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RAWALPINDI MEDICAL UNIVERSITY

UNIVERSITY RESIDENCY PROGRAM- 2020
OF ANAESTHESIOLOGY



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Rawalpindi Medical University
UNIVERSITY RESIDENCY PROGRAM 2020 LOG
BOOK FOR MS ANAESTHESIOLOGY

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Post Graduate Tanning Record

Personal details

Name of Trainee _____

Name of Supervisor _____

Father/ Husband Name _____

Age _____ sex _____

Address

Email _____

Existing Qualification _____

Name of Program Joined _____

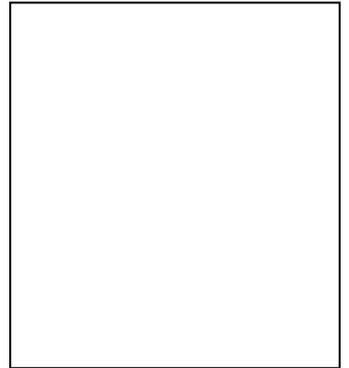
Date of Joined _____

Expecting Date of Completion _____

Training _____

Affiliated University _____

Signature _____



Self Appraisal form

Mark from 1-5 as how you would rate yourself in performance of these tasks:

1. No experience
2. Some experience but need further training
3. Good experience but have difficulty in some cases
4. Confident in all cases
5. Reached expert level and can teach others

Criterion	1.	2.	3.	4.	Target / Reflections
1) Good clinical care					
• History, examination, diagnosis, record keeping, safe prescribing and reflective practice					
• Time management and decision making					
• Patient safety					
• Infection control					
• Clinical governance					
• Nutritional care					
• Health promotion, patient education and public health					
• Ethical and legal issues					
2) Following good medical practice guidelines					
• Audit					
• Lifelong learning					
• Evidence based medicine					
• Research					
3) Teaching and training					
4) Relationship with patients and communication skills					
5) Working with colleagues					
6) Probity, professional behavior and personal health					
7) Recognition & management of the acutely ill					
• Clinical					
• Resuscitation					
• Time management					
• Discharge Planning					

8) Anesthesia Procedures					
• Airway management (intubation & LM A insertion)					
• General Anesthesia					
• Spinal Anesthesia					
• Epidural Analgesia					
• IV Access					

SELF APPRAISAL OF TRAINING

Evaluating your learning experience

1. What did you find most valuable learning experiences and how did they match your needs? What areas did you find most challenging?
2. What feedback did you get from your supervisors to help you meet your objectives?
3. Has your placement differed from your expectations? Has it changed your ideas or thoughts on a career direction? If so, how?
4. In the light of your experiences, how will you adapt your pop?
5. ? What were some of the key things you got from the training apart from skill3
6. Please reflect on your learning experience

Workplace Based Assessment

Workplace- based assessment is the assessment of a trainee's professional skills and attitude and should provide evidence of appropriate everyday clinical competences.

Types of Workplace Based Assessment

Evidence of completion of WPBAs should be recorded in the e-portfolio system.

During Novice training you may need to undertake the following assessments:

1. DOPS (Directly Observed Procedural Skills)
2. A-CEX (Anaesthesia Clinical Evaluation Exercise)
3. CBD (Case-Based Discussion)
4. Multi Source Feedback

DOPS (Directly Observed Procedural Skills)

Directly Observed Procedural Skills (DOPS) are designed specifically to assess practical skills such as intubation. You will need to be adequately assessed for competence in the practical procedures you are expected to perform. You should receive feedback that helps identify your strengths, as well as any areas requiring further development.

A-C EX (Anaesthesia Clinical Evaluation Exercise)

The A-CEX is designed to provide you feedback on skills essential to the provision of good clinical care by observing you in an actual clinical encounter. The A-CEX is a “snapshot” of a clinical interaction and not everything will be assessed on every occasion. As with DOPS, following the A-CEX you should receive feedback that helps identify your strengths as well as areas requiring further development.

CBD (Case-Based Discussion)

The CBD enables the documentation of your conversations with a trainer regarding a case that you have presented to the trainer. The CBD is designed to assess clinical decision-making and the application or use of knowledge to patient care for a case in which the trainee has been involved. This allows discussion as to why you acted in the way you did and to explore any alternative possibilities. Although the primary purpose of CBD is not to assess your medical record keeping, the trainer may also evaluate the standard of record presented by you.

Multi-Source Feedback (360 Assessment)

Working within a team and demonstrating the appropriate attitudes and behaviour are a hugely important component of professional life. You will need to complete an MSF during your first year of training. You should discuss this assessment with your Educational Supervisor before you commence one

Direct Observation of Procedural Skills (DOPS) – (Anaesthesia)

Please complete the questions using a cross: Please use CAPITAL LETTERS

Clinical setting: Theatre ICU Emergency Delivery Ward Pain Clinic Other

Procedure:

Assessor's Position: Professor Associate Professor Assistant Professor Senior Registrar Other (please specify)

Number of previous DOPS observed by assessor with any trainee: 0 1 2 3 4 5-9 >9

Number of times procedure performed by trainee: 0 1-4 5-9 >10 Difficulty of procedure: Low Average High

Please grade the following areas using the scale below:	Below Expectations		Borderline	Meets Expectations	Above Expectations	
	1	2	3	4	5	6
1 Demonstrates understanding of indications, relevant anatomy, technique of procedure						
2 Obtains informed consent						
3 Demonstrates appropriate preparation pre-procedure						
4 Appropriate analgesia or safe sedation						
5 Technical ability						
6 Aseptic technique						
7 Seeks help where appropriate						
8 Post-procedure management						
9 Communication skills						
10 Consideration of patient / professionalism						
11 Overall ability to perform procedure						

Please use this space to record areas of strength or any suggestions for development.

Trainee satisfaction with DOPS 1 2 3 4 5 6 7 8 9 10 1 = Not at all, 10 = Highly

Assessor satisfaction with DOPS 1 2 3 4 5 6 7 8 9 10 1 = Not at all, 10 = Highly

Assessor's signature:

Time taken for observation (min)

Direct Observation of Procedural Skills (DOPS) Instruction Sheet

Introduction
DOPS is designed to assess and provide a structured feedback format for both knowledge and technical proficiency regarding a discrete procedural skill.
Conducting a DOPS
<p>Trainees will have identified a number of procedures at their introductory interview of their clinical placement for which they will aim to demonstrate proficiency by the end of the term. The trainee should initiate a DOPS when they feel they have a reasonable chance of demonstrating safe and efficient independent practice. DOPS can be done involving real patients or in a simulated environment such as on a part-task trainer.</p> <p>It is useful to ask the trainee to outline how they will do the procedure and what precautions they will take, before they start the procedure. To assess clinical knowledge, understanding and reasoning related to performing the procedure on a patient (or in a skills lab), Assessors could prompt the trainee on:</p> <ul style="list-style-type: none">• What are the contraindications, benefits, risks, complications, and alternatives (together with the pros and cons) of the procedure?• What should be discussed with the patient and family? How should valid and adequate informed consent be obtained?• Trouble-shooting - What problems can occur during the performance of a procedure like this and what would be your approach to dealing with them ?• Regarding potential post procedure problems, how do you minimize risk to the patient?• Outline the relevant anatomy and relate it to the issues outlined above <p>Please remember that the most important aspect of this assessment is the constructive feedback you provide to the trainee after completing the DOPS.</p>

Anaesthetic-Clinical Evaluation Exercise (anaes-CEX)

Please complete the questions using a cross: Please use CAPITAL LETTERS

Clinical setting: Theatre ICU Emergency Delivery suite Pain Clinic Other

Case Category: Elective Scheduled Urgent Emergency Other ASA Class: 1 2 3 4 5

Case:

Focus of clinical encounter: History Diagnosis Management Explanation

Assessor's Position: Professor Associate Professor Assistant Professor Senior Registrar Other

Number of previous anaes-CEX observed by assessor with any trainee: 0 1 2 3 4 5-9 >9

Please grade the following areas using the scale below:	Below Expectations		Borderline	Meets Expectations	Above Expectations	
	1	2	3	4	5	6
1 Pre-operative assessment						
2 Patient safety						
3 Professionalism						
4 Clinical judgement						
5 Communication and generic skills						
6 Organisation and efficiency						
7 Overall clinical care						

Evidence of good practice?	Suggestions for development
Agreed action:	

Trainee satisfaction with aCEX 1 2 3 4 5 6 7 8 9 10 1 = Not at all, 10 = Highly

Assessor satisfaction with aCEX 1 2 3 4 5 6 7 8 9 10 1 = Not at all, 10 = Highly

Assessor's signature: <input style="width: 100%; height: 60px;" type="text"/>	Time taken for observation (min) <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Time taken for feedback (min) <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
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Mini-Clinical Evaluation Exercise (Mini-CEX) Information Sheet

Introduction	
<p>The Mini-CEX is designed to assess the clinical skills of trainees. It provides an assessor with a structured format for directly observing and assessing the performance of a trainee, usually from the pre-operative assessment to the patient's discharge from recovery however an assessment can focus on aspects of a case such as preoperative assessment and clinical encounters outside the operating theatre can be used. This assessment will assist the trainee to learn and attain greater autonomy.</p>	
Conducting a Mini-CEX	
<p>Either the trainee or a supervising anaesthetist can initiate a Mini-CEX. While supervising anaesthetists are encouraged to initiate assessments, ensuring the completion of the required number of assessments is ultimately the responsibility of the trainee.</p> <p>A typical Mini-CEX may start with the trainee and the supervising anaesthetist agreeing on a suitable case or aspect of a case during a list. This would be something that the trainee should reasonably be expected to manage fairly independently and be working towards independent practice. There should be a clear understanding that the trainee is in the "driver's seat" and that the assessor will only intervene for reasons of safety or efficiency. The trainee should be encouraged to articulate their relevant thoughts as much as possible such as the issues identified from the assessment of the patient, their perioperative plan and rationale, potential hazards that they envisage and how they would manage these etc. The assessor should take notes, particularly on why they (the assessor) did or did not need to intervene at various points in the case. This will form the basis of the feedback. The most important aspect of this assessment is the constructive feedback provided. It should be given immediately after the completion of the case in as private a setting as possible. The trainee may be asked to self-assess before the assessor provides their feedback and assessment.</p>	
Rating Case Complexity	
Low (1-3)	Peripheral minor surgery, age 16-70 ASA 1-2 not 2 or 3 rd trimester of pregnancy
Moderate (4-6)	The case has some elements of surgical or patient complexity but not both
High (7-9)	Major intra-cavity surgery or craniotomy with significant physiological insult requiring intensive monitoring and support. The patient has significant co-morbidities and/or pre-surgical physiological derangement. The anaesthetist may need to lead a number of team members (including other anaesthetists) in order to attain an optimal outcome
Additional Descriptions of Items on the Mini-CEX form	
Patient assessment	<ul style="list-style-type: none"> Adapts history taking, examination and orders further investigations where clinically indicated e.g. to determine severity, to clarify diagnosis etc. taking into account the context (i.e. urgency) of the situation Gathers information from all available sources including from patient's notes, investigations and other professionals where required. Presents findings concisely and in a logical order Arranges pre-operative treatment when required Correctly interprets and discusses the implications of results of investigations Identifies the significant issues and problems to be addressed including the patient's preferences and cultural beliefs and incorporates these into the perioperative plan (see Planning)
Organisation/efficiency	<ul style="list-style-type: none"> Arrives early enough to prepare equipment and drugs Organizes things so the most important are done first Performs tasks and coordinates staff to ensure an efficient use of time resources

Planning	Formulates an appropriate clinical plan in collaboration with the patient, their family and other team members Outlines potential problems and alternatives Articulates a comprehensive plan for the case that relates to the above and makes sense
Vigilance	Maintains focus on patient care and avoids distraction Anticipates and prepares for predictable clinical changes Responds in a timely manner to changes in the patients status
Problem solving / decision making	Adequately justifies clinical decisions and demonstrates understanding of risks and benefits Interprets available data; integrates information to generate differential diagnoses and management plans Manages emerging clinical problems and complications
Insight	Consults with colleagues and other health professionals to optimise patient care Aware of issues that may effect own performance such as fatigue and illness
Technical proficiency	Includes vascular access, airway management, invasive monitoring procedures neuraxia[block and other regional procedures
Documentation	Includes patient assessment, consent, risks, complications, difficulties, procedures, observations and care plans etc.
Patient Interaction	Demonstrates effective communication skills including; <ul style="list-style-type: none"> • active listening • encouraging discussion • reinforcing key points • attending to verbal and nonverbal cues • adapting to individual patient context including language (uses interpreter appropriately), and education (avoids jargon and complex language) • recognising and addressing miscommunication Adapts communication to a variety of clinical contexts including emergency or life threatening situations where time is limited Communicates in a way that encourages confidence, allays anxiety and facilitates co-operation Comforts and re-assures patients during stressful situations, procedures and/or during conscious sedation Demonstrates respect, compassion and empathy Respects autonomy, dignity, confidentiality, privacy and diversity
Team Interaction	Functions as an effective team member by; <ul style="list-style-type: none"> • participating in team decision making • recognising and respecting others roles, expertise and responsibilities Consults, negotiates and enlists the cooperation of others to; <ul style="list-style-type: none"> • develop and provide a shared plan of care that optimises patient care and safety • select an anaesthetic technique that is appropriate to the patient s needs, anaesthesia and/or surgical priorities • identify and use resources effectively and efficiently Synthesises and conveys relevant information concerning patients and plans to team members Provides clear and concise instructions to assisting staff for clinical task such as the requirements for the case in terms of equipment and drugs If required, introduces themselves, explains their role and elicits the same information from other staff to ensure effective team communication Maintains an approach that is calm, methodical and flexible Demonstrates effective handover of responsibility of patient care

Case-based Discussion (CbD) Paper Form

Case Details	Procedure									
Age of patient		ASA								
<i>Include relevant details, physiological state, co-morbidities, the pathology, positioning, complications etc</i>										
Overall complexity (circle)	Low			Moderate			High			
	1	2	3	4	5	6	7	8	9	

Assessment	<i>Regarding demonstration of knowledge, understanding, reasoning and documentation to safely manage the case</i>									
	<i>Insufficient despite significant prompting</i>			<i>Generally sufficient but required prompting</i>			<i>Sufficient without significant prompting</i>			<i>Unable to assess</i>
Patient assessment	<i>Presents a complete and appropriate assessment of the patient and well documented findings. Identifies the significant issues and problems to be addressed and presents these in a logical order. Concerning investigations, demonstrates an appropriate rationale for selection, a correct interpretation of the results and an understanding of their implication</i>									
	1	2	3	4	5	6	7	8	9	UTA
Planning	<i>Formulates an appropriate clinical plan, understanding issues (patient, procedure, pathology, positioning), potential problems and alternatives</i>									
	1	2	3	4	5	6	7	8	9	UTA
Problem solving	<i>Demonstrates a theoretical ability to manage potential emerging clinical problems and complications.</i>									
	1	2	3	4	5	6	7	8	9	UTA
Reasoning	<i>Adequately justifies clinical decisions. Demonstrates understanding of risks and benefits</i>									
	1	2	3	4	5	6	7	8	9	UTA
Clinical knowledge	<i>Demonstrates possession of the relevant factual knowledge pertaining to the case</i>									
	1	2	3	4	5	6	7	8	9	UTA
Insight	<i>The degree of supervision felt necessary by the trainee for the clinical encounter matches the knowledge and understanding demonstrated. Recognises the limits of their expertise and experience. Takes on responsibility appropriately.</i>									
	1	2	3	4	5	6	7	8	9	UTA
Documentation/post procedure management	<i>Comprehensively, concisely and legibly documents assessment and management plans. Documents the risks associated with anaesthesia including procedures. Arranges follow up care for the patient if required</i>									
	1	2	3	4	5	6	7	8	9	UTA
Reflective learning	<i>Recognises and reflects upon learning issues in practice. Outlines the resources used to gain the evidence based knowledge and understanding through inquiry that was stimulated by the case</i>									
	1	2	3	4	5	6	7	8	9	UTA
Please note the focus of discussion during this assessment (refer to possible questions in information sheet)										

Feedback	
Examples of what was done well	
Areas requiring input	
Suggestions for improvement	

Overall Performance	<i>Demonstrates insufficient knowledge and lacks the ability to evaluate issues. Assessor was required to provide substantial input</i>	<i>Demonstrates acceptable knowledge and evaluation of issues. Assessor was required to provide some input</i>	<i>Demonstrates deep up to date knowledge, comprehensive evaluation of the issues, and the ability to clearly justify clinical decisions relating to the management of the case</i>
	1 2 3	4 5 6	7 8 9

Does another CBD need to be completed for this type of case	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, why?	
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Trainee comments	
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Data of Assessment	
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Assessor name	
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Case-based Discussion (CbD) Instruction Sheet

<p>Introduction</p> <p>Case Based Discussion is an assessment of a discussion based on the anaesthetic record of a case that the trainee has done fairly independently. It is designed to assess and coach trainees primarily in the skill of reasoning through discussion of decision making and interpretation and application of evidence related to real cases that trainees have managed fairly independently. It is also an opportunity to assess and give guidance on relevant clinical knowledge, understanding, documentation and a trainees reading around the issues raised in the case. It is similar in some ways to conducting a trial viva however a real case that the trainee has managed fairly independently is used as the stem. CbD should only require 10- 20 min o] discussion, and the whole process should only take 30-45 min once done several times.</p>
<p>Conducting a Case-based Discussion</p> <p>The trainee brings to their assessment copies of the anaesthetic records of at least three cases they have dealt with reasonably independently and the assessor chooses the most appropriate one for discussion. Cases may be of general interest or relate to one of the specialized study units. Occasionally the Supervisor o1 Training may request a trainee to get a particular case assessed. In this case the trainee only needs to take a copy of that anaesthetic record. Identifying information on the copies of the anaesthetic records should be blanked for privacy reasons. The trainee presents the case to the assessor. The assessor puts a brie1 summary in the field "Case details". Suggested loci for discussion are provided below. The assessor should provide a brie1 summary of the issues discussed and provide an estimate of complexity.</p> <p>Assessors can prompt the trainee on the anaesthetic/perioperative care issues related to:</p> <ul style="list-style-type: none"> • The patient and his/her co morbidities • The procedure/context • The pathology for which the procedure was required • Potential problems and alternatives <p>Trainees should outline their anaesthetic/perioperative care plan (includes pre, intra and post-operative care) and:</p> <ul style="list-style-type: none"> • Explain the reasons for their choices • Discuss alternatives including pros and cons • Justify what investigations were required in this setting • Any further workup or referral that was required • Consider i1 there were any particular points in this case where the patient was at increased risk and what complications could have occurred and how these should be managed. <p>Please remember the most import aspect of this assessment is the constructive feedback you provide to the trainee after completing the CbD. The trainee should be given advice on areas that they need to focus on in their future study and structures that they may find helpful for approaching tasks such as formulating plans. The assessor may need to "lili in the gaps" so that ultimately an example of <i>"deep up to date knowledge, comprehensive evaluation of the issues, and the ability to clearly justify clinical decisions relating to the management of the case"</i> is provided as a learning exercise for the trainee. The amount of input required from the assessor so that this is demonstrated forms the basis of the rating of overall performance.</p>

Rating Case Complexity	
Low (1-3)	Peripheral minor surgery, age 16-70 ASA 1-2 not 2 nd or 3 rd trimester of pregnancy
Moderate (4-6)	The case has some elements o1 surgical or patient complexity but not both
High (7-9)	Major intra-cavity surgery or craniotomy with significant physiological insult requiring intensive monitoring and suppon. The patient has significant co-morbidities and/or pre-surgical physiological derangement. The anaeslhetist may need to lead a number o1 team members (including other anaesthetists) in order to attain an optimal outcome

Multi-Source Feedback: 360° team assessment of behaviour (TAB)

Behaviour and attitudes evidenced by behaviour	Areas of concern			Comments <ul style="list-style-type: none"> If you cannot give an opinion due to lack of knowledge of the trainee, say so here. Comment on anything especially good. You must specifically comment on any concern about attitudes and/or behaviour, and this should reflect the trainee's behaviour over time - not usually just a single incident.
	None	Some	Major	
Maintaining trust / professional relationships with patients <ul style="list-style-type: none"> Listens. Is polite and caring. Shows respect for patients' opinions, dignity and confidentiality. Is unprejudiced and dresses appropriately. 				
Verbal communication skills <ul style="list-style-type: none"> Gives understandable information. Speaks good English, at the appropriate level for patients. 				
Team-working/working with colleagues <ul style="list-style-type: none"> Respects others' roles and works constructively in the team. Hands over effectively and communicates well. Is unprejudiced, supportive and fair. 				
Accessibility <ul style="list-style-type: none"> Is accessible. Takes proper responsibility. Only delegates appropriately. Does not shirk duty. Responds when called. Arranges cover for absence. 				

ASSESSOR DETAILS (please indicate)

Workplace: Emergency ICU Theatre Other

Assessor's Sign:

SUMMARY OF TRAINING PROGRESS & EDUCATIONAL SUPERVISOR REPORT

Name		Tanning Years	
Training number			
Date Started		Date Completed	

TRAINING PLACEMENT DETAILS

Rotations in Units	Specialties	Dates

ANNUAL ASSESSMENTS

Stage	Dates	Performance expected (achieved objectives)	comment
year 1			
year 2			

year 3			
year 4			
years			

TRAINEE ACHIEVEMENTS

Qualifications achieved (Exams sat & examining body)	Outcome Pass/fail	Date
Part I/ I M		

