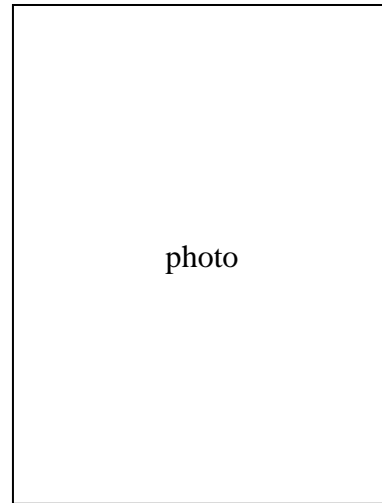

PAEDIATRIC TRAINING LOGBOOK



MALTA PAEDIATRIC ASSOCIATION

Trainee details



Name and surname:

ID card number:

Medical register number:

Grade:

Address:

Signature of trainee:

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Work Record

- **Hospital-based paediatrics**
 - **General paediatrics**
 - **Acute care paediatrics**
 - **Paediatric specialities**
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- **Community paediatrics**

Procedures

Continuing medical education

HOSPITAL-BASED PAEDIATRICS

GENERAL PAEDIATRICS

Acute care paediatrics

Experience of work in a paediatric A&E clinic

Dates worked	Name of tutor	Signature of tutor

Successfully attend and complete the European Paediatric Advanced Life Support (EPLS) course & re-certifications

Date	Name of tutor	Signature of tutor

Paediatric specialities

Attend and show active interest and understanding in the following speciality clinics

Date	Clinic description	Name of tutor	Signature of tutor
	Neurology		
	Respiratory medicine		
	Nephrology		
	Endocrinology and diabetes		
	Cardiology		
	Haematology, oncology and palliative care		
	Child psychiatry		
	Child protection and social paediatrics		
	ENT and audiometry		
	Ophthalmology		

NEONATOLOGY

Experience of work in a labour ward setting

Dates worked	Name of tutor	Signature of tutor

Experience of work in a nursery ward

Dates worked	Name of tutor	Signature of tutor

Experience of work in neonatal/SCBU follow-up clinics

Dates worked	Name of tutor	Signature of tutor

Experience of work in a Special Care Baby Unit

Dates worked	Name of tutor	Signature of tutor

COMMUNITY PAEDIATRICS

PROCEDURES

Show ability to perform the following diagnostic and therapeutic procedures independently

Peripheral intravenous access			
	Date	Case description	Signature of tutor
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Lumbar puncture			
	Date	Case description	Signature of tutor
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Urethral catheterisation

		Date	Case description	Signature of tutor
male	1			
	2			
	3			
	4			
	5			
female	1			
	2			
	3			
	4			
	5			

Bone marrow aspiration

	Date	Case description	Signature of tutor
1			
2			
3			
4			
5			

Administration of intra-thecal chemotherapy

	Date	Case description	Signature of tutor
1			
2			
3			
4			
5			

Handling of central lines

	Date	Case description	Signature of tutor
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Administration of intra-muscular injections

	Date	Case description	Signature of tutor
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Administration of intra-venous injections

	Date	Case description	Signature of tutor
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Show ability to carry out the following procedures under supervision

Suprapubic aspiration			
	Date	Case description	Signature of tutor
1			
2			
3			

Paediatric resuscitation			
	Date	Case description	Signature of tutor
1			
2			
3			
4			
5			

Neonatal resuscitation			
	Date	Case description	Signature of tutor
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Percutaneous long-line insertion			
	Date	Case description	Signature of tutor
1			

Observe and show understanding of the following procedures

Umbilical catheter insertion

	Date	Case description	Signature of tutor
1			
2			
3			

Intra-arterial line insertion

	Date	Case description	Signature of tutor
1			
2			
3			

Ventricular tap

	Date	Case description	Signature of tutor
1			

Endotracheal intubation

	Date	Case description	Signature of tutor
1			
2			
3			
4			
5			

Chest drain insertion

	Date	Case description	Signature of tutor
1			

Echocardiogram

	Date	Case description	Signature of tutor
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Electrocardiogram (ECG)

	Date	Case description	Signature of tutor
1			
2			
3			
4			
5			

Cerebral ultrasound

	Date	Case description	Signature of tutor
1			
2			
3			
4			
5			

Witness breaking of bad news to parents/patients

	Date	Case description	Signature of tutor
1			
2			
3			
4			
5			

Intra-osseous access

	Date	Case description	Signature of tutor
1			

Needle thoracocentesis

	Date	Case description	Signature of tutor
1			

Administration of surfactant

	Date	Case description	Signature of tutor
1			
2			
3			

CONTINUING MEDICAL EDUCATION
