

Specialty / Age

Log Book Summary

Period of Report	From		To	
Name				
Grade	R1	R2	R3	R4
(Tick app. box)	Others (specify)			
Reg. No.				
Hospital				

Log Book Data

Summary for Period

Total No. of Anaesthetics given		
Total sessions in ICU		
Total sessions in acute & chronic pain		

Urgency & Level of Supervision

	Immediate	Local	Distant	Remote
Scheduled				
Urgent				
Emergency				
Total				

ASA Grade

ASA	1	2	3	4	5
Supervised Immediate/Local					
Supervised Distant/remote					
Total Cases					

Time of Day

Time	07:30 - 14:30	14:00 - 24:00	00:00 - 7:30
No. of Cases for Period			

Age	<6m	6m-2 yr	3-7 yr	8-16 yr	17-79 yr	>80 yr	Total (specialty)
Gen Surgery							
Paed Surgery							
Neurosurgery							
CardioTh							
Plastic							
Burns							
ENT							
Maxfacial							
Eye							
Ob/Gyn							
Urology							
Vasculat							
Ortho/Tr							
ICU							
Pain							
Other							
Total By Age							

Supervising / Teaching

Grade	Nurse	Med Student	R1	R2	R3	R4
No. of Cases						

Procedures

Description	No. of cases	Description	No. of cases	Description	No. of Cases
Vascular Access		Anaesthetic Technique		Respiratory Management	
Internal Jugular		GA		Facemask	
Subclavian		Gaseous Induction		Laryngeal mask	
Other CVL		Spinal		Tracheal Intubations	
Arterial		Epidural		Fibreoptic Intubations	
PA Catheter		CSE		Blind Nasal Intubations	
Picco line		Caudal		Cricothyrotomy	
		Field Block		Percutaneous Tracheostomy	
Resuscitation		Peri Nerve Block		Double Lumen Tube	
Cardiorespiratory (CPR)		Brachial Plexus Block		Bronchoscopy	
Trauma		TIVA		Initial Ventilatory Support	
Neonatal		IVRA		Non Invasive ventilation	
Maternal		Sedation		Jet Ventilation	
Advanced Support				FastTrach	
Chest Drain					
Inotropic Support					
Renal Replacement					
Nutritional					
Interhospital Transfer					

Other Professional Development

Examinations Passed	
Meetings Attended	
Courses Attended	
Research	
Audit	
Publications	
Presentations	
Teaching	
Positions of Responsibility	
Management	
Administration	
Other Training Experience	
Out of Program Experience	

Signature of Resident:

Signature of Program Director: