

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

**LOGBOOK FOR PROCEDURES**

**Trainee Name:**

**Trainee MIN:**

**Date Submitted:**

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

**About the Logbook for Procedures**

The Procedure logbook is part of the assessment requirements for Advanced Training in Neonatal/Perinatal Medicine. The aim of this process is to ensure that trainees have undertaken adequate preparation and practice in the most common neonatal procedures. They need to be able to demonstrate that they have reached a level of procedural expertise similar to that of a consultant.

At the completion of training, trainees should be able to:

* Demonstrate sound theoretical knowledge of each procedure;
* Carry out each procedure at a high level of competency;
* Demonstrate appropriate communication skills, including the ability to explain the problem, outline the procedure and provide appropriate counselling;
* Demonstrate thorough knowledge of the requirements for documentation in patient records
* Demonstrate an ability to facilitate ward rounds and run teaching sessions.

Trainees may carry out these activities as often as required before progressing to the final assessment in which the procedure must be carried out under the observation of their supervisor or a consultant neonatologist. Please note that trainees can commence completing their procedures logbook during Basic Training.

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 logbooks 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, recommended or communication with the correct number attached to each item. 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 SAC in Neonatal/Perinatal Medicine, on (02) 8247 6281 or via email at [NeonatalPerinatal@racp.edu.au](mailto:NeonatalPerinatal@racp.edu.au)

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| **LOG BOOK ITEMS** | |
| **PROCEDURES** | |
| **Mandatory** | |
|  | 1. Hand hygiene: Aseptic technique |
|  | 1. Peripheral intravenous cannula insertion (PIVC) |
|  | 1. Venesection and blood culture |
|  | 1. Umbilical venous catheter insertion (UVC) |
|  | 1. Umbilical arterial catheter insertion (UAC) |
|  | 1. Peripheral arterial catheter insertion (PAL) |
|  | 1. Peripheral arterial puncture |
|  | 1. Percutaneous long line insertion (PICC) |
|  | 1. Needling of pneumothorax |
|  | 1. Intercostal drain insertion: |
|  | 1. Urinary bladder catheterisation |
|  | 1. Nasogastric tube insertion (NG tube) |
|  | 1. Neonatal resuscitation: CPR / B&M |
|  | 1. Neonatal resuscitation : Leadership during a resuscitation |
|  | 1. Endotracheal intubation: Oral & / or nasal (ETT) |
|  | 1. Surfactant administration |
|  | 1. Suprapubic aspiration (SPA) |
|  | 1. Lumbar puncture (LP) |
|  | 1. Capillary blood sampling |
|  | 1. Understanding and Setting up and using the conventional ventilator |
|  | 1. Understanding and Setting up and using HFOV |
|  | 1. Understanding and Setting up and using CPAP |
|  | 1. Understanding and Setting up and using nitric oxide |
| **Recommended** | |
|  | 1. Emergency pericardiocentesis |
|  | 1. Draingage of Rickham’s reservoir |
|  | 1. Intraosseous needle insertion (IO) |
|  | 1. Attending a post mortem |
|  | 1. Central line insertion |
|  | 1. Exchange Transfusion |
|  | 1. Abdominal Paracentesis |
|  | 1. Ultrasound- clinician performed |
|  | 1. Cardiac echo – clinician performed |
|  | 1. Nasopharyngeal tube insertion |
| **All communication items are mandatory** | |
|  | 1.Working within a team (running a multidisciplinary meeting) |
|  | 2.Interviewing parents: Giving information |
|  | 3.Interviewing parents: Breaking bad news |
|  | 4.Interviewing parents: Bereavement counselling- palliative care |
|  | 5.Antenatal counselling |
|  | 6.Facilitating a ward round |
|  | 7.Organising discharge planning for long term patient on ward |
|  | 8.Outpatient letter writing |
|  | 9.Running a teaching session: Case review |
|  | 10.Running a teaching session: Practical |
|  | 11.Documentation in the medical record |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Mandatory**

**Trainee Name:**

**Procedure Name: 1. Hand Hygiene: Aseptic technique**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 2. Peripheral intravenous cannula insertion (PIVC)**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 3. Venesection and blood culture**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 4. Umbilical venous catheter insertion (UVC)**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
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| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 5. Umbilical arterial catheter insertion (UAC)**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Comments |  | | |
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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 6. Peripheral arterial catheter insertion (PAL)**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 7. Peripheral arterial puncture**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 8. Percutaneous long line insertion (PICC)**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
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| **Comments / Notes** |

**Procedure Log**

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**Trainee Name:**

**Procedure Name: 9. Needling of pneumothorax**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
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| **Comments / Notes** |

**Procedure Log**

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**Trainee Name:**

**Procedure Name: 10. Intercostal drain insertion**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 11. Urinary bladder catheterisation**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 12. Nasogastric tube insertion (NG tube)**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
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| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 13. Neonatal resuscitation: CPR/B&M**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 14. Neonatal resuscitation: Leadership during a resuscitation**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
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| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 15. Endotracheal intubation: Oral &/or nasal (ETT)**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
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| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 16. Surfactant administration**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 17. Suprapubic aspiration (SPA)**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 18. Lumbar puncture (LP)**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 19. Capillary blood sampling**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 20. Understanding and setting up and using the conventional ventilator**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 21. Understanding and setting up and using HFOV**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Comments |  | | |
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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 22. Understanding and setting up and using CPAP**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 23. Understanding and setting up and using nitric oxide**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | >10 |

**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Recommended**

**Trainee Name:**

**Procedure Name: 1. Emergency pericardiocentesis**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | >10 |

**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 2. Drainage of Rickham’s reservoir**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 3. Intraosseous needle insertion (IO)**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 4. Attending a post mortem**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 5. Central line insertion**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 6. Exchange Transfusion**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 7. Abdominal Paracentesis**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 8. Ultrasound – clinician performed**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 9. Cardiac echo – clinician performed**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 10. Nasopharyngeal tube insertion**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Mandatory Communication Items**

**Trainee Name:**

**Procedure Name: 1. Working within a team (running a multidisciplinary meeting)**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 2. Interviewing parents: Giving information**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 3. Interviewing parents: breaking bad news**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 4. Interviewing parents: Bereavement counselling and palliative care**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 5. Antenatal counselling**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 6. Facilitating a ward round**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 7. Organising discharge planning for long term patient on ward**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 8. Outpatient letter writing**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 9. Running a teaching session: Case review**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 10. Running a teaching session: Practical**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |

**Procedure Log**

Please complete this page for each procedure you are required to document

**Trainee Name:**

**Procedure Name: 11. Documentation in the medical record**

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| **Steps to Achieve Competency** | Date / Initial (completed by trainee) |
| 1. Taught Procedure |  |
| 2. Directly Supervised |  |
| 3. Independent Practice |  |
| 4. Competence assessed by consultant |  |

**Numbers performed** (circle appropriate number when completed)

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**Final Assessment at Expected Competency Level**

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| Name of Consultant |  | Date |  |
| Comments |  | | |
| Signed by Consultant as competent to perform procedure independently |  | | |

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| **Comments / Notes** |