

**Advanced Training Committee in Neonatal/Perinatal Medicine**

**ASSESSMENT OF PROCEDURAL COMPETENCE**

**Trainee name:**

**Trainee MIN:**

**Date submitted:**

*The ATC in Neonatal/Perinatal Medicine would like to acknowledge The Royal Women’s Hospital Clinical Practice Unit and the Melbourne Neonatal Education Program for developing the initial design of the Logbook for Procedures.*

**About the Assessment of Procedural Competence**

The Assessment of Procedural Competence is part of the assessment requirements for Advanced Training in Neonatal/Perinatal Medicine. The aim of this process is to document and sign off trainees as being able to perform each mandatory procedure independently. They need to be able to demonstrate that they have reached a level of procedural competence similar to that of a consultant.

Trainees may carry out these activities as often as required to progress to this final assessment, in which the procedures must be carried out under the observation of their supervisor or a consultant neonatologist.

Once trainees have had their evaluation, their assessor must sign and date the relevant section. This confirmation of procedural competency will be recognised as fulfilling the requirement for Advanced Training in Neonatal/Perinatal Medicine.

Please only submit once each mandatory procedure has been assessed; incomplete logbooks will not be accepted.

**Please note that the assessment of procedures must be documented in this logbook under the headings mandatory procedure, complete, date of completion and be signed off by the trainee and their relevant supervisor. Alternative logbook formats will not be accepted.**

Any questions regarding the completion of the procedures logbook can be directed to the Education Officer to the ATC in Neonatal/Perinatal Medicine, on (02) 8247 6279 or via email at NeonatalPerinatal@racp.edu.au

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| **LOG BOOK ITEMS** |
| **Date** | **Competent** | **Consultant name and signature** |  **Mandatory Procedures** |
|       |       |       | 1. Hand hygiene
 |
|       |       |       | 1. Aseptic technique (Standard/Surgical)
 |
|       |       |        | 1. Peripheral intravenous cannula insertion (PIVC)
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|       |       |       | 1. Venesection and blood culture
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|       |       |       | 1. Umbilical venous catheter insertion (UVC)
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|       |       |       | 1. Umbilical arterial catheter insertion (UAC)
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|       |       |       | 1. Peripheral arterial catheter insertion (PAL)
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|       |       |       | 1. Peripheral arterial puncture
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|       |       |       | 1. Percutaneous long line insertion (PICC)
 |
|       |       |       | 1. Needling of pneumothorax
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|       |       |       | 1. Intercostal drain insertion:
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|       |       |       | 1. Urinary bladder catheterisation
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|       |       |       | 1. Nasogastric tube insertion (NG tube)
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|       |       |       | 1. Neonatal resuscitation: CPR / B&M
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|       |       |       | 1. Neonatal resuscitation: Leadership during a resuscitation
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|       |       |       | 1. Endotracheal intubation: Oral & / or nasal (ETT)
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|       |       |       | 1. Surfactant administration
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|       |       |       | 1. Suprapubic aspiration (SPA)
 |
|       |       |       | 1. Lumbar puncture (LP)
 |
|       |       |       | 1. Capillary blood sampling
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|       |       |       | 1. Understanding, setting up and using a conventional ventilator
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|       |       |       | 1. Understanding, setting up and using HFOV
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|       |       |       | 1. Understanding, setting up and using CPAP
 |
|       |       |       | 1. Understanding, setting up and using HHF
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|       |       |       | 1. Understanding, setting up and using nitric oxide
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**Final assessment of competency level for all procedures**

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| **Name of Consultant** |       |
| **Comments** |       |
| **Final supervisor’s signature confirming competence to perform all procedures independently** |       | **Date** |       |
| **Trainee’s signature** |       | **Date** |       |