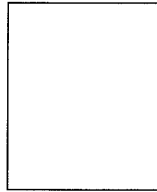


## **PERSONAL PARTICULARS**



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

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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 further training under supervision in a recognized hospital. This period, regarded as a pre-registration period, is a statutory requirement and a medical officer can only be fully registered after completing training satisfactorily and gained sufficient 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 shall 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.
4. Anaesthesiology has always been a specialized posting and little importance has been given to it during medical student education. The Intensive Care Unit on the other hand is always the 'scariest' place to go for the new graduates. Unfortunately, these are the 2 best places for learning of basic medicine and resuscitation. By incorporating Anaesthesiology and Intensive Care rotation in the houseman training, it is hoped that the houseman will have a better insight and understanding of the holistic management of the patients, especially the critically ill patients.

## **OBJECTIVES OF HOUSEMANSHIP TRAINING**

At the end of the training period, the House Officer is expected to:

1. Understand and apply the underlying concepts of health and disease in the holistic management of patients.
2. Equip one self with adequate skills to perform all related clinical procedures competently.
3. Develop a caring, responsible and professional attitude through teamwork for optimal services to the patient and community.
4. Understand the basic concepts of Anaesthesiology, resuscitation and care of the critically ill patients. Be able to provide Anaesthesia for specified surgical procedures in a safe and competent manner.



### **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 the summary report including the overall comment before certifying the Certification of Completion of Training (Form A)
5. The overall comments and recommendations of each discipline (Form A) 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 attached the original copies of Form A of relevant discipline to be submitted to the Malaysian Medical Council not later than one (1) month after completion of Housemanship training.
7. A House Officer who loses 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.

## **DEGREE OF EXPERTISE**

The grades in the log book are as follows:

- |         |                                                                                                                                                           |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Grade A | Competent to diagnose and manage patients satisfactorily and possess the required skills.                                                                 |
| Grade B | Average competency in the diagnosis and management of patients and may required further training / supervision in the acquisition of specific procedures. |
| Grade C | Poor competency in the diagnosis and management of patients and require extension of pre-registration training.                                           |

The appropriate grading is to be ticked in the column provided for each procedure.

## **LECTURES IN ANAESTHESIOLOGY**

1. Basic Pharmacology of Anaesthesia Drugs
2. Basic Pharmacology of Anaesthesia-related Drugs
3. Preoperative Assessment
4. Airway Adjuncts and Difficult Airway
5. Understanding Anaesthesia Machine
6. Oxygen Therapy
7. Arterial Blood Gas Measurements
8. Fluids, Blood & Blood Products Management
9. Obstetric Anaesthesia
10. Anaesthesia for Emergency Surgery
11. Acute Pain Management
12. Transport of the Critically Ill Patient
13. Organ Donation
14. Chronic Pain Management
15. Effective Communication with Relatives

## **PROCEDURES FOR LOGBOOK**

### **COMPULSORY PERFORMED PROCEDURES**

#### **Operation Theatre**

1. Mask ventilation
2. Endotracheal intubation
3. Laryngeal Mask Airway Insertion
4. Peripheral Venous Cannulation

#### **Intensive Care Unit**

5. Hand Hygiene
6. Endotracheal Suctioning
7. Nebuliser Preparation and Application
8. Transport of the Critically Ill Patient

#### **Acute Pain Service**

9. Assessment of Pain

# Note: minimum number of procedures required is 10.

## **COMPULSORY OBSERVED / ASSISTED PROCEDURES**

1. Induction and Reversal of General Anaesthesia
2. Arterial line Insertion
3. Central Venous Catheter Insertion
4. Epidural Anaesthesia
5. Preparing Patient Controlled Analgesia Machine

## **OPTIONAL PROCEDURES**

1. Fibreoptic Bronchoscopic Intubation
2. Nerve Block
3. Defibrillation

## **HOUSE OFFICER ASSESSMENT TOOLS**

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.

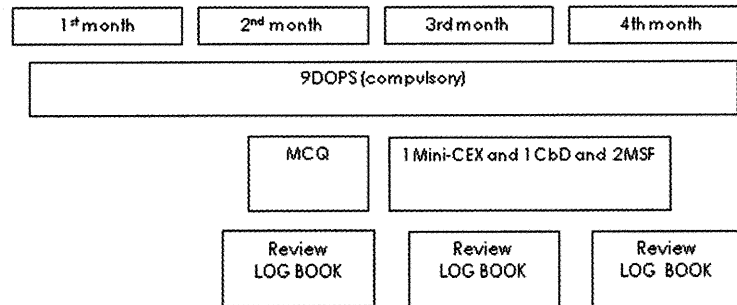
### Type of Tools

- Case based discussion (CbD)
- Mini- clinical evaluation exercise (Mini-Cex)
- Multisource feedback (MSF)
- MCQ

### For practical procedures

- Directly Observed Procedural Skills (DOPS) tool would be utilized

## **FREQUENCY AND NUMBER OF ASSESSMENTS**



*\*There shall be no negative marking in the MCQ test. Passing mark is 60%.*

*\*DOPS should be completed during their postings in the respective areas i.e. OT, ICU, APS*

*\*Mini -CEX and CbD should be assessed by the appointed supervisor or specialist.*

*\* For MSF, these can be done throughout the posting by colleagues and subordinates (2 or more MSF) (to consider:supervisor and peers, or colleagues and other support staff members)*

## **HOUSE OFFICER'S CRITERIA FOR EXTENSION**

### 1. Reason

House officers shall be extended for any of the following reasons:

#### 1.1 Competence & Performance

- Fails end of posting workplace- based assessments and other Departmental specific assessments
- Procedural skills competence & performance not achieved as required in Log Book
- Poor attitude
- Any incident causing concern

#### 1.2 Leave taken in excess

### 2. Duration of Extension

- Poor Performance & Competence – 3 months
- Failure to complete compulsory procedures – extend accordingly (until all compulsory procedures completed)
- Other issues – The period of extension depends on Hospital HO Training Committee

# please refer to accompanying Guidelines for Supervisors for procedure of extension



# LOG BOOK

## 1. Mask Ventilation

No.	Date	R/N	Diagnosis	Comments	Name & Signature of Supervisor
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

## 2. Endotracheal Intubation

No.	Date	R/N	Diagnosis	Comments	Name & Signature of Supervisor
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

### 3. Laryngeal Mask Insertion

No.	Date	R/N	Diagnosis	Comments	Name & Signature of Supervisor
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**4. Peripheral Venous Cannulation**

No.	Date	R/N	Diagnosis	Comments	Name & Signature of Supervisor
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

## 5. Hand Hygiene

No.	Date	R/N	Diagnosis	Comments	Name & Signature of Supervisor
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**6. Endotracheal Suctioning**

No.	Date	R/N	Diagnosis	Comments	Name & Signature of Supervisor
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

## 7. Nebuliser Preparation and Application

No.	Date	R/N	Diagnosis	Comments	Name & Signature of Supervisor
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					



## 8. Transport of the Critically Ill Patient

No.	Date	R/N	Diagnosis	Comments	Name & Signature of Supervisor
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

## 9. Assessment of Pain

No.	Date	R/N	Diagnosis	Comments	Name & Signature of Supervisor
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**1. Induction and Reversal of General Anaesthesia**

No.	Date	R/N	Diagnosis	Comments	Name & Signature of Supervisor
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**2. Arterial Line Insertion**

No.	Date	R/N	Diagnosis	Comments	Name & Signature of Supervisor
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

### 3. Central Venous Catheter Insertion

No.	Date	R/N	Diagnosis	Comments	Name & Signature of Supervisor
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**4. Epidural Anaesthesia**

No.	Date	R/N	Diagnosis	Comments	Name & Signature of Supervisor
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

## 1. Fibreoptic Bronchoscopic Intubation

No.	Date	R/N	Diagnosis	Comments	Name & Signature of Supervisor
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

## 2. Nerve Blocks

No	Date	R/N	Diagnosis	Type of block	Name & Signature of Supervisor
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					



### 3. Defibrillation

No.	Date	R/N	Diagnosis	Comments	Name & Signature of Supervisor
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Attendance**

No.	Date	Time	Topics	Comments	Name & Signature of Supervisor
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Attendance**

No.	Date	Time	Topics	Comments	Name & Signature of Supervisor
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Presentation**

No.	Date	Time	Topics	Comments	Name & Signature of Supervisor
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Attendance**

No.	Date	Time	Topics	Comments	Name & Signature of Supervisor
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					



# **WORK BASED ASSESSMENTS**

## **Case Based Discussion**

Overall assessment on 1 out of 3 topics below:

1. Preoperative assessment
2. Fluid resuscitation and use of blood products
3. Recognizing early sepsis and management



### CASE BASED DISCUSSION (CbD) FOR HOUSE OFFICERS

CBD NUMBER :	1	2	3	-	Focus of clinical encounter <ul style="list-style-type: none"> <li>Documentation</li> <li>Clinical assessment</li> <li>Management</li> <li>Professionalism</li> </ul> ..... Signature of assessor Stamp : Date :
CLINICAL CATEGORY/ PROBLEM:					
Please grade the following areas using the scales:	Good (A)	Satisfactory (B)	Poor (C)	Not Applicable	
History taking					
Examination					
Diagnosis					
Management					
Documentation					
<b>OVERALL GRADE</b>					
Anything especially good?	Suggestion for development				..... Signature of house officer : Stamp :
Agreed Action:					

### CASE BASED DISCUSSION (CbD) FOR HOUSE OFFICERS

CBD NUMBER :	1	2	3	-	Focus of clinical encounter • Documentation • Clinical assessment • Management • Professionalism  ..... Signature of assessor Stamp : Date :
CLINICAL CATEGORY/ PROBLEM:					
Please grade the following areas using the scales:	Good (A)	Satisfactory (B)	Poor (C)	Not Applicable	
History taking					
Examination					
Diagnosis					
Management					
Documentation					
<b>OVERALL GRADE</b>					
Anything especially good?	Suggestion for development				..... Signature of house officer : Stamp :
Agreed Action:					

# **Mini Clinical Evaluation Exercise**

**Topic: Administration of Subarachnoid Block (SAB)**

MINI CLINICAL EVALUATION EXERCISE (MINI-CEX) FOR HOUSE OFFICERS					
TOPIC : ADMINISTRATION OF SUBARACHNOID BLOCK (SAB)					Focus of clinical encounter
Please grade the following areas using the scales	Good A	Satisfactory B	Poor C	Not Applicable	
1. History taking <ul style="list-style-type: none"> <li>• Patient background</li> <li>• Indication/contraindication</li> <li>• Informed consent</li> </ul>					<ul style="list-style-type: none"> <li>• Documentation</li> <li>• Clinical Assessment</li> <li>• Management</li> <li>• Professionalism</li> </ul>
2. Examination <ul style="list-style-type: none"> <li>• Assess the skin/spine</li> <li>• Landmark accuracy</li> </ul>					Comments:
3. Preparation and procedure <ul style="list-style-type: none"> <li>• Basic monitoring of vital signs</li> <li>• IV access</li> <li>• Positioning</li> <li>• Practice of aseptic technique</li> <li>• Preparation of Local anaesthetic and adjuvant drugs</li> <li>• Proper disposal of sharps</li> </ul>					
4. Management <ul style="list-style-type: none"> <li>• Establish the sensory level post SAB</li> <li>• Anticipation of SAB complications/ management</li> <li>• Communication with the patient</li> <li>• Proper documentation</li> </ul>					
5. Recovery <ul style="list-style-type: none"> <li>• Monitoring</li> <li>• Assessment of sensory and motor recovery post block</li> <li>• Discharge criteria</li> </ul>					
<b>OVERALL GRADE</b>					Signature of Assessor Stamp : Date :
Fail mark: A HO whose overall grade C is deemed to have failed. He/She must come back for another assessment at a later date.					Signature of House Officer Stamp: Date :

MINI CLINICAL EVALUATION EXERCISE (MINI-CEX) FOR HOUSE OFFICERS					
TOPIC : ADMINISTRATION OF SUBARACHNOID BLOCK (SAB)					
Please grade the following areas using the scales	Good	Satisfactory	Poor	Not Applicable	
	A	B	C		
1. History taking <ul style="list-style-type: none"> <li>• Patient background</li> <li>• Indication/contraindication</li> <li>• Informed consent</li> </ul>					Focus of clinical encounter <ul style="list-style-type: none"> <li>• Documentation</li> <li>• Clinical Assessment</li> <li>• Management</li> <li>• Professionalism</li> </ul>
2. Examination <ul style="list-style-type: none"> <li>• Assess the skin/spine</li> <li>• Landmark accuracy</li> </ul>					Comments:
3. Preparation and procedure <ul style="list-style-type: none"> <li>• Basic monitoring of vital signs</li> <li>• IV access</li> <li>• Positioning</li> <li>• Practice of aseptic technique</li> <li>• Preparation of Local anaesthetic and adjuvant drugs</li> <li>• Proper disposal of sharps</li> </ul>					
4. Management <ul style="list-style-type: none"> <li>• Establish the sensory level post SAB</li> <li>• Anticipation of SAB complications/ management</li> <li>• Communication with the patient</li> <li>• Proper documentation</li> </ul>					
5. Recovery <ul style="list-style-type: none"> <li>• Monitoring</li> <li>• Assessment of sensory and motor recovery post block</li> <li>• Discharge criteria</li> </ul>					
<b>OVERALL GRADE</b>					Signature of Assessor Stamp : Date :
Fail mark: A HO whose overall grade C is deemed to have failed. He/She must come back for another assessment at a later date.					Signature of House Officer Stamp: Date :

### **Direct Observed Procedural skills (DOPS)**

#### **Operation Theatre**

1. Mask ventilation
2. Endotracheal intubation
3. Laryngeal Mask Airway Insertion
4. Peripheral Venous Cannulation

#### **Intensive Care Unit**

5. Hand Hygiene
6. Endotracheal Suctioning
7. Nebuliser Preparation and Application
8. Transport of the Critically Ill Patient

#### **Acute Pain Service**

9. Assessment of Pain

**DOPS ASSESSMENT 1**

<b>1. Mask ventilation</b>	The purpose of this assessment is to ensure that the HO can maintain a patent airway and maintain adequate oxygenation and ventilation.		
Procedure (Please tick boxes to ensure the procedure has been completed correctly before completing the DOPs assessment form)	The HO must perform the following skills : <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>Wear gloves.</div> </div> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>Choose appropriate sized masks and oropharyngeal airways.</div> </div> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>           Able to apply the face mask without air leak either by;           <ul style="list-style-type: none"> <li>Head tilt-chin lift or</li> <li>Jaw thrust</li> </ul> </div> </div> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>Correctly insert the oral/naso pharyngeal airway if needed.</div> </div> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>Ensure that there is adequate chest expansion during manual bagging.</div> </div> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>Observe patient's colour and SpO2 if available.</div> </div>		
<b>SCORING AND FEEDBACK</b>	GRADE A (Good) <input type="checkbox"/>	GRADE B (Satisfactory) <input type="checkbox"/>	GRADE C (Poor) <input type="checkbox"/>
Fail mark: A HO who scores grade C is deemed to have failed. He/She must come back for another assessment at a later date.		<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <div>.....</div> <div>Signature of Assessor</div> <div>Date : </div> <div>Stamp : </div> </div>	
Feedback:			

## DOPS ASSESSMENT 1

<b>1. Mask ventilation</b>	The purpose of this assessment is to ensure that the HO can maintain a patent airway and maintain adequate oxygenation and ventilation.		
Procedure (Please tick boxes to ensure the procedure has been completed correctly before completing the DOPs assessment form)	The HO must perform the following skills : <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>Wear gloves.</div> </div> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>Choose appropriate sized masks and oropharyngeal airways.</div> </div> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>           Able to apply the face mask without air leak either by;           <ul style="list-style-type: none"> <li>Head tilt-chin lift or</li> <li>Jaw thrust</li> </ul> </div> </div> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>Correctly insert the oral/naso pharyngeal airway if needed.</div> </div> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>Ensure that there is adequate chest expansion during manual bagging.</div> </div> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>Observe patient's colour and SpO2 if available.</div> </div>		
SCORING AND FEEDBACK	GRADE A (Good) <input type="checkbox"/>	GRADE B (Satisfactory) <input type="checkbox"/>	GRADE C (Poor) <input type="checkbox"/>
Fail mark: A HO who scores grade C is deemed to have failed. He/She must come back for another assessment at a later date.		..... Signature of Assessor Date : Stamp :	
Feedback:			



**DOPS ASSESSMENT 1**

<b>1. Mask ventilation</b>	The purpose of this assessment is to ensure that the HO can maintain a patent airway and maintain adequate oxygenation and ventilation.		
Procedure (Please tick boxes to ensure the procedure has been completed correctly before completing the DOPS assessment form)	The HO must perform the following skills : <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>Wear gloves.</div> </div> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>Choose appropriate sized masks and oropharyngeal airways.</div> </div> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>           Able to apply the face mask without air leak either by;           <ul style="list-style-type: none"> <li>Head tilt-chin lift or</li> <li>Jaw thrust</li> </ul> </div> </div> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>Correctly insert the oral/naso pharyngeal airway if needed.</div> </div> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>Ensure that there is adequate chest expansion during manual bagging.</div> </div> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>Observe patient's colour and SpO2 if available.</div> </div>		
<b>SCORING AND FEEDBACK</b>	GRADE A (Good) <input type="checkbox"/>	GRADE B (Satisfactory) <input type="checkbox"/>	GRADE C (Poor) <input type="checkbox"/>
Fail mark: A HO who scores grade C is deemed to have failed. He/She must come back for another assessment at a later date.			
Feedback:		..... Signature of Assessor Date : Stamp :	

**DOPS ASSESSMENT 2**

<b>2. Endotracheal intubation</b>	The purpose of this assessment is to ensure that HO knows how to prepare and perform a proper intubation.		
Procedure (Please tick boxes to ensure the procedure has been completed correctly before completing the DOPS assessment form)	The HO must perform the following skills:		
	<p>1. Preparation for endotracheal intubation</p> <p><input type="checkbox"/> Check GA machine/breathing circuit</p> <p><input type="checkbox"/> Prepare the anaesthesia and resuscitation drugs before intubation.</p> <p><input type="checkbox"/> Wear gloves</p> <p><input type="checkbox"/> Choose appropriate sizes of ETT and a correct laryngoscope.</p> <p><input type="checkbox"/> Ensure that the suction is on and functioning well.</p> <p><input type="checkbox"/> Ensure skilled assistance is available</p> <p>2. Intubation technique:</p> <p><input type="checkbox"/> Able to perform correct technique of intubation.</p> <p><input type="checkbox"/> Able to confirm the position of endotracheal tube by</p> <p>(a) Direct visualization of vocal cords                      (b) Bilateral chest expansion</p> <p>(c) Chest and epigastric auscultation                              (d) Capnograph</p> <p><input type="checkbox"/> Secure the ETT properly</p>		
SCORING AND FEEDBACK	GRADE A (Good) <input type="checkbox"/>	GRADE B (Satisfactory) <input type="checkbox"/>	GRADE C (Poor) <input type="checkbox"/>
Fail mark: A HO who scores grade C is deemed to have failed. He/She must come back for another assessment at a later date.		..... Signature of Assessor Date : Stamp :	
Feedback:			

## DOPS ASSESSMENT 2

<b>2. Endotracheal intubation</b>		The purpose of this assessment is to ensure that HO knows how to prepare and perform a proper intubation.		
Procedure (Please tick boxes to ensure the procedure has been completed correctly before completing the DOPs assessment form)	The HO must perform the following skills:			
	<div> <div>1. Preparation for endotracheal intubation</div> <div> <input type="checkbox"/> Check GA machine/breathing circuit           <input type="checkbox"/> Prepare the anaesthesia and resuscitation drugs before intubation.           <input type="checkbox"/> Wear gloves           <input type="checkbox"/> Choose appropriate sizes of ETT and a correct laryngoscope.           <input type="checkbox"/> Ensure that the suction is on and functioning well.           <input type="checkbox"/> Ensure skilled assistance is available         </div> </div> <div> <div>2. Intubation technique:</div> <div> <input type="checkbox"/> Able to perform correct technique of intubation.           <input type="checkbox"/> Able to confirm the position of endotracheal tube by           <div>             (a) Direct visualization of vocal cords             (b) Bilateral chest expansion           </div>             (c) Chest and epigastric auscultation             (d) Capnograph           </div> <input type="checkbox"/> Secure the ETT properly         </div>			
<b>SCORING AND FEEDBACK</b>		GRADE A (Good) <input type="checkbox"/>	GRADE B (Satisfactory) <input type="checkbox"/>	GRADE C (Poor) <input type="checkbox"/>
Fail mark: A HO who scores grade C is deemed to have failed. He/She must come back for another assessment at a later date.		..... Signature of Assessor		
Feedback:		Date : Stamp :		

**DOPS ASSESSMENT 2**

<b>2. Endotracheal intubation</b>	The purpose of this assessment is to ensure that HO knows how to prepare and perform a proper intubation.		
Procedure (Please tick boxes to ensure the procedure has been completed correctly before completing the DOPS assessment form)	The HO must perform the following skills:		
	<p>1. Preparation for endotracheal intubation</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <p>Check GA machine/breathing circuit</p> <p>Prepare the anaesthesia and resuscitation drugs before intubation.</p> <p>Wear gloves</p> <p>Choose appropriate sizes of ETT and a correct laryngoscope.</p> <p>Ensure that the suction is on and functioning well.</p> <p>Ensure skilled assistance is available</p> </div> </div> <p>2. Intubation technique:</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <p>Able to perform correct technique of intubation.</p> <p>Able to confirm the position of endotracheal tube by</p> <div style="display: flex; justify-content: space-between;"> <div> <p>(a) Direct visualization of vocal cords</p> <p>(c) Chest and epigastric auscultation</p> </div> <div> <p>(b) Bilateral chest expansion</p> <p>(d) Capnograph</p> </div> </div> </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Secure the ETT properly         </div>		
SCORING AND FEEDBACK	GRADE A (Good) <input type="checkbox"/>	GRADE B (Satisfactory) <input type="checkbox"/>	GRADE C (Poor) <input type="checkbox"/>
Fail mark: A HO who scores grade C is deemed to have failed. He/She must come back for another assessment at a later date.	..... Signature of Assessor Date : Stamp :		
Feedback:			

## DOPS ASSESSMENT 3

<b>3. Laryngeal mask airway insertion</b>	The purpose of this assessment is to ensure that the HO can perform a proper technique of LMA insertion		
Procedure (Please tick boxes to ensure the procedure has been completed correctly before completing the DOPS assessment form)	<p>The HO must know the</p> <p><input type="checkbox"/> Indications and contraindications</p> <p>The HO must perform the following skills;</p> <p>1. Preparation of LMA insertion</p> <p><input type="checkbox"/> Check GA/breathing circuit/suction</p> <p><input type="checkbox"/> Wear gloves</p> <p><input type="checkbox"/> Choose appropriate sizes of LMA</p> <p><input type="checkbox"/> Choose appropriate drugs for induction</p> <p>2. Insertion technique</p> <p><input type="checkbox"/> Able to assess the depth of anaesthesia before LMA Insertion</p> <p><input type="checkbox"/> Able to perform proper technique of LMA insertion</p> <p><input type="checkbox"/> Able to confirm correct placement of LMA</p> <p>a. Chest expansion</p> <p>b. Capnograph</p>		
SCORING AND FEEDBACK	GRADE A (Good) <input type="checkbox"/>	GRADE B (Satisfactory) <input type="checkbox"/>	GRADE C (Poor) <input type="checkbox"/>
Fail mark: A HO who scores grade C is deemed to have failed. He/She must come back for another assessment at a later date.		..... Signature of Assessor Date : Stamp :	
Feedback:			

**DOPS ASSESSMENT 3**

<b>3. Laryngeal mask airway insertion</b>	The purpose of this assessment is to ensure that the HO can perform a proper technique of LMA insertion		
Procedure (Please tick boxes to ensure the procedure has been completed correctly before completing the DOPS assessment form)	<p>The HO must know the</p> <p><input type="checkbox"/> Indications and contraindications</p> <p>The HO must perform the following skills;</p> <p>1. Preparation of LMA insertion</p> <p><input type="checkbox"/> Check GA/breathing circuit/suction</p> <p><input type="checkbox"/> Wear gloves</p> <p><input type="checkbox"/> Choose appropriate sizes of LMA</p> <p><input type="checkbox"/> Choose appropriate drugs for induction</p> <p>2. Insertion technique</p> <p><input type="checkbox"/> Able to assess the depth of anaesthesia before LMA Insertion</p> <p><input type="checkbox"/> Able to perform proper technique of LMA insertion</p> <p><input type="checkbox"/> Able to confirm correct placement of LMA</p> <p style="margin-left: 40px;">a. Chest expansion</p> <p style="margin-left: 40px;">b. Capnograph</p>		
<b>SCORING AND FEEDBACK</b>	GRADE A (Good) <input type="checkbox"/>	GRADE B (Satisfactory) <input type="checkbox"/>	GRADE C (Poor) <input type="checkbox"/>
Fail mark: A HO who scores grade C is deemed to have failed. He/She must come back for another assessment at a later date.		..... Signature of Assessor Date : Stamp :	
Feedback:			

**DOPS ASSESSMENT 3**

<b>3. Laryngeal mask airway insertion</b>	The purpose of this assessment is to ensure that the HO can perform a proper technique of LMA insertion		
Procedure (Please tick boxes to ensure the procedure has been completed correctly before completing the DOPS assessment form)	<p>The HO must know the</p> <p><input type="checkbox"/> Indications and contraindications</p> <p>The HO must perform the following skills;</p> <p>1. Preparation of LMA insertion</p> <p><input type="checkbox"/> Check GA/breathing circuit/suction</p> <p><input type="checkbox"/> Wear gloves</p> <p><input type="checkbox"/> Choose appropriate sizes of LMA</p> <p><input type="checkbox"/> Choose appropriate drugs for induction</p> <p>2. Insertion technique</p> <p><input type="checkbox"/> Able to assess the depth of anaesthesia before LMA Insertion</p> <p><input type="checkbox"/> Able to perform proper technique of LMA insertion</p> <p><input type="checkbox"/> Able to confirm correct placement of LMA</p> <p style="margin-left: 40px;">a. Chest expansion</p> <p style="margin-left: 40px;">b. Capnograph</p>		
<b>SCORING AND FEEDBACK</b>	GRADE A(Good) <input type="checkbox"/>	GRADE B (Satisfactory) <input type="checkbox"/>	GRADE C (Poor) <input type="checkbox"/>
Fail mark: A HO who scores grade C is deemed to have failed. He/She must come back for another assessment at a later date.		..... Signature of Assessor Date : Stamp :	
Feedback:			

## DOPS ASSESSMENT 4

<b>4. Peripheral venous cannulation</b>	The purpose of this assessment is to ensure that the HO is able to insert the peripheral venous cannula correctly.		
Procedure (Please tick boxes to ensure the procedure has been completed correctly before completing the DOPS assessment form)	<p>The HO must perform the following skills</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>Introduce him/herself in a professional manner and explain about procedure</div> </div> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>Wear gloves</div> </div> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>Clean the site of insertion with alcohol swab</div> </div> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>Able to choose appropriate size and site for cannula insertion</div> </div> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>Able to insert the cannula in a correct way</div> </div> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>Able to secure the venous cannula properly</div> </div>		
SCORING AND FEEDBACK	GRADE A (Good) <input type="checkbox"/>	GRADE B (Satisfactory) <input type="checkbox"/>	GRADE C (Poor) <input type="checkbox"/>
Fail mark: A HO who scores grade C is deemed to have failed. He/She must come back for another assessment at a later date.			
Feedback:		..... Signature of Assessor Date : Stamp :	



## DOPS ASSESSMENT 4

<b>4. Peripheral venous cannulation</b>	The purpose of this assessment is to ensure that the HO is able to insert the peripheral venous cannula correctly.		
Procedure (Please tick boxes to ensure the procedure has been completed correctly before completing the DOPs assessment form)	The HO must perform the following skills <div style="display: flex; flex-direction: column; gap: 10px;"> <div><input type="checkbox"/> Introduce him/herself in a professional manner and explain about procedure</div> <div><input type="checkbox"/> Wear gloves</div> <div><input type="checkbox"/> Clean the site of insertion with alcohol swab</div> <div><input type="checkbox"/> Able to choose appropriate size and site for cannula insertion</div> <div><input type="checkbox"/> Able to insert the cannula in a correct way</div> <div><input type="checkbox"/> Able to secure the venous cannula properly</div> </div>		
SCORING AND FEEDBACK	GRADE A (Good) <input type="checkbox"/>	GRADE B (Satisfactory) <input type="checkbox"/>	GRADE C (Poor) <input type="checkbox"/>
Fail mark: A HO who scores grade C is deemed to have failed. He/She must come back for another assessment at a later date.		..... Signature of Assessor Date : Stamp :	
Feedback:			

**DOPS ASSESSMENT 4**

<b>4. Peripheral venous cannulation</b>	The purpose of this assessment is to ensure that the HO is able to insert the peripheral venous cannula correctly.		
Procedure (Please tick boxes to ensure the procedure has been completed correctly before completing the DOPS assessment form)	The HO must perform the following skills <div style="display: flex; flex-direction: column; gap: 10px;"> <div><input type="checkbox"/> Introduce him/herself in a professional manner and explain about procedure</div> <div><input type="checkbox"/> Wear gloves</div> <div><input type="checkbox"/> Clean the site of insertion with alcohol swab</div> <div><input type="checkbox"/> Able to choose appropriate size and site for cannula insertion</div> <div><input type="checkbox"/> Able to insert the cannula in a correct way</div> <div><input type="checkbox"/> Able to secure the venous cannula properly</div> </div>		
SCORING AND FEEDBACK	GRADE A (Good) <input type="checkbox"/>	GRADE B (Satisfactory) <input type="checkbox"/>	GRADE C (Poor) <input type="checkbox"/>
Fail mark: A HO who scores grade C is deemed to have failed. He/She must come back for another assessment at a later date.			
Feedback:		..... Signature of Assessor Date : Stamp :	

**DOPS ASSESSMENT 5**

<b>5. Hand hygiene</b>	The purpose of this assessment is to ensure that the HO knows how to perform proper hand hygiene		
Procedure (Please tick boxes to ensure the procedure has been completed correctly before completing the DOPS assessment form)	The HO must perform the following skills; <div style="display: flex; justify-content: space-between; padding: 5px;"> <div style="text-align: center;"><input type="checkbox"/></div> <div>Demonstrate the proper technique</div> </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> <div style="text-align: center;"><input type="checkbox"/></div> <div>Knowing the importance of hand hygiene</div> </div>		
SCORING AND FEEDBACK	GRADE A(Good) <input type="checkbox"/>	GRADE B (Satisfactory) <input type="checkbox"/>	GRADE C (Poor) <input type="checkbox"/>
Fail mark: A HO who scores grade C is deemed to have failed. He/She must come back for another assessment at a later date.		<div style="border: 1px solid black; height: 100px; position: relative;"> <div style="position: absolute; bottom: 10px; right: 10px;">           .....            Signature of Assessor            Date :            Stamp :         </div> </div>	
Feedback:			

**DOPS ASSESSMENT 5**

<b>5. Hand hygiene</b>	The purpose of this assessment is to ensure that the HO knows how to perform proper hand hygiene		
Procedure (Please tick boxes to ensure the procedure has been completed correctly before completing the DOPS assessment form)	The HO must perform the following skills; <input type="checkbox"/> Demonstrate the proper technique <input type="checkbox"/> Knowing the importance of hand hygiene		
<b>SCORING AND FEEDBACK</b>	GRADE A (Good) <input type="checkbox"/>	GRADE B (Satisfactory) <input type="checkbox"/>	GRADE C (Poor) <input type="checkbox"/>
Fail mark:	A HO who scores grade C is deemed to have failed. He/She must come back for another assessment at a later date.		..... Signature of Assessor Date : Stamp :
Feedback:			

**DOPS ASSESSMENT 5**

<b>5. Hand hygiene</b>	The purpose of this assessment is to ensure that the HO knows how to perform proper hand hygiene		
Procedure (Please tick boxes to ensure the procedure has been completed correctly before completing the DOPS assessment form)	The HO must perform the following skills; <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;"> <input type="checkbox"/>   <input type="checkbox"/> </div> <div>             Demonstrate the proper technique              Knowing the importance of hand hygiene           </div> </div>		
SCORING AND FEEDBACK	GRADE A (Good) <input type="checkbox"/>	GRADE B (Satisfactory) <input type="checkbox"/>	GRADE C (Poor) <input type="checkbox"/>
Fail mark: A HO who scores grade C is deemed to have failed. He/She must come back for another assessment at a later date.		<div style="border-top: 1px dotted black; padding-top: 10px;">           Signature of Assessor            Date :            Stamp :         </div>	
Feedback:			

**DOPS ASSESSMENT 6**

<b>6. Endotracheal suctioning</b>	The purpose of this assessment is to ensure that HO knows how to perform a proper and sterile technique for endotracheal suctioning.		
Procedure (Please tick boxes to ensure the procedure has been completed correctly before completing the DOPS assessment form)	The HO must perform the following skills <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>Know the indications and complications</div> </div> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>Ensure that the suction is on and functioning well.</div> </div> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>Choose an appropriate sized suction catheter.</div> </div> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>Know the appropriate duration for suctioning</div> </div> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>Wear sterile gloves.</div> </div> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>Able to demonstrate a proper and sterile technique</div> </div>		
SCORING AND FEEDBACK	GRADE A (Good) <input type="checkbox"/>	GRADE B (Satisfactory) <input type="checkbox"/>	GRADE C (Poor) <input type="checkbox"/>
Fail mark: A HO who scores grade C is deemed to have failed. He/She must come back for another assessment at a later date.		<div style="border: 1px solid black; padding: 5px;">         .....          Signature of Assessor          Date :          Stamp :       </div>	
Feedback:			

## DOPS ASSESSMENT 6

<b>6. Endotracheal suctioning</b>	The purpose of this assessment is to ensure that HO knows how to perform a proper and sterile technique for endotracheal suctioning.		
Procedure (Please tick boxes to ensure the procedure has been completed correctly before completing the DOPS assessment form)	The HO must perform the following skills <div style="display: flex; align-items: center; margin-bottom: 5px;"> <input type="checkbox"/> <div style="margin-left: 10px;">Know the indications and complications</div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <input type="checkbox"/> <div style="margin-left: 10px;">Ensure that the suction is on and functioning well.</div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <input type="checkbox"/> <div style="margin-left: 10px;">Choose an appropriate sized suction catheter.</div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <input type="checkbox"/> <div style="margin-left: 10px;">Know the appropriate duration for suctioning</div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <input type="checkbox"/> <div style="margin-left: 10px;">Wear sterile gloves.</div> </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> <div style="margin-left: 10px;">Able to demonstrate a proper and sterile technique</div> </div>		
SCORING AND FEEDBACK	GRADE A (Good) <input type="checkbox"/>	GRADE B (Satisfactory) <input type="checkbox"/>	GRADE C (Poor) <input type="checkbox"/>
Fail mark: A HO who scores grade C is deemed to have failed. He/She must come back for another assessment at a later date.		..... Signature of Assessor Date : Stamp :	
Feedback:			

**DOPS ASSESSMENT 6**

<b>6. Endotracheal suctioning</b>	The purpose of this assessment is to ensure that HO knows how to perform a proper and sterile technique for endotracheal suctioning.		
Procedure (Please tick boxes to ensure the procedure has been completed correctly before completing the DOPS assessment form)	The HO must perform the following skills <input type="checkbox"/> Know the indications and complications <input type="checkbox"/> Ensure that the suction is on and functioning well. <input type="checkbox"/> Choose an appropriate sized suction catheter. <input type="checkbox"/> Know the appropriate duration for suctioning <input type="checkbox"/> Wear sterile gloves. <input type="checkbox"/> Able to demonstrate a proper and sterile technique		
<b>SCORING AND FEEDBACK</b>	GRADE A (Good) <input type="checkbox"/>	GRADE B (Satisfactory) <input type="checkbox"/>	GRADE C (Poor) <input type="checkbox"/>
Fail mark: A HO who scores grade C is deemed to have failed. He/She must come back for another assessment at a later date.		..... Signature of Assessor Date : Stamp :	
Feedback:			



## DOPS ASSESSMENT 7

<b>7. Nebulizer preparation and application</b>	The purpose of this assessment is to ensure that the HO knows the indication, preparation, correct dose and technique in the use of nebulised bronchodilator therapy																
Procedure (Please tick boxes to ensure the procedure has been completed correctly before completing the DOPS assessment form)	The HO must perform the following skills; <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Able to tell the indications, types of medications, and dosing frequency of the bronchodilator therapy</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Ensure that the device is clean before use.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Ensure that the correct dose and dilution of medication is placed into the nebulizer canister</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Wear sterile gloves.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Demonstrate the correct use and proper technique of nebulization.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Ensure that the vital signs are stable during the procedure.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Check the patient's response to therapy.</td> </tr> </table>			<input type="checkbox"/>	Able to tell the indications, types of medications, and dosing frequency of the bronchodilator therapy	<input type="checkbox"/>	Ensure that the device is clean before use.	<input type="checkbox"/>	Ensure that the correct dose and dilution of medication is placed into the nebulizer canister	<input type="checkbox"/>	Wear sterile gloves.	<input type="checkbox"/>	Demonstrate the correct use and proper technique of nebulization.	<input type="checkbox"/>	Ensure that the vital signs are stable during the procedure.	<input type="checkbox"/>	Check the patient's response to therapy.
<input type="checkbox"/>	Able to tell the indications, types of medications, and dosing frequency of the bronchodilator therapy																
<input type="checkbox"/>	Ensure that the device is clean before use.																
<input type="checkbox"/>	Ensure that the correct dose and dilution of medication is placed into the nebulizer canister																
<input type="checkbox"/>	Wear sterile gloves.																
<input type="checkbox"/>	Demonstrate the correct use and proper technique of nebulization.																
<input type="checkbox"/>	Ensure that the vital signs are stable during the procedure.																
<input type="checkbox"/>	Check the patient's response to therapy.																
SCORING AND FEEDBACK	GRADE A (Good) <input type="checkbox"/>	GRADE B (Satisfactory) <input type="checkbox"/>	GRADE C (Poor) <input type="checkbox"/>														
Fail mark: A HO who scores grade C is deemed to have failed. He/She must come back for another assessment at a later date.		..... Signature of Assessor Date : Stamp :															
Feedback:																	

**DOPS ASSESSMENT 7**

<b>7. Nebulizer preparation and application</b>	The purpose of this assessment is to ensure that the HO knows the indication, preparation, correct dose and technique in the use of nebulised bronchodilator therapy																
Procedure (Please tick boxes to ensure the procedure has been completed correctly before completing the DOPs assessment form)	The HO must perform the following skills; <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Able to tell the indications, types of medications, and dosing frequency of the bronchodilator therapy</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Ensure that the device is clean before use.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Ensure that the correct dose and dilution of medication is placed into the nebulizer canister</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Wear sterile gloves.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Demonstrate the correct use and proper technique of nebulization.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Ensure that the vital signs are stable during the procedure.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Check the patient's response to therapy.</td> </tr> </table>			<input type="checkbox"/>	Able to tell the indications, types of medications, and dosing frequency of the bronchodilator therapy	<input type="checkbox"/>	Ensure that the device is clean before use.	<input type="checkbox"/>	Ensure that the correct dose and dilution of medication is placed into the nebulizer canister	<input type="checkbox"/>	Wear sterile gloves.	<input type="checkbox"/>	Demonstrate the correct use and proper technique of nebulization.	<input type="checkbox"/>	Ensure that the vital signs are stable during the procedure.	<input type="checkbox"/>	Check the patient's response to therapy.
<input type="checkbox"/>	Able to tell the indications, types of medications, and dosing frequency of the bronchodilator therapy																
<input type="checkbox"/>	Ensure that the device is clean before use.																
<input type="checkbox"/>	Ensure that the correct dose and dilution of medication is placed into the nebulizer canister																
<input type="checkbox"/>	Wear sterile gloves.																
<input type="checkbox"/>	Demonstrate the correct use and proper technique of nebulization.																
<input type="checkbox"/>	Ensure that the vital signs are stable during the procedure.																
<input type="checkbox"/>	Check the patient's response to therapy.																
<b>SCORING AND FEEDBACK</b>	GRADE A (Good) <input type="checkbox"/>	GRADE B (Satisfactory) <input type="checkbox"/>	GRADE C (Poor) <input type="checkbox"/>														
Fail mark: A HO who scores grade C is deemed to have failed. He/She must come back for another assessment at a later date.		..... Signature of Assessor Date : Stamp :															
Feedback:																	

**DOPS ASSESSMENT 7**

<b>7. Nebulizer preparation and application</b>	The purpose of this assessment is to ensure that the HO knows the indication, preparation, correct dose and technique in the use of nebulised bronchodilator therapy																
Procedure (Please tick boxes to ensure the procedure has been completed correctly before completing the DOPS assessment form)	The HO must perform the following skills; <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Able to tell the indications, types of medications, and dosing frequency of the bronchodilator therapy</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Ensure that the device is clean before use.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Ensure that the correct dose and dilution of medication is placed into the nebulizer canister</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Wear sterile gloves.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Demonstrate the correct use and proper technique of nebulization.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Ensure that the vital signs are stable during the procedure.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Check the patient's response to therapy.</td> </tr> </table>			<input type="checkbox"/>	Able to tell the indications, types of medications, and dosing frequency of the bronchodilator therapy	<input type="checkbox"/>	Ensure that the device is clean before use.	<input type="checkbox"/>	Ensure that the correct dose and dilution of medication is placed into the nebulizer canister	<input type="checkbox"/>	Wear sterile gloves.	<input type="checkbox"/>	Demonstrate the correct use and proper technique of nebulization.	<input type="checkbox"/>	Ensure that the vital signs are stable during the procedure.	<input type="checkbox"/>	Check the patient's response to therapy.
<input type="checkbox"/>	Able to tell the indications, types of medications, and dosing frequency of the bronchodilator therapy																
<input type="checkbox"/>	Ensure that the device is clean before use.																
<input type="checkbox"/>	Ensure that the correct dose and dilution of medication is placed into the nebulizer canister																
<input type="checkbox"/>	Wear sterile gloves.																
<input type="checkbox"/>	Demonstrate the correct use and proper technique of nebulization.																
<input type="checkbox"/>	Ensure that the vital signs are stable during the procedure.																
<input type="checkbox"/>	Check the patient's response to therapy.																
<b>SCORING AND FEEDBACK</b>	GRADE A (Good) <input type="checkbox"/>	GRADE B (Satisfactory) <input type="checkbox"/>	GRADE C (Poor) <input type="checkbox"/>														
Fail mark: A HO who scores grade C is deemed to have failed. He/She must come back for another assessment at a later date.		..... Signature of Assessor Date : Stamp :															
Feedback:																	

**DOPS ASSESSMENT 8**

<b>8. Transport of the critically ill patient</b>	The purpose of this assessment is to ensure that the HO knows how to prepare the critically ill patient for transport (intra/inter department)		
Procedure (Please tick boxes to ensure the procedure has been completed correctly before completing the DOPS assessment form)	The HO must ensure adequate preparation of: <ul style="list-style-type: none"> <li><input type="checkbox"/> Monitoring equipment.</li> <li><input type="checkbox"/> Portable ventilator with a disconnection alarm.</li> <li><input type="checkbox"/> A manual resuscitator bag with equipment to secure airway.</li> <li><input type="checkbox"/> Oxygen tank</li> <li><input type="checkbox"/> Emergency and sedative drugs</li> <li><input type="checkbox"/> Fully charged electrical devices</li> <li><input type="checkbox"/> Sufficient members in transport team</li> <li><input type="checkbox"/> Complete knowledge of the patient's history, diagnosis and current treatment.</li> <li><input type="checkbox"/> Completed consent form</li> <li><input type="checkbox"/> Check and review patient's status before transport</li> </ul>		
SCORING AND FEEDBACK	<input type="checkbox"/> GRADE A (Good)	<input type="checkbox"/> GRADE B (Satisfactory)	<input type="checkbox"/> GRADE C (Poor)
Fail mark: A HO who scores grade C is deemed to have failed. He/She must come back for another assessment at a later date.		..... Signature of Assessor Date : Stamp :	
Feedback:			

**DOPS ASSESSMENT 8**

<b>8. Transport of the critically ill patient</b>	The purpose of this assessment is to ensure that the HO knows how to prepare the critically ill patient for transport (intra/inter department)		
Procedure (Please tick boxes to ensure the procedure has been completed correctly before completing the DOPS assessment form)	The HO must ensure adequate preparation of: <div style="display: flex; flex-direction: column; gap: 10px;"> <div><input type="checkbox"/> Monitoring equipment.</div> <div><input type="checkbox"/> Portable ventilator with a disconnection alarm.</div> <div><input type="checkbox"/> A manual resuscitator bag with equipment to secure airway.</div> <div><input type="checkbox"/> Oxygen tank</div> <div><input type="checkbox"/> Emergency and sedative drugs</div> <div><input type="checkbox"/> Fully charged electrical devices</div> <div><input type="checkbox"/> Sufficient members in transport team</div> <div><input type="checkbox"/> Complete knowledge of the patient's history, diagnosis and current treatment.</div> <div><input type="checkbox"/> Completed consent form</div> <div><input type="checkbox"/> Check and review patient's status before transport</div> </div>		
SCORING AND FEEDBACK	<input type="checkbox"/> GRADE A (Good)	<input type="checkbox"/> GRADE B (Satisfactory)	<input type="checkbox"/> GRADE C (Poor)
Fail mark: A HO who scores grade C is deemed to have failed. He/She must come back for another assessment at a later date.		..... Signature of Assessor Date : Stamp :	
Feedback:			

**DOPS ASSESSMENT 8**

<b>8. Transport of the critically ill patient</b>	The purpose of this assessment is to ensure that the HO knows how to prepare the critically ill patient for transport (intra/inter department)		
Procedure (Please tick boxes to ensure the procedure has been completed correctly before completing the DOPS assessment form)	The HO must ensure adequate preparation of: <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div>             Monitoring equipment.              Portable ventilator with a disconnection alarm.              A manual resuscitator bag with equipment to secure airway.              Oxygen tank              Emergency and sedative drugs              Fully charged electrical devices              Sufficient members in transport team              Complete knowledge of the patient's history, diagnosis and current treatment.              Completed consent form              Check and review patient's status before transport           </div> </div>		
SCORING AND FEEDBACK	<input type="checkbox"/> GRADE A (Good)	<input type="checkbox"/> GRADE B (Satisfactory)	<input type="checkbox"/> GRADE C (Poor)
Fail mark: A HO who scores grade C is deemed to have failed. He/She must come back for another assessment at a later date.		..... Signature of Assessor Date : Stamp :	
Feedback:			

## DOPS ASSESSMENT 9

<b>9. Assessment of pain</b>	The purpose of this assessment is to ensure that the HO knows how to assess severity of pain and identify the complications of acute pain management		
Procedure (Please tick boxes to ensure the procedure has been completed correctly before completing the DOPS assessment form)	The HO must perform the following skills; <div style="display: flex; flex-direction: column; align-items: flex-start; padding-left: 20px;"> <div><input type="checkbox"/> Know the tools used for pain assessment</div> <div><input type="checkbox"/> Able to elicit the correct pain score and sedation score</div> <div><input type="checkbox"/> Able to explain various methods of pain relief</div> <div><input type="checkbox"/> Able to identify and treat the complications that arise from opioid usage and epidural analgesia</div> </div>		
<b>SCORING AND FEEDBACK</b>	GRADE A (Good) <input type="checkbox"/>	GRADE B (Satisfactory) <input type="checkbox"/>	GRADE C (Poor) <input type="checkbox"/>
Fail mark: A HO who scores grade C is deemed to have failed. He/She must come back for another assessment at a later date.		..... Signature of Assessor Date : Stamp :	
Feedback:			

**DOPS ASSESSMENT 9**

<b>9. Assessment of pain</b>	The purpose of this assessment is to ensure that the HO knows how to assess severity of pain and identify the complications of acute pain management		
Procedure (Please tick boxes to ensure the procedure has been completed correctly before completing the DOPS assessment form)	The HO must perform the following skills; <input type="checkbox"/> Know the tools used for pain assessment <input type="checkbox"/> Able to elicit the correct pain score and sedation score <input type="checkbox"/> Able to explain various methods of pain relief <input type="checkbox"/> Able to identify and treat the complications that arise from opioid usage and epidural analgesia		
<b>SCORING AND FEEDBACK</b>	GRADE A (Good) <input type="checkbox"/>	GRADE B (Satisfactory) <input type="checkbox"/>	GRADE C (Poor) <input type="checkbox"/>
Fail mark: A HO who scores grade C is deemed to have failed. He/She must come back for another assessment at a later date.		..... Signature of Assessor Date : Stamp :	
Feedback:			



**DOPS ASSESSMENT 9**

<b>9. Assessment of pain</b>	The purpose of this assessment is to ensure that the HO knows how to assess severity of pain and identify the complications of acute pain management		
Procedure (Please tick boxes to ensure the procedure has been completed correctly before completing the DOPS assessment form)	The HO must perform the following skills; <input type="checkbox"/> Know the tools used for pain assessment <input type="checkbox"/> Able to elicit the correct pain score and sedation score <input type="checkbox"/> Able to explain various methods of pain relief <input type="checkbox"/> Able to identify and treat the complications that arise from opioid usage and epidural analgesia		
<b>SCORING AND FEEDBACK</b>	GRADE A (Good) <input type="checkbox"/>	GRADE B (Satisfactory) <input type="checkbox"/>	GRADE C (Poor) <input type="checkbox"/>
Fail mark: A HO who scores grade C is deemed to have failed. He/She must come back for another assessment at a later date.		..... Signature of Assessor Date : Stamp :	
Feedback:			



# **PERFORMANCE APPRAISAL**

## SUMMARY OF WORK BASED ASSESSMENTS PERFORMED

No	WORK BASED ASSESSMENTS	DATE	GRADE		
			A	B	C
1	CbD 1				
2	CbD 2				
3	CbD 3				
4	Mini-CEX				
5	Multiple Choice Question		Pass/ Fail		

## SUMMARY OF COMPULSORY PERFORMED PROCEDURE (DOPS)

No	Procedures	Total number
1	Mask ventilation	
2	Endotracheal intubation	
3	Laryngeal mask airway (LMA) insertion	
4	Peripheral venous cannulation	
5	Hand Hygiene	
6	Endotracheal suctioning	
7	Nebuliser preparation and application	
8	Transport of the critically ill patient	
9	Assessment of pain	

## SUMMARY OF COMPULSORY OBSERVED & OPTIONAL PROCEDURES

No	Procedures	Number of procedures observed
1	Induction and Reversal of General Anaesthesia	
2	Arterial Line Insertion	
3	Central Venous Catheter insertion	
4	Epidural Anaesthesia	
5	Preparing Patient Controlled Analgesia machine	
6	Fibreoptic Bronchoscopic Intubation	
7	Nerve block	
8	Defibrillation	

**COMMENT:**

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Signature of Supervisor :  
Name :  
Designation :  
Official Cop :  
Date :





## MULTISOURCE FEEDBACK (MSF) FOR HOUSE OFFICERS

NAME: \_\_\_\_\_

IC NO. : \_\_\_\_\_

DATE OF START OF ANAESTHESIA POSTING: \_\_\_\_\_

Attitude and/or Behaviour	No concern	you have some concern	you have major concern	COMMENT: Anything especially good? Or any concerns? Please comment on behaviour over time- not just a single incident
<b>Maintaining trust/professional relationship with patients</b>				
• Listen				
• Is polite and caring				
• Show respect for patient's opinion, privacy, dignity and is unprejudiced				
<b>Verbal Communication skills</b>				
• Gives understandable information				
• Speaks clearly, at the appropriate level for the patient				
<b>Team-working/working with colleagues</b>				
• Respects others' roles, and works constructively in the team				
• Hands over effectively, and communicates well				
• Is unprejudiced, supportive and fair				
<b>Accessibility</b>				
• Accessible				
• Takes proper responsibility				
• Does not shirk duty				
• Response when called				
• Arranges cover for absence				
<p>Please use the comments boxes to commend good behaviour and to describe any behaviour which is causing you concern. Give specific examples. This form will be sent to head of department/Ho supervisor who may require additional information. Feedback will be given to the doctor as necessary if there are any concerns. The House Officer will receive private feedback but you will not be identified in person.</p>				<p>.....</p> <p>Signature of assessor</p> <p>Date:</p> <p>Stamp:</p>



## MULTISOURCE FEEDBACK (MSF) FOR HOUSE OFFICERS

NAME: \_\_\_\_\_

IC NO. : \_\_\_\_\_

DATE OF START OF ANAESTHESIA POSTING: \_\_\_\_\_

Attitude and/or Behaviour	No concern	you have some concern	you have major concern	COMMENT: Anything especially good? Or any concerns? Please comment on behaviour over time- not just a single incident
<b>Maintaining trust/professional relationship with patients</b>				
• Listen				
• Is polite and caring				
• Show respect for patient's opinion, privacy, dignity and is unprejudiced				
<b>Verbal Communication skills</b>				
• Gives understandable information				
• Speaks clearly, at the appropriate level for the patient				
<b>Team-working/working with colleagues</b>				
• Respects others' roles, and works constructively in the team				
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<b>Accessibility</b>				
• Accessible				
• Takes proper responsibility				
• Does not shirk duty				
• Response when called				
• Arranges cover for absence				
Please use the comments boxes to commend good behaviour and to describe any behaviour which is causing you concern. Give specific examples. This form will be sent to head of department/Ho supervisor who may require additional information. Feedback will be given to the doctor as necessary if there are any concerns. The House Officer will receive private feedback but you will not be identified in person.				<p>.....</p> <p style="text-align: center;">Signature of assessor</p> <p>Date: _____</p> <p>Stamp: _____</p>



## Assessment of Attitude and Communication Skills

1. Accepting responsibility for welfare of patient  
Comment:

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2. Recognizing professional capabilities and limitations  
Comment:

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3. Relating to other medical personnel  
Comment:

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4. Accepting general responsibilities to profession and community  
Comment:

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5. Communication Skills (includes communication with patient, relative, colleagues and staff)  
Comment:

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Signature of Supervisor :  
Name :  
Designation :  
Official Cop :  
Date :

**CERTIFICATION OF COMPLETION OF TRAINING**

This is to certify that Dr. ....has satisfactorily completed training in Anaesthesiology 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 Anaesthesiology post as required under Section 13 (2) of Medical Act, 1971 to my satisfaction.

Signature of Supervisor :  
Name :  
Designation :  
Official Cop :  
Date





**CERTIFICATION OF COMPLETION OF TRAINING**

This is to certify that Dr. .... has satisfactorily completed training in Anaesthesiology 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 Anaesthesiology post as required under Section 13 (2) of Medical Act, 1971 to my satisfaction.

Signature of Supervisor :  
Name :  
Designation :  
Official Cop :  
Date :



**COMPONENT & WEIGHTAGE FOR CERTIFICATE COMPLETION OF POSTING**

**(ANAESTHESIA)**

COMPONENTS	PERCENTAGE (%)	ACTUAL MARK OBTAINED
<b>1. Attendance</b>	<b>15</b>	
<b>2. LNPT</b>	<b>15</b>	
<b>3. Continuous Assessment and Log Book (35)</b> <ul style="list-style-type: none"> <li>CBD (15%)</li> <li>Mini-CEX (10%) Grade : A (7 – 10%) B (4 – 6%) C (&lt; 4%)</li> <li>DOPS (10%) Grade : A (8 – 10%) B (6 – 7%) C (≤ 5%)</li> </ul> <b>Professionalism &amp; Integrity (Multisource Feedback/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>	<b>40</b>	
<b>4. CME Attendance</b>	<b>5</b>	
<b>5. End of Posting Assessment</b> <ul style="list-style-type: none"> <li>MCQ (15%)</li> <li>VIVA(10%)</li> </ul>	<b>25</b>	
<b>TOTAL</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**

<b>CATEGORY</b>	<b>PERCENTAGE (%)</b>	<b>GRADE</b>
<b>EXCELLENT</b>	<b>≥ 90%</b>	<b>4</b>
<b>GOOD</b>	<b>85 % - 89.9%</b>	<b>3</b>
<b>SATISFACTORY</b>	<b>75 % - 84.9%</b>	<b>2</b>
<b>PASS</b>	<b>60 % - 74.9 %</b>	<b>1</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**

<b>CATEGORY</b>	<b>PERCENTAGE (%)</b>	<b>GRADE</b>
<b>EXCELLENT</b>	<b>≥ 90%</b>	<b>4</b>
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<b>SATISFACTORY</b>	<b>75 % - 84.9%</b>	<b>2</b>
<b>PASS</b>	<b>60 % - 74.9 %</b>	<b>1</b>