

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA



PART I LOGBOOK

FACULTY OF ANAESTHESIA

APPROVED BY THE SENATE ON 3RD JUNE, 2021

A handwritten signature in blue ink, appearing to read 'F. A. Arogundade', is positioned above the name of the Registrar.

DR F. A. AROGUNDADE, MD, FMCP
COLLEGE REGISTRAR

.....

FACULTY OF ANAESTHESIA
NATIONAL POSTGRADUATE MEDICAL COLLEGE
OF NIGERIA

RESIDENTS'
LOGBOOK

FullName:

.....

Date TrainingCommenced:

TrainingInstitution:.....

SURNAME OF RESIDENT:.....

OTHER NAMES:.....

ADDRESS:.....

TRAINING INSTITUTION:.....

HEAD OF TRAINING DEPARTMENT:.....

DATE TRAINING COMMENCED:.....

DATE PRIMARY PASSED:.....

SIGNED:.....

DATE:.....

(Resident)

I certify that the trainee has been personally involved in the anaesthetic management of the ceases listed in this log book.

SIGNED:.....

DATE:.....

(Head of Department)

INSTRUCTIONS TO CANDIDATES

The purpose of the Log Book is:

1. To enable the candidate to briefly record the variety of cases he/she has attended to.
2. To enable the Faculty assess the candidate's clinical experience before the Part 1 Examination.
3. To highlight the skills required for the Junior Residency training.

Timing of the Log Book

The candidate may start filling the Log book within the first 6 months of commencing training.

The completed Log Book will be scanned and uploaded on the candidate's portal page along with the application form for the Part 1 Fellowship Examination.

The Log book will be used during the oral examination and thereafter returned to the candidate.

TRAINING PROGRAMME

- Registration
- Junior Residency Training Part 1: 2years
- Senior Residency Training Post Part 1: 3years

CERTIFICATION

I hereby certify that I completed the 3 months posting in Internal Medicine.

- Cardiology
- Neurology
- Respiratory Medicine
- Endocrinology

Name and Signature of Resident Doctor.....

.....

CONFIRMATION

I hereby confirm thathas satisfactorily completed 3 months posting in Internal Medicine.

Names, Dates & Signatures of Consultants in Internal Medicine

.....

.....

.....

**MINIMUM PROCEDURES REQUIRED OF RESIDENTS BY THE END
OF THE 2 YEAR TRAINING PERIOD 1000 CASES.**

1. GENERALSURGERY	NO. OF CASES	PAGE
Abdominal Surgical Procedures	150	7
Mastectomy	20	
Thyroidectomy	10	
Herniorrhaphy	20	
2. UROLOGY		57
Prostatectomy	30	
Nephrectomy	10	
Urethroplasty	10	
Others	10	
3. PAEDIATRICSURGERY		71
Neonatal	10	
General	30	
4. OPHTHALMOLOGY		81
Intraocular	20	
Extraocular	20	
Regional Blocks (Performed)	10	
5. E.N.T.		95
Adenotonsilectomy	20	
Tracheostomy	10	
Removal, Foreign Body	20	
Others	20	
6. ORTHOPAEDICS ANDTRAUMA		105
Reduction of Fractures	80	
Prosthetic replacements	5	
Sequestrectomy / Amputation	5	
Others	20	
7. BURNS ANDPLASTIC		133
Burns (Contractures - Release/Skin Grafting)	10	
Clefts and other abnormalities	10	
Major reconstruction surgery	5	
8. ORALMAXILLOFACIAL		141
Dental outpatient	50	
Mandibulectomy/Maxillectomy	10	
Reduction of Fractures.	5	

		PAGE
9. OUTPATIENT/AMBULATORYANAESTHESIA		159
Paediatric	25	
Adult	25	
10. GYNAECOLOGY		173
Laparoscopy	10	
ABD/Pelvic procedures e.g. Hysterectomy	25	
Myomectomy	25	
Others	10	
11.OBSTETRICS		191
Caesarean Sections - Elective/ Emergency	50	
12. CARDIOTHORACIC		205
Bronchoscopy	5	
Thoracic Procedures e.g. Lobectomy etc.	5	
Cardiac e.g. Pericardiectomy, insertion of Pacemaker PDA	5	
13. NEUROSURGERY		209
Intracranial	10	
Laminectomy	5	
V.P. Shunt & Insertion	10	
14. I.C.U.:		217
No of Cases Managed	30	
Insertion of CVP Lines	10	
Insertion of Intra-Arterial lines	10	
15. REGIONAL TECHNIQUES		231
Epidural Blocks	25	
Spinal Blocks	60	
I.V. Regional	10	
Peripheral Nerve Blocks e.g. Brachial Plexus		
Femoral Nerve Block	25	
		261
Skills to be acquired		262
Certification		

COMPETENCE BASED GRADING OF PERFORMANCE
GRADES OF PERFORMANCE SCORES

PERFORMANCE GRADE	DESCRIPTION
A	Adequate knowledge; Performs skill without supervision; can report five to six points on Affective domain.
B	Adequate knowledge; performs skill with minimal supervision; requires minimal guidance; four to five points on Affective domain.
C	Adequate knowledge; performs skill with supervision; barely reports 3-4 points on Affective domain.
D	Inadequate knowledge; performs skill with supervision; Unable to report points on Affective domain.
E	Gross inadequate knowledge; unable to perform task; unable to report on Affective domain.

AFFECTIVE DOMAINS FOR ASSESSING CANDIDATES DURING TRAINING:

1. Attendance to work
2. Punctuality
3. Prompt delivery of assignments
4. Group work and interaction
5. Obeying instructions
6. Respect for patient care

GENERAL SURGERY – 200

PATIENT INFORMATION

DATE	DIAGNOSIS/CONCURRENT MEDICAL DISEASE
GRADE OF SURGEON	
	ASSIST WITH CONSULTANT ASSIST WITH SR PERFORM ALONE
I.D.	
AGE SEX: M/F	PROCEDURE
HOSPITAL	TECHNIQUE
ASA STATUS	COMPLICATIONS OUTCOME
CONSULTANT ANAESTHETIST: NAMES AND SIGNATURE	

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CARDIOTHORACIC – 15

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SKILLS TO BE ACQUIRED IN JUNIOR RESIDENCY TRAINING

SKILL	OBSERVED	PARTICIPATED	PERFORMED	TOTAL
Intubation- routine	10	50	240	300
Use of intubating aids	10	50	30	100
Supraglottic airway device	5	5	10	20
Bag/mask ventilation	5	5	590	600
Rapid sequence induction	20	50	200	270
Difficult Airway Management	10	15	5	30
Peripheral venous access	10	10	980	1000
Intraosseus access	2	2	1	5
Central venous access	3	5	2	10
Subarachnoid block	10	10	40	60
Epidural anaesthesia	10	10	5	25
Combined spinal-epidural	10	8	2	20
Caudal block	10	5	5	20
Nerve blocks	10	10	5	25
Ophthalmic blocks	4	5	1	10
Epidural labour analgesia	2	2	1	5
TIVA	4	4	2	10
CPR	2	10	13	25
Patient stabilization/transfer	2	1	2	5
Interprete ECG			50	50
InterpreteRoutine X-Rays			50	50
Interprete CT/MRI/Ultrasound			25	25
Interpretehaematology results			1000	1000
Interprete Biochemical results			1000	1000
Arterial blood gas analysis			30	30
Intraop monitoring			1000	1000
Positioning	5	10	20	35
Prescription writing			1000	1000
ICU care of patients		30		30

CERTIFICATION BY HEAD OF TRAINING DEPARTMENT

I hereby certify and attest that Dr.
has successfully completed the Junior Residency Programme. He/She has attained
adequate skill by observing/assisting and performing the skills listed on Page 261

Name:..... Signature:.....

.....
Fellowship Qualification & Date obtained

APPROVAL TO SIT THE PART I FELLOWSHIP EXAMINATION

Having reviewed the LogBook; Dr is eligible/not
eligible to sit the Part I Fellowship Examination of NPMCN in Anaesthesia.

.....
Name & Signature of Faculty Secretary

.....
Date