may be subjected to extension.
4. The supervisor will fill in the summary report including the overall comment before certifying the Certificate of Completion of Posting.
5. The overall comments and recommendations of each discipline will be completed in duplicate and submitted to the hospital director not later than two (2) weeks after each posting.
6. At the end of the housemanship training period, the hospital director shall complete Form 6 of the Medical Act, 1971 and attach the original copies of Form A of relevant disciplines to be submitted to the Malaysian Medical Council not later than one (1) month after completion of housemanship training.
7. A house officer who has lost his/her log book shall report to the hospital director for further action to be taken.
8. The hospital director shall compile and keep this log book for five (5) years.

## HOUSE OFFICER CURRICULUM

### **Mandatory CME Topics:**

- 1) Basic Life Support- Certification
- 2) Trauma Management
- 3) Cardiac Life Support- Megacode & Rhythm recognition
- 4) Airway Management
- 5) Triage Systems
- 6) Toxicology- Poisoning & Envenomation
- 7) Disaster Management
- 8) Management of OSCC cases
- 9) Dengue Management
- 10) ENT & Ophthalmology Emergencies
- 11) Approach to chest pain
- 12) Approach to breathlessness
- 13) Approach to altered mental status & seizures
- 14) Approach to shock
- 15) Approach to management of fever and sepsis
- 16) Pain Management
- 17) Organ transplant
- 18) Endocrine Emergencies

## PROCEDURES FOR LOGBOOK

### **Compulsory Performed Procedures:**

1. Airway Management- Open and maintain airway maneuver
2. Airway Management- Oxygen administration
3. Airway Management- Prepare nebulisation
4. Airway Management- Bag Mask Ventilation
5. Airway Management- Adult/ Pediatric Intubation
6. Airway Management- Advance airway adjunct application (Supraglottic airway)
7. Airway Management- Basic Ventilator Management
8. Cardiopulmonary Resuscitation- Chest Compression/CPR
9. Initial Fracture Management- Limb Immobilization
10. Initial Fracture Management - Application of cervical collar
11. Initial Fracture Management -Spinal board application and log roll
12. Wound Management- Wound irrigation, debridement and suturing
13. Wound Management- Direct compression and bandage
14. Interventional and Monitoring- Chest tube insertion
15. Interventional and Monitoring- Thrombolytic therapy- preparation and administration
16. Triage- Hospital triage- primary triage, secondary triage, surveillance triage
17. Co-Management of Life Threatening Conditions- Initial Management of Trauma- Primary & Secondary Survey

## PROCEDURES FOR LOGBOOK

- 18.Co-Management of Life Threatening Conditions- Pharmacological Management of cardiac dysrhythmias- ACLS
- 19.Co-Management of Life Threatening Conditions- Defibrillation, Synchronized Cardioversion, Transcutaneous Pacing
- 20.Special Procedures- Focused assessment sonography in trauma (FAST)
- 21.Pain assessment and management

### **Compulsory Assisted Procedures:**

- 1. Initial Fracture/Dislocation Management- Close manual reduction
- 2. Special Procedures- Procedural sedation analgesia
- 3. Special Procedures- Rapid Sequence Intubation
- 4. Initial Fracture Management- Pelvic immobilization
- 5. Initial Fracture Management- Traction splinting (5)
- 6. Intra-hospital and inter-hospital transfer of critically ill patients
- 7. Pre-hospital Care - Ambulance call & Radio Communication



## PROCEDURES FOR LOGBOOK

### **Compulsory Observed Procedures:**

1. Management of difficult intubation (e.g.: bougie, video laryngoscope, McCoy blade)
2. Management of amputated part
3. T&S of specialized area e.g. face, pinna
4. OSCC (Rape, sodomy, domestic violence, child abuse)
5. Breaking bad news/Counseling & Bereavement

### **Optional Procedures:**

1. Cricothyroidectomy
2. Medical Standby
3. Suprapubic Catheterization
4. Pericardiocentesis
5. Field Triage
6. Disaster Drill
7. Hospital Activation For Disaster
8. Intraosseous needle insertion
9. Needle Thoracocentesis
10. Eye Irrigation

## **WORKPLACE-BASED ASSESSMENT TOOLS FOR LOG BOOK**

Workplace-based assessment refers to the assessment of working practices based on what doctors actually do in the workplace and is predominantly carried out in the workplace itself.

Type of Tools:

### **A. Dops (Directly Observed Procedural Skills):**

1. FAST- Focussed assessment of sonography in trauma
2. Rapid Sequence Intubation
3. Thromobolytic Therapy

To complete each DOPS (one each) successfully.

### **B. CEX (Clinical Evaluation Exercise)- 2 cases**

### **C. CBD (Case Based Discussion)**

- 1 . Medical case
2. Trauma case

To complete each CDB (one each) successfully.

### **D. MSF (Multisource feedback)**

## WORKPLACE-BASED ASSESSMENT TOOLS

### Frequency and Number of Assessments:

*The appointed supervisor or specialist should assess mini-CEX and Cbd.*

*For MSF, these can be done throughout the posting by supervisors and peers.*

| 1st month                         | 2nd month             | 3rd month                         | 4th month |
|-----------------------------------|-----------------------|-----------------------------------|-----------|
| Mini-CEX<br>and<br>Cbd with 2 MSF |                       | Mini-CEX<br>and<br>Cbd with 2 MSF |           |
| Review<br>LOG<br>BOOK             | Review<br>LOG<br>BOOK | Review<br>LOG<br>BOOK             |           |
| Compulsory 1 set of DOPS          |                       |                                   |           |

# **WORKPLACE-BASED ASSESSMENTS AND LOG BOOK**

# **CASE BASED DISCUSSION (CbD)**

**CASE BASED DISCUSSION (CbD) FOR HOUSE OFFICERS MEDICAL**

|   |                             |                   |           |   |
|---|-----------------------------|-------------------|-----------|---|
| NAME:<br>IC NO:                                   |                             |                   |           | Focus of clinical encounter:<br>1) Documentation<br>2) Clinical Assessment<br>3) Management<br>4) Professionalism |
| CLINICAL CASE:                                    |                             |                   |           |   |
| Grade the following areas using the scales        | Good<br>A                   | Satisfactory<br>B | Poor<br>C | Signature of assessor:<br><br><br>Stamp:<br><br>Date:   |
| 1. First Look- ABCs and life threatening injuries |                             |                   |           |   |
| 2. Targeted History                               |                             |                   |           |   |
| 3. Physical Examination                           |                             |                   |           |   |
| 4. Differential Diagnosis                         |                             |                   |           |   |
| 5. Intervention                                   |                             |                   |           | Signature of candidate:<br><br>Stamp:<br><br>Date:  |
| 6. Disposition Plan                               |                             |                   |           |   |
| Anything especially good?                         | Suggestion for development: |                   |           |   |
| Overall performance:                              |                             |                   |           |   |

**CASE BASED DISCUSSION (CbD) FOR HOUSE OFFICERS MEDICAL**

|   |                             |                   |           |   |
|---|-----------------------------|-------------------|-----------|---|
| NAME:<br>IC NO:                                   |                             |                   |           | Focus of clinical encounter:<br>1) Documentation<br>2) Clinical Assessment<br>3) Management<br>4) Professionalism |
| CLINICAL CASE:                                    |                             |                   |           |   |
| Grade the following areas using the scales        | Good<br>A                   | Satisfactory<br>B | Poor<br>C | Signature of assessor:<br><br><br>Stamp:<br><br>Date:   |
| 1. First Look- ABCs and life threatening injuries |                             |                   |           |   |
| 2. Targeted History                               |                             |                   |           |   |
| 3. Physical Examination                           |                             |                   |           |   |
| 4. Differential Diagnosis                         |                             |                   |           |   |
| 5. Intervention                                   |                             |                   |           | Signature of candidate:<br><br>Stamp:<br><br>Date:  |
| 6. Disposition Plan                               |                             |                   |           |   |
| Anything especially good?                         | Suggestion for development: |                   |           |   |
| Overall performance:                              |                             |                   |           |   |

**CASE BASED DISCUSSION (CbD) FOR HOUSE OFFICERS MEDICAL**

|   |                             |                   |           |   |
|---|-----------------------------|-------------------|-----------|---|
| NAME:<br>IC NO:                                   |                             |                   |           | Focus of clinical encounter:<br>1) Documentation<br>2) Clinical Assessment<br>3) Management<br>4) Professionalism |
| CLINICAL CASE:                                    |                             |                   |           |   |
| Grade the following areas using the scales        | Good<br>A                   | Satisfactory<br>B | Poor<br>C | Signature of assessor:<br><br><br>Stamp:<br><br>Date:   |
| 1. First Look- ABCs and life threatening injuries |                             |                   |           |   |
| 2. Targeted History                               |                             |                   |           |   |
| 3. Physical Examination                           |                             |                   |           |   |
| 4. Differential Diagnosis                         |                             |                   |           |   |
| 5. Intervention                                   |                             |                   |           | Signature of candidate:<br><br>Stamp:<br><br>Date:  |
| 6. Disposition Plan                               |                             |                   |           |   |
| Anything especially good?                         | Suggestion for development: |                   |           |   |
| Overall performance:                              |                             |                   |           |   |



| CASE BASED DISCUSSION TRAUMA (CbD) FOR HOUSE OFFICERS TRAUMA |                             |                   |   |  |
|--|-----------------------------|-------------------|---|--|
| NAME:<br>IC NO:<br><br>CLINICAL CASE:                        |                             |                   | Focus of clinical encounter:<br>1) Documentation<br>2) Clinical Assessment<br>3) Management<br>4) Professionalism |  |
| Grade the following areas using the scales                   | Good<br>A                   | Satisfactory<br>B | Poor<br>C   |  |
| 1. Primary survey  |                             |                   |   | Signature of assessor:<br><br>Stamp:<br><br>Date:  |
| 2. Adjuncts to primary survey                                |                             |                   |   |  |
| 3. Secondary survey  |                             |                   |   |  |
| 4. Adjuncts to secondary survey                              |                             |                   |   |  |
| 5. Diagnosis   |                             |                   |   |  |
| 6. Disposition Plan  |                             |                   |   | Signature of candidate:<br><br>Stamp:<br><br>Date: |
| Anything especially good?                                    | Suggestion for development: |                   |   |  |
| Overall performance:   |                             |                   |   |  |

| CASE BASED DISCUSSION TRAUMA (CbD) FOR HOUSE OFFICERS TRAUMA |                             |                   |   |  |
|--|-----------------------------|-------------------|---|--|
| NAME:<br>IC NO:<br><br>CLINICAL CASE:                        |                             |                   | Focus of clinical encounter:<br>1) Documentation<br>2) Clinical Assessment<br>3) Management<br>4) Professionalism |  |
| Grade the following areas using the scales                   | Good<br>A                   | Satisfactory<br>B | Poor<br>C   |  |
| 1. Primary survey  |                             |                   |   | Signature of assessor:<br><br>Stamp:<br><br>Date:  |
| 2. Adjuncts to primary survey                                |                             |                   |   |  |
| 3. Secondary survey  |                             |                   |   |  |
| 4. Adjuncts to secondary survey                              |                             |                   |   |  |
| 5. Diagnosis   |                             |                   |   |  |
| 6. Disposition Plan  |                             |                   |   | Signature of candidate:<br><br>Stamp:<br><br>Date: |
| Anything especially good?                                    | Suggestion for development: |                   |   |  |
| Overall performance:   |                             |                   |   |  |

| CASE BASED DISCUSSION TRAUMA (CbD) FOR HOUSE OFFICERS TRAUMA |                             |                   |   |  |
|--|-----------------------------|-------------------|---|--|
| NAME:<br>IC NO:<br><br>CLINICAL CASE:                        |                             |                   | Focus of clinical encounter:<br>1) Documentation<br>2) Clinical Assessment<br>3) Management<br>4) Professionalism |  |
| Grade the following areas using the scales                   | Good<br>A                   | Satisfactory<br>B | Poor<br>C   |  |
| 1. Primary survey  |                             |                   |   | Signature of assessor:<br><br>Stamp:<br><br>Date:  |
| 2. Adjuncts to primary survey                                |                             |                   |   |  |
| 3. Secondary survey  |                             |                   |   |  |
| 4. Adjuncts to secondary survey                              |                             |                   |   |  |
| 5. Diagnosis   |                             |                   |   |  |
| 6. Disposition Plan  |                             |                   |   | Signature of candidate:<br><br>Stamp:<br><br>Date: |
| Anything especially good?                                    | Suggestion for development: |                   |   |  |
| Overall performance:   |                             |                   |   |  |

# **MINI CLINICAL EVALUATION EXERCISE**

| MINI CLINICAL EVALUATION EXERCISE (CEX) FOR HOUSE OFFICERS |                             |                   |   |
|--|-----------------------------|-------------------|---|
| NAME:<br>IC NO:<br>CEX NUMBER:<br>CLINICAL CATEGORY:       |                             |                   | Focus of clinical encounter:<br>1) History<br>2) Diagnosis<br>3) Management<br>4) Explanation |
| Grade the following areas using the scales                 | Good<br>A                   | Satisfactory<br>B | Poor<br>C   |
| 1. History Taking  |                             |                   | Signature of assessor:<br><br>Stamp:<br><br>Date:   |
| 2. Examination   |                             |                   |   |
| 3. Clinical Judgement                                      |                             |                   |   |
| 4. Differential Diagnosis                                  |                             |                   |   |
| 5. Management  |                             |                   |   |
| 6. Communication Skills                                    |                             |                   |   |
| Anything especially good?                                  | Suggestion for improvement: |                   | Signature of candidate:<br><br>Stamp:<br><br>Date:  |
| Overall performance:                                       |                             |                   |   |

| MINI CLINICAL EVALUATION EXERCISE (CEX) FOR HOUSE OFFICERS |                             |                   |   |
|--|-----------------------------|-------------------|---|
| NAME:<br>IC NO:<br>CEX NUMBER:<br>CLINICAL CATEGORY:       |                             |                   | Focus of clinical encounter:<br>1) History<br>2) Diagnosis<br>3) Management<br>4) Explanation |
| Grade the following areas using the scales                 | Good<br>A                   | Satisfactory<br>B | Poor<br>C   |
| 1. History Taking  |                             |                   | Signature of assessor:<br><br>Stamp:<br><br>Date:   |
| 2. Examination   |                             |                   |   |
| 3. Clinical Judgement                                      |                             |                   |   |
| 4. Differential Diagnosis                                  |                             |                   |   |
| 5. Management  |                             |                   |   |
| 6. Communication Skills                                    |                             |                   |   |
| Anything especially good?                                  | Suggestion for improvement: |                   | Signature of candidate:   |
| Overall performance:                                       |                             |                   | Stamp:  |
|  |                             |                   | Date:   |

| MINI CLINICAL EVALUATION EXERCISE (CEX) FOR HOUSE OFFICERS |                             |                   |   |
|--|-----------------------------|-------------------|---|
| NAME:<br>IC NO:<br>CEX NUMBER:<br>CLINICAL CATEGORY:       |                             |                   | Focus of clinical encounter:<br>1) History<br>2) Diagnosis<br>3) Management<br>4) Explanation |
| Grade the following areas using the scales                 | Good<br>A                   | Satisfactory<br>B | Poor<br>C   |
| 1. History Taking  |                             |                   | Signature of assessor:<br><br>Stamp:<br><br>Date:   |
| 2. Examination   |                             |                   |   |
| 3. Clinical Judgement                                      |                             |                   |   |
| 4. Differential Diagnosis                                  |                             |                   |   |
| 5. Management  |                             |                   |   |
| 6. Communication Skills                                    |                             |                   |   |
| Anything especially good?                                  | Suggestion for improvement: |                   | Signature of candidate:<br><br>Stamp:<br><br>Date:  |
| Overall performance:                                       |                             |                   |   |

| MINI CLINICAL EVALUATION EXERCISE (CEX) FOR HOUSE OFFICERS |                             |                   |   |
|--|-----------------------------|-------------------|---|
| NAME:<br>IC NO:<br>CEX NUMBER:<br>CLINICAL CATEGORY:       |                             |                   | Focus of clinical encounter:<br>1) History<br>2) Diagnosis<br>3) Management<br>4) Explanation |
| Grade the following areas using the scales                 | Good<br>A                   | Satisfactory<br>B | Poor<br>C   |
| 1. History Taking  |                             |                   | Signature of assessor:<br><br>Stamp:<br><br>Date:   |
| 2. Examination   |                             |                   |   |
| 3. Clinical Judgement                                      |                             |                   |   |
| 4. Differential Diagnosis                                  |                             |                   |   |
| 5. Management  |                             |                   |   |
| 6. Communication Skills                                    |                             |                   |   |
| Anything especially good?                                  | Suggestion for improvement: |                   | Signature of candidate:<br><br>Stamp:<br><br>Date:  |
| Overall performance:                                       |                             |                   |   |



| MINI CLINICAL EVALUATION EXERCISE (CEX) FOR HOUSE OFFICERS |                             |                   |   |
|--|-----------------------------|-------------------|---|
| NAME:<br>IC NO:<br>CEX NUMBER:<br>CLINICAL CATEGORY:       |                             |                   | Focus of clinical encounter:<br>1) History<br>2) Diagnosis<br>3) Management<br>4) Explanation |
| Grade the following areas using the scales                 | Good<br>A                   | Satisfactory<br>B | Poor<br>C   |
| 1. History Taking  |                             |                   | Signature of assessor:<br><br>Stamp:<br><br>Date:   |
| 2. Examination   |                             |                   |   |
| 3. Clinical Judgement                                      |                             |                   |   |
| 4. Differential Diagnosis                                  |                             |                   |   |
| 5. Management  |                             |                   |   |
| 6. Communication Skills                                    |                             |                   |   |
| Anything especially good?                                  | Suggestion for improvement: |                   | Signature of candidate:<br><br>Stamp:<br><br>Date:  |
| Overall performance:                                       |                             |                   |   |

| MINI CLINICAL EVALUATION EXERCISE (CEX) FOR HOUSE OFFICERS |                             |                   |   |
|--|-----------------------------|-------------------|---|
| NAME:<br>IC NO:<br>CEX NUMBER:<br>CLINICAL CATEGORY:       |                             |                   | Focus of clinical encounter:<br>1) History<br>2) Diagnosis<br>3) Management<br>4) Explanation |
| Grade the following areas using the scales                 | Good<br>A                   | Satisfactory<br>B | Poor<br>C   |
| 1. History Taking  |                             |                   | Signature of assessor:<br><br>Stamp:<br><br>Date:   |
| 2. Examination   |                             |                   |   |
| 3. Clinical Judgement                                      |                             |                   |   |
| 4. Differential Diagnosis                                  |                             |                   |   |
| 5. Management  |                             |                   |   |
| 6. Communication Skills                                    |                             |                   |   |
| Anything especially good?                                  | Suggestion for improvement: |                   | Signature of candidate:<br><br>Stamp:<br><br>Date:  |
| Overall performance:                                       |                             |                   |   |

## **DIRECT OBSERVED PROCEDURAL SKILLS (DOPS)**

3 sets of forms

1. FAST- Focussed assessment of sonography in trauma
2. Rapid Sequence Intubation
3. Thrombolytic Therapy

*Note: The house officer needs to pass the DOPS of each procedure only once. The additional forms are for those who need to repeat the procedure if they fail.*

**DOPS ASSESSMENT 1**
**COMPULSORY PERFORMED PROCEDURES**

| FAST - FOCUSED ASSESSMENT OF SONOGRAPHY IN TRAUMA |                                     |  |
|---|-------------------------------------|--|
| Patient   |                                     | Performs as an adjunct to primary survey   |
|   |                                     | Takes a focused history in conscious patients regarding mechanism of injury          |
| Monitoring  |                                     | Checks continuous cardiac monitoring/BP/SpO2 is on                                   |
| Procedure   |                                     | Knows how to operate machine (basic knobology): start up and orientation of probe    |
|   |                                     | Identify liver, right kidney and Morrison's pouch                                    |
|   |                                     | Identify spleen, left kidney and splenorenal recess                                  |
|   |                                     | Identify bladder, uterus in female patient, retrovesical pouch                       |
|   |                                     | Able to identify free fluid if present   |
|   |                                     | Places probe at subxiphoid angle and identifies liver and heart                      |
|   |                                     | Able to identify presence or absence of pericardial effusion with signs of tamponade |
|   |                                     | Understands need to do serial and repeat FAST  |
|   | Understands the limitations of FAST |  |
| SCORING AND FEEDBACK                              |                                     |  |
| Score   |                                     | Signature of Assessor :.....<br>Date :.....<br>Stamp :                               |
| Feedback  |                                     |  |

**DOPS ASSESSMENT 1**
**COMPULSORY PERFORMED PROCEDURES**

| FAST - FOCUSED ASSESSMENT OF SONOGRAPHY IN TRAUMA |                                     |  |
|---|-------------------------------------|--|
| Patient   |                                     | Performs as an adjunct to primary survey   |
|   |                                     | Takes a focused history in conscious patients regarding mechanism of injury          |
| Monitoring  |                                     | Checks continuous cardiac monitoring/BP/SpO2 is on                                   |
| Procedure   |                                     | Knows how to operate machine (basic knobology): start up and orientation of probe    |
|   |                                     | Identify liver, right kidney and Morrison's pouch                                    |
|   |                                     | Identify spleen, left kidney and splenorenal recess                                  |
|   |                                     | Identify bladder, uterus in female patient, retrovesical pouch                       |
|   |                                     | Able to identify free fluid if present   |
|   |                                     | Places probe at subxiphoid angle and identifies liver and heart                      |
|   |                                     | Able to identify presence or absence of pericardial effusion with signs of tamponade |
|   |                                     | Understands need to do serial and repeat FAST  |
|   | Understands the limitations of FAST |  |
| SCORING AND FEEDBACK                              |                                     |  |
| Score   |                                     | Signature of Assessor :.....<br>Date :.....<br>Stamp :                               |
| Feedback  |                                     |  |

**DOPS ASSESSMENT 1**
**COMPULSORY PERFORMED PROCEDURES**

| FAST - FOCUSED ASSESSMENT OF SONOGRAPHY IN TRAUMA |                                     |  |
|---|-------------------------------------|--|
| Patient   |                                     | Performs as an adjunct to primary survey   |
|   |                                     | Takes a focused history in conscious patients regarding mechanism of injury          |
| Monitoring  |                                     | Checks continuous cardiac monitoring/BP/SpO2 is on                                   |
| Procedure   |                                     | Knows how to operate machine (basic knobology): start up and orientation of probe    |
|   |                                     | Identify liver, right kidney and Morrison's pouch                                    |
|   |                                     | Identify spleen, left kidney and splenorenal recess                                  |
|   |                                     | Identify bladder, uterus in female patient, retrovesical pouch                       |
|   |                                     | Able to identify free fluid if present   |
|   |                                     | Places probe at subxiphoid angle and identifies liver and heart                      |
|   |                                     | Able to identify presence or absence of pericardial effusion with signs of tamponade |
|   |                                     | Understands need to do serial and repeat FAST  |
|   | Understands the limitations of FAST |  |
| SCORING AND FEEDBACK                              |                                     |  |
| Score   |                                     | Signature of Assessor :.....<br>Date :.....<br>Stamp :                               |
| Feedback  |                                     |  |

**DOPS ASSESSMENT 2****COMPULSORY PERFORMED PROCEDURE**

| RAPID SEQUENCE INTUBATION |   |
|---------------------------|---|
|                           | Identify patient requiring emergency intubation/ventilation   |
|                           | Prepares equipment, patient, drugs and monitoring   |
|                           | Pre-oxygenate for at least 3-5 minutes and ventilates patient to optimize oxygen saturation as necessary  |
|                           | Checks ability to ventilate patient by bag and mask, asks for help if unable to ventilate patient   |
|                           | Directs assistant to performs Sellick's manoeuvre correctly   |
|                           | Administers sedation and paralysis ensuring adequate sedation   |
|                           | Checks that assistant performs manual in-line immobilization of cervical spine in trauma case and opens collar  |
|                           | Performs intubation correctly. If unable to visualize vocal cords readjusts laryngoscope position, if still unable to visualize asks for help, bag and mask while awaiting assistance |
|                           | Observes chest rise and maintains cricoid pressure. Auscultates five areas and check etCO2 if available   |
|                           | If ETT not in position maintains cricoid pressure and removes ETT. Resumes bag and mask ventilation, calls for help   |
|                           | Secure the ETT after confirming placement with auscultation and/or etCO2  |
|                           | Rechecks vital signs and pulse oximetry   |
|                           | Administer additional sedating drugs and orders CXR/ ABG  |
|                           | Checks for DOPE (Dislodgement/Obstruction/Pneumothorax/Equipment Failure) if patient desaturates  |
| SCORING AND FEEDBACK      |   |
| Score:                    | Signature of<br>Assessor :.....<br>Date :.....<br>Stamp :   |
| Feedback:                 |   |

**DOPS ASSESSMENT 2****COMPULSORY PERFORMED PROCEDURE**

| RAPID SEQUENCE INTUBATION |  |
|---------------------------|--|
|                           | Identify patient requiring emergency intubation/ventilation  |
|                           | Maintains cervical immobilization for trauma patients and performs bag and mask ventilation with correct size of mask for patients who are not breathing well. Holds mask for patients who have spontaneous breathing. |
|                           | Prepares equipment, patient, drugs and monitoring  |
|                           | Pre-oxygenate for at least 3-5 minutes and ventilates patient to optimize oxygen saturation as necessary   |
|                           | Checks ability to ventilate patient by bag and mask, asks for help if unable to ventilate patient  |
|                           | Directs assistant to perform Sellick's manoeuvre correctly   |
|                           | Administers sedation and paralysis ensuring adequate sedation  |
|                           | Checks that assistant performs manual in-line immobilization of cervical spine in trauma case and opens collar   |
|                           | Performs intubation correctly. If unable to visualize vocal cords readjusts laryngoscope position, if still unable to visualize asks for help, bag and mask while awaiting assistance                                  |
|                           | Observes chest rise and maintains cricoid pressure. Check etCO <sub>2</sub> if available and auscultates five areas  |
|                           | If ETT not in position maintains cricoid pressure and removes ETT. Resumes bag and mask ventilation, calls for help  |
|                           | Secure the ETT after confirming placement with auscultation and/or etCO <sub>2</sub>   |
|                           | Rechecks vital signs and pulse oximetry  |
|                           | Administer additional sedating drugs and orders CXR/ ABG   |
|                           | Checks for DOPE (Dislodgement/Obstruction/Pneumothorax/Equipment Failure) if patient desaturates   |
| SCORING AND FEEDBACK      |  |
| Score:                    | Signature of Assessor :.....   |
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**DOPS ASSESSMENT 2****COMPULSORY PERFORMED PROCEDURE**

| RAPID SEQUENCE INTUBATION |  |
|---------------------------|--|
|                           | Identify patient requiring emergency intubation/ventilation  |
|                           | Maintains cervical immobilization for trauma patients and performs bag and mask ventilation with correct size of mask for patients who are not breathing well. Holds mask for patients who have spontaneous breathing. |
|                           | Prepares equipment, patient, drugs and monitoring  |
|                           | Pre-oxygenate for at least 3-5 minutes and ventilates patient to optimize oxygen saturation as necessary   |
|                           | Checks ability to ventilate patient by bag and mask, asks for help if unable to ventilate patient  |
|                           | Directs assistant to perform Sellick's manoeuvre correctly   |
|                           | Administers sedation and paralysis ensuring adequate sedation  |
|                           | Checks that assistant performs manual in-line immobilization of cervical spine in trauma case and opens collar   |
|                           | Performs intubation correctly. If unable to visualize vocal cords readjusts laryngoscope position, if still unable to visualize asks for help, bag and mask while awaiting assistance                                  |
|                           | Observes chest rise and maintains cricoid pressure. Check etCO <sub>2</sub> if available and auscultates five areas  |
|                           | If ETT not in position maintains cricoid pressure and removes ETT. Resumes bag and mask ventilation, calls for help  |
|                           | Secure the ETT after confirming placement with auscultation and/or etCO <sub>2</sub>   |
|                           | Rechecks vital signs and pulse oximetry  |
|                           | Administer additional sedating drugs and orders CXR/ ABG   |
|                           | Checks for DOPE (Dislodgement/Obstruction/Pneumothorax/Equipment Failure) if patient desaturates   |
| SCORING AND FEEDBACK      |  |
| Score:                    | Signature of Assessor :.....<br>Date :.....<br>Stamp :   |
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**DOPS ASSESSMENT 3****COMPULSORY PERFORMED PROCEDURE**

| THROMBOLYTIC THERAPY |   |
|----------------------|---|
|                      | Assess the need for thrombolysis as per protocol and checks for contraindications   |
|                      | Ensures continuous cardiac monitoring/BP/SpO2 is on with defibrillator ready to use   |
|                      | Administers supplementary oxygen as indicated and maintains SpO2 more than 95%  |
|                      | Administers Morphine and antiplatelets as indicated, checks for contraindications   |
|                      | Inserts two wide bore IV lines and takes necessary blood investigations, orders CXR   |
|                      | Verbalise how to prepare and administer the thrombolytic drug and starts drug as per protocol   |
|                      | Monitors vital signs as indicated and checks for drug reaction periodically   |
|                      | Re-examine/reassess the patient upon completion of thrombolysis   |
|                      | Able to manage complications during and after procedure: informs Medical Officer/Specialist immediately, administers appropriate management |
|                      | Repeat ECG after half hour of completing thrombolysis   |
| SCORING AND FEEDBACK |   |
| Score:               | Signature of Assessor : .....   |
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**DOPS ASSESSMENT 3****COMPULSORY PERFORMED PROCEDURE**

| THROMBOLYTIC THERAPY |   |
|----------------------|---|
|                      | Assess the need for thrombolysis as per protocol and checks for contraindications   |
|                      | Ensures continuous cardiac monitoring/BP/SpO2 is on with defibrillator ready to use   |
|                      | Administers supplementary oxygen as indicated and maintains SpO2 more than 95%  |
|                      | Administers Morphine and antiplatelets as indicated, checks for contraindications   |
|                      | Inserts two wide bore IV lines and takes necessary blood investigations, orders CXR   |
|                      | Verbalise how to prepare and administer the thrombolytic drug and starts drug as per protocol   |
|                      | Monitors vital signs as indicated and checks for drug reaction periodically   |
|                      | Re-examine/reassess the patient upon completion of thrombolysis   |
|                      | Able to manage complications during and after procedure: informs Medical Officer/Specialist immediately, administers appropriate management |
|                      | Repeat ECG after half hour of completing thrombolysis   |
| SCORING AND FEEDBACK |   |
| Score:               | Signature of Assessor : .....   |
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**DOPS ASSESSMENT 3****COMPULSORY PERFORMED PROCEDURE**

| THROMBOLYTIC THERAPY |   |
|----------------------|---|
|                      | Assess the need for thrombolysis as per protocol and checks for contraindications   |
|                      | Ensures continuous cardiac monitoring/BP/SpO2 is on with defibrillator ready to use   |
|                      | Administers supplementary oxygen as indicated and maintains SpO2 more than 95%  |
|                      | Administers Morphine and antiplatelets as indicated, checks for contraindications   |
|                      | Inserts two wide bore IV lines and takes necessary blood investigations, orders CXR   |
|                      | Verbalise how to prepare and administer the thrombolytic drug and starts drug as per protocol   |
|                      | Monitors vital signs as indicated and checks for drug reaction periodically   |
|                      | Re-examine/reassess the patient upon completion of thrombolysis   |
|                      | Able to manage complications during and after procedure: informs Medical Officer/Specialist immediately, administers appropriate management |
|                      | Repeat ECG after half hour of completing thrombolysis   |
| SCORING AND FEEDBACK |   |
| Score:               | Signature of Assessor :.....  |
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**COMPULSORY PERFORMED PROCEDURES**

| 1. Airway Management- Open and maintain airway maneuver |      |    |           |       |   |   |          |                                      |
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| 2. Airway Management- Oxygen administration |      |    |           |       |   |   |          |                                      |
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| 3. Airway Management- Prepare nebulisation |      |    |           |       |   |   |          |                                      |
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| 4. Airway Management- Bag Mask Ventilation |      |    |           |       |   |   |          |                                      |
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| 5. Airway Management- Adult/ Pediatric Intubation |      |    |           |       |   |   |          |                                |
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| 6. Airway Management- Advance airway adjunct application (Supraglottic airway) |      |    |           |       |   |   |          |                                |
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## 7. Airway Management- Basic Ventilator Management

[illegible]

| 8. Cardiopulmonary Resuscitation- Chest Compression/CPR |      |    |           |       |   |   |          |                                      |
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| 9. Initial Fracture Management- Limb Immobilization |      |    |           |       |   |   |          |                                      |
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| 10. Initial Fracture Management - Application of cervical collar |      |    |           |       |   |   |          |                                      |
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| 11. Initial Fracture Management -Spinal board application and log roll |      |    |           |       |   |   |          |                                      |
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| 12. Wound Management- Wound irrigation, debridement and suturing |      |    |           |       |   |   |          |                                      |
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| No   | DATE | RN | DIAGNOSIS | GRADE |   |   | COMMENTS | NAME &<br>SIGNATURE OF<br>SUPERVISOR |
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| 13. Wound Management- Direct compression and bandage |      |    |           |       |   |   |          |                                      |
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| No   | DATE | RN | DIAGNOSIS | GRADE |   |   | COMMENTS | NAME &<br>SIGNATURE OF<br>SUPERVISOR |
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| 14. Interventional and Monitoring- Chest tube insertion |      |    |           |       |   |   |          |                                      |
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| 15. Interventional and Monitoring- Thrombolytic therapy- preparation and administration |      |    |           |       |   |   |          |                                      |
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| 16. Triage:Hospital triage- primary triage, secondary triage, surveillance triage |      |    |           |       |   |   |          |                                      |
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| No  | DATE | RN | DIAGNOSIS | GRADE |   |   | COMMENTS | NAME &<br>SIGNATURE OF<br>SUPERVISOR |
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| 17. Co-Management of Life Threatening Conditions- Initial Management of Trauma- Primary & Secondary Survey |      |    |           |       |   |   |          |                                |
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| No   | DATE | RN | DIAGNOSIS | GRADE |   |   | COMMENTS | NAME & SIGNATURE OF SUPERVISOR |
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| 18. Co-Management of Life Threatening Conditions- Pharmacological Management of cardiac dysrhythmias- ACLS |      |    |           |       |   |   |          |                                      |
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| No   | DATE | RN | DIAGNOSIS | GRADE |   |   | COMMENTS | NAME &<br>SIGNATURE OF<br>SUPERVISOR |
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| 19. Co-Management of Life Threatening Conditions- Defibrillation, Synchronized Cardioversion, Transcutaneous Pacing |      |    |           |       |   |   |          |                                |
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| No  | DATE | RN | DIAGNOSIS | GRADE |   |   | COMMENTS | NAME & SIGNATURE OF SUPERVISOR |
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| 20. Special Procedures- Focussed assessment sonography in trauma (FAST) |      |    |           |       |   |   |          |                                      |
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| 21. Pain assessment and management |      |    |           |       |   |   |          |                                      |
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## COMPULSORY ASSISTED PROCEDURES

| 1. Initial Fracture/Dislocation Management- Close manual reduction |      |    |           |       |   |   |          |                                      |
|--|------|----|-----------|-------|---|---|----------|--------------------------------------|
| No   | DATE | RN | DIAGNOSIS | GRADE |   |   | COMMENTS | NAME &<br>SIGNATURE OF<br>SUPERVISOR |
|  |      |    |           | A     | B | C |          |                                      |
|  |      |    |           |       |   |   |          |                                      |
|  |      |    |           |       |   |   |          |                                      |
|  |      |    |           |       |   |   |          |                                      |

| 2. Special Procedures- Procedural sedation analgesia |      |    |           |       |   |   |          |                                      |
|--|------|----|-----------|-------|---|---|----------|--------------------------------------|
| No   | DATE | RN | DIAGNOSIS | GRADE |   |   | COMMENTS | NAME &<br>SIGNATURE OF<br>SUPERVISOR |
|  |      |    |           | A     | B | C |          |                                      |
|  |      |    |           |       |   |   |          |                                      |
|  |      |    |           |       |   |   |          |                                      |
|  |      |    |           |       |   |   |          |                                      |



| 3. Special Procedures- Rapid Sequence Intubation |      |    |           |       |   |   |          |                                |
|--|------|----|-----------|-------|---|---|----------|--------------------------------|
| No   | DATE | RN | DIAGNOSIS | GRADE |   |   | COMMENTS | NAME & SIGNATURE OF SUPERVISOR |
|  |      |    |           | A     | B | C |          |                                |
|  |      |    |           |       |   |   |          |                                |
|  |      |    |           |       |   |   |          |                                |
|  |      |    |           |       |   |   |          |                                |
|  |      |    |           |       |   |   |          |                                |
|  |      |    |           |       |   |   |          |                                |
|  |      |    |           |       |   |   |          |                                |

| 4. Initial Fracture Management- Pelvic immobilization |      |    |           |       |   |   |          |                                |
|---|------|----|-----------|-------|---|---|----------|--------------------------------|
| No  | DATE | RN | DIAGNOSIS | GRADE |   |   | COMMENTS | NAME & SIGNATURE OF SUPERVISOR |
|   |      |    |           | A     | B | C |          |                                |
|   |      |    |           |       |   |   |          |                                |
|   |      |    |           |       |   |   |          |                                |
|   |      |    |           |       |   |   |          |                                |

| 5. Initial Fracture Management- Traction splinting (5) |      |    |           |       |   |   |          |                                      |
|--|------|----|-----------|-------|---|---|----------|--------------------------------------|
| No   | DATE | RN | DIAGNOSIS | GRADE |   |   | COMMENTS | NAME &<br>SIGNATURE OF<br>SUPERVISOR |
|  |      |    |           | A     | B | C |          |                                      |
|  |      |    |           |       |   |   |          |                                      |
|  |      |    |           |       |   |   |          |                                      |
|  |      |    |           |       |   |   |          |                                      |
|  |      |    |           |       |   |   |          |                                      |
|  |      |    |           |       |   |   |          |                                      |

| 6. Intra-hospital and inter-hospital transfer of critically ill patients |      |    |           |       |   |   |          |                                      |
|--|------|----|-----------|-------|---|---|----------|--------------------------------------|
| No   | DATE | RN | DIAGNOSIS | GRADE |   |   | COMMENTS | NAME &<br>SIGNATURE OF<br>SUPERVISOR |
|  |      |    |           | A     | B | C |          |                                      |
|  |      |    |           |       |   |   |          |                                      |
|  |      |    |           |       |   |   |          |                                      |
|  |      |    |           |       |   |   |          |                                      |
|  |      |    |           |       |   |   |          |                                      |
|  |      |    |           |       |   |   |          |                                      |

| 7. Pre-hospital Care - Ambulance call & Radio Communication |      |    |           |       |   |   |          |                                      |
|---|------|----|-----------|-------|---|---|----------|--------------------------------------|
| No  | DATE | RN | DIAGNOSIS | GRADE |   |   | COMMENTS | NAME &<br>SIGNATURE OF<br>SUPERVISOR |
|   |      |    |           | A     | B | C |          |                                      |
|   |      |    |           |       |   |   |          |                                      |
|   |      |    |           |       |   |   |          |                                      |
|   |      |    |           |       |   |   |          |                                      |
|   |      |    |           |       |   |   |          |                                      |
|   |      |    |           |       |   |   |          |                                      |

### COMPULSORY OBSERVED PROCEDURES

| 1. Management of difficult intubation (e.g.: bougie, video laryngoscope, McCoy blade) |      |    |           |       |   |   |          |                                |
|---|------|----|-----------|-------|---|---|----------|--------------------------------|
| No  | DATE | RN | DIAGNOSIS | GRADE |   |   | COMMENTS | NAME & SIGNATURE OF SUPERVISOR |
|   |      |    |           | A     | B | C |          |                                |
|   |      |    |           |       |   |   |          |                                |
|   |      |    |           |       |   |   |          |                                |
|   |      |    |           |       |   |   |          |                                |

| 2. Management of amputated part |      |    |           |       |   |   |          |                                |
|---------------------------------|------|----|-----------|-------|---|---|----------|--------------------------------|
| No                              | DATE | RN | DIAGNOSIS | GRADE |   |   | COMMENTS | NAME & SIGNATURE OF SUPERVISOR |
|                                 |      |    |           | A     | B | C |          |                                |
|                                 |      |    |           |       |   |   |          |                                |
|                                 |      |    |           |       |   |   |          |                                |
|                                 |      |    |           |       |   |   |          |                                |

| 3. T&S of specialized area e.g. face, pinna |      |    |           |       |   |   |          |                                |
|---|------|----|-----------|-------|---|---|----------|--------------------------------|
| No  | DATE | RN | DIAGNOSIS | GRADE |   |   | COMMENTS | NAME & SIGNATURE OF SUPERVISOR |
|   |      |    |           | A     | B | C |          |                                |
|   |      |    |           |       |   |   |          |                                |
|   |      |    |           |       |   |   |          |                                |
|   |      |    |           |       |   |   |          |                                |

| 4. OSCC (Rape, sodomy, domestic violence, child abuse) |      |    |           |       |   |   |          |                                |
|--|------|----|-----------|-------|---|---|----------|--------------------------------|
| No   | DATE | RN | DIAGNOSIS | GRADE |   |   | COMMENTS | NAME & SIGNATURE OF SUPERVISOR |
|  |      |    |           | A     | B | C |          |                                |
|  |      |    |           |       |   |   |          |                                |
|  |      |    |           |       |   |   |          |                                |
|  |      |    |           |       |   |   |          |                                |

| 5. Breaking bad news/Counseling & Bereavement |      |    |           |       |   |   |          |                                |
|---|------|----|-----------|-------|---|---|----------|--------------------------------|
| No  | DATE | RN | DIAGNOSIS | GRADE |   |   | COMMENTS | NAME & SIGNATURE OF SUPERVISOR |
|   |      |    |           | A     | B | C |          |                                |
|   |      |    |           |       |   |   |          |                                |
|   |      |    |           |       |   |   |          |                                |
|   |      |    |           |       |   |   |          |                                |

### OPTIONAL PROCEDURES

| No | PROCEDURE                           | DATE | DIAGNOSIS/EVENT | COMMENTS | NAME &<br>SIGNATURE OF<br>SUPERVISOR |
|----|-------------------------------------|------|-----------------|----------|--------------------------------------|
| 1  | Cricothyroidectomy                  |      |                 |          |                                      |
| 2  | Medical Standby                     |      |                 |          |                                      |
| 3  | Suprapubic<br>Catheterization       |      |                 |          |                                      |
| 4  | Pericardiocentesis                  |      |                 |          |                                      |
| 5  | Field Triage                        |      |                 |          |                                      |
| 6  | Disaster Drill                      |      |                 |          |                                      |
| 7  | Hospital Activation For<br>Disaster |      |                 |          |                                      |
| 8  | Intraosseous needle<br>insertion    |      |                 |          |                                      |
| 9  | Needle<br>Thoracocentesis           |      |                 |          |                                      |
| 10 | Eye Irrigation                      |      |                 |          |                                      |

### CONTINUOUS PROFESSIONAL DEVELOPMENT

| CME ATTENDANCE |   |      |            |                                |
|----------------|---|------|------------|--------------------------------|
| No             | TOPIC   | DATE | ATTENDANCE | NAME & SIGNATURE OF SUPERVISOR |
| 1              | Trauma Management                                   |      |            |                                |
| 2              | Cardiac Life Support- Megacode & Rhythm Recognition |      |            |                                |
| 3              | Airway Management                                   |      |            |                                |
| 4              | Triage Systems                                      |      |            |                                |
| 5              | Toxicology- Poisoning & Envenomation                |      |            |                                |
| 6              | Disaster Management                                 |      |            |                                |
| 7              | Management of OSCC cases                            |      |            |                                |
| 8              | Dengue Management                                   |      |            |                                |
| 9              | ENT & Ophthalmology Emergencies                     |      |            |                                |
| 10             | Approach to chest pain                              |      |            |                                |
| 11             | Approach to breathlessness                          |      |            |                                |
| 12             | Approach to altered mental status & seizures        |      |            |                                |
| 13             | Approach to shock                                   |      |            |                                |

### CONTINUOUS PROFESSIONAL DEVELOPMENT

| CME ATTENDANCE |  |      |            |                                |
|----------------|--|------|------------|--------------------------------|
| No             | TOPIC                                      | DATE | ATTENDANCE | NAME & SIGNATURE OF SUPERVISOR |
| 14             | Approach to management of fever and sepsis |      |            |                                |
| 15             | Pain management                            |      |            |                                |
| 16             | Organ transplant                           |      |            |                                |
| 17             | Endocrine Emergencies                      |      |            |                                |
|                |  |      |            |                                |
|                |  |      |            |                                |
|                |  |      |            |                                |
|                |  |      |            |                                |
|                |  |      |            |                                |
|                |  |      |            |                                |
|                |  |      |            |                                |
|                |  |      |            |                                |



## CONTINUOUS PROFESSIONAL DEVELOPMENT

|   |  |           |  |  |  |
|---|--|-----------|--|--|--|
| <b>A. BASIC LIFE SUPPORT CERTIFICATION:</b> |  |           |  |  |  |
| Date:                                       |  | Attempts: |  | Stamp & Signature of<br>Course Director: |  |
| <b>B. CME PRESENTATION:</b>                 |  |           |  |  |  |
| Date:                                       |  | Grade:    |  | Stamp & Signature of<br>Supervisor:      |  |

### SUMMARY OF WORK BASED ASSESSMENTS PERFORMED

| No | WORK BASED ASSESSMENT                    | DATE | GRADE     |                   |           |                   |
|----|--|------|-----------|-------------------|-----------|-------------------|
|    | CASE BASED DISCUSSION                    |      | GOOD<br>A | SATISFACTORY<br>B | POOR<br>C | NOT<br>APPLICABLE |
| 1  | CASE BASED DISCUSSION- MEDICAL 1         |      |           |                   |           |                   |
| 2  | CASE BASED DISCUSSION- MEDICAL 2         |      |           |                   |           |                   |
| 3  | CASE BASED DISCUSSION- TRAUMA 1          |      |           |                   |           |                   |
|    | CASE BASED DISCUSSION- TRAUMA 2          |      |           |                   |           |                   |
|    | MINI CLINICAL EXERCISE                   |      |           |                   |           |                   |
| 1  | MINI CLINICAL EXERCISE-ASSESSMENT 1      |      |           |                   |           |                   |
| 2  | MINI CLINICAL EXERCISE-ASSESSMENT 2      |      |           |                   |           |                   |
|    | DIRECTLY OBSERVED PROCEDURAL SKILLS      |      |           |                   |           |                   |
| 1  | FOCUSSED ASSESSMENT SONOGRAPHY IN TRAUMA |      |           |                   |           |                   |
| 2  | RAPID SEQUENCE INTUBATION                |      |           |                   |           |                   |
| 3  | THROMBOLYSIS                             |      |           |                   |           |                   |
|    | CONTINUOUS PROFESSIONAL DEVELOPMENT      |      |           |                   |           |                   |
| 1  | CME PRESENTATION                         |      |           |                   |           |                   |
| 2  | BLS CERTIFICATION                        |      |           |                   |           |                   |

**MULTI-SOURCE FEEDBACK FOR HOUSE OFFICERS  
EMERGENCY & TRAUMA DEPARTMENT**

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

IC: \_\_\_\_\_

Date of start Posting: \_\_\_\_\_

|   | Component  | Good<br>(2) | Satisfactory<br>(1) | Poor<br>(0) | Comments |
|---|--|-------------|---------------------|-------------|----------|
| 1 | Attitude, behavior and accessibility   |             |                     |             |          |
| 2 | Respect of patients rights & privacy, caring and responsible                   |             |                     |             |          |
| 3 | Team-work, handover effectively (knows limitation and refers when appropriate) |             |                     |             |          |
| 4 | Leadership   |             |                     |             |          |
| 5 | Soft skills and communication  |             |                     |             |          |

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

Signature & Stamp of Assessor:

**MULTI-SOURCE FEEDBACK FOR HOUSE OFFICERS  
EMERGENCY & TRAUMA DEPARTMENT**

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

IC: \_\_\_\_\_

Date of start Posting: \_\_\_\_\_

|   | Component  | Good<br>(2) | Satisfactory<br>(1) | Poor<br>(0) | Comments |
|---|--|-------------|---------------------|-------------|----------|
| 1 | Attitude, behavior and accessibility   |             |                     |             |          |
| 2 | Respect of patients rights & privacy, caring and responsible                   |             |                     |             |          |
| 3 | Team-work, handover effectively (knows limitation and refers when appropriate) |             |                     |             |          |
| 4 | Leadership   |             |                     |             |          |
| 5 | Soft skills and communication  |             |                     |             |          |

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

Signature & Stamp of Assessor:

**MULTI-SOURCE FEEDBACK FOR HOUSE OFFICERS  
EMERGENCY & TRAUMA DEPARTMENT**

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

IC: \_\_\_\_\_

Date of start Posting: \_\_\_\_\_

|   | Component  | Good<br>(2) | Satisfactory<br>(1) | Poor<br>(0) | Comments |
|---|--|-------------|---------------------|-------------|----------|
| 1 | Attitude, behavior and accessibility   |             |                     |             |          |
| 2 | Respect of patients rights & privacy, caring and responsible                   |             |                     |             |          |
| 3 | Team-work, handover effectively (knows limitation and refers when appropriate) |             |                     |             |          |
| 4 | Leadership   |             |                     |             |          |
| 5 | Soft skills and communication  |             |                     |             |          |

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

Signature & Stamp of Assessor:





**FORM A**

**CERTIFICATION OF COMPLETION OF TRAINING**

This is to certify that Dr ..... has satisfactorily completed training in  
Emergency Medicine as a House Officer in this Hospital .....  
from ..... to ..... (including extension of housemanship  
period, where applicable).

During that period he/she was engaged in employment in a resident Emergency Medicine post as required under  
Section 13 ( 2 ) of Medical Act, 1971 to my satisfaction.

Signature of Supervisor :

Name :

Official Stamp :

Date :

Signature of Head of Department :

Name :

Official Stamp :

Date :





**FORM A**  
**(Duplicate Copy)**

**CERTIFICATION OF COMPLETION OF TRAINING**

This is to certify that Dr ..... has satisfactorily completed training in  
Emergency Medicine as a House Officer in this Hospital .....  
from ..... to ..... (including extension of housemanship  
period, where applicable).

During that period he/she was engaged in employment in a resident Emergency Medicine post as required under  
Section 13 ( 2 ) of Medical Act, 1971 to my satisfaction.

Signature of Supervisor :

Name :  
Official Stamp :  
Date :

Signature of Head of Department :

Name :  
Official Stamp :  
Date :



**COMPONENT & WEIGHTAGE FOR CERTIFICATE COMPLETION OF POSTING  
(EMERGENCY DEPARTMENT)**

| COMPONENTS  | COMPONENT OF MARKING                                 | MARK       | PERCENTAGE (%) | ACTUAL MARK OBTAINED |
|---|--|------------|----------------|----------------------|
| 1. Attendance   |  | 15         | 30             |                      |
| 2. LNPT   |  | 15         |                |                      |
| <b>3. Continuous Assessment and Log Book (35)</b> <ul style="list-style-type: none"> <li>CBD</li> <li>Mini-CEX</li> <li>Logbook</li> <li>DOPS</li> </ul> <b>Professionalism &amp; Integrity (MSF) (5)</b> <ul style="list-style-type: none"> <li>Soft Skills and Attitude</li> <li>Team work</li> <li>Accessibility</li> <li>Communication</li> </ul> | CBD: 2 cases (Trauma & Medical)                      | 10         | 45             |                      |
|   | Mini-CEX: 2 cases (2.5 marks each)                   | 5          |                |                      |
|   | Logbook : Completed (5 marks)<br>Incomplete - extend | 5          |                |                      |
|   | 3 DOPS (5 Marks each)                                | 15         |                |                      |
|   | MSF  | 5          |                |                      |
| 4. CME Attendance   |  | 5          |                |                      |
| <b>5. End of Posting Assessment</b> <ul style="list-style-type: none"> <li>MCQ</li> <li>CME Presentation</li> </ul>   | 30 Questions:<br>One best answers from question bank | 20         | 25             |                      |
|   | Good - 5<br>Satisfactory - 3<br>Poor - 1             | 5          |                |                      |
| <b>TOTAL</b>  |  | <b>100</b> | <b>100</b>     |                      |



**CERTIFICATE COMPLETION OF POSTING (CCP)**

**DEPARTMENT:**

**Name :**

**IC Number :**

**Hospital :**

**Posting/Discipline :**

**Duration of posting : Start (date) :**

**End (date) :**

**Extension (if applicable):**

**Category :**

**Percentage :**

**Grade :**

**Supervisor : \_\_\_\_\_**

**Signature :**

**Name :**

**Stamp :**

**Date :**

**Head of Department : \_\_\_\_\_**

**Signature :**

**Name :**

**Stamp :**

**Date :**

**NOTE: GRADING OF CCP**

| CATEGORY     | PERCENTAGE (%) | GRADE |
|--------------|----------------|-------|
| EXCELLENT    | ≥ 90%          | 4     |
| GOOD         | 85 % - 89.9%   | 3     |
| SATISFACTORY | 75 % - 84.9%   | 2     |
| PASS         | 60 % - 74.9%   | 1     |

**CERTIFICATE COMPLETION OF POSTING (CCP)**

**DUPLICATE COPY**

**DEPARTMENT:**

**Name :**

**IC Number :**

**Hospital :**

**Posting/Discipline :**

**Duration of posting : Start (date) :**

**End (date) :**

**Extension (if applicable):**

**Category :**

**Percentage :**

**Grade :**

**Supervisor : \_\_\_\_\_**

**Signature :**

**Name :**

**Stamp :**

**Date :**

**Head of Department : \_\_\_\_\_**

**Signature :**

**Name :**

**Stamp :**

**Date :**

**NOTE: GRADING OF CCP**

| CATEGORY     | PERCENTAGE (%) | GRADE |
|--------------|----------------|-------|
| EXCELLENT    | ≥ 90%          | 4     |
| GOOD         | 85 % - 89.9%   | 3     |
| SATISFACTORY | 75 % - 84.9%   | 2     |
| PASS         | 60 % - 74.9%   | 1     |