

**Egyptian
Fellowship
Board**

**Cardiovascular Perfusion
Logbook**



Trainee Personal Data

Name:

.....

Date of Birth:

Address:

.....

Medical practice License ID:

Mobile Number:

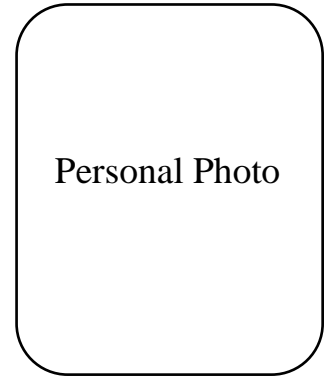
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E-mail:

.....

Specialty:

Egyptian Traineeship acceptance date:



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Instructions for the Use of Logbook

Aim of the logbook

The purpose of the logbook is to provide one source of evidence for the cardiovascular Perfusion and assisted devices council that you have attained the desired level of competency required for licensure. It is the place where you are going to document experiences and operations you shared in during your training. The logbook is divided into several sections. These instructions will help you completing those sections correctly.

Personal information

Please fill in all personal information required. This will help the Egyptian Fellowship Administrators to process your logbook during scientific council evaluation annually in the ARP meetings, and finally 6 months before sitting for the final exam. Your personal photo should be attached to the logbook and you should sign the personal information page.

Operative/Procedure competence

For each training year, you will find details of operative/procedural competencies and tables to register the type of achieved competency, date and your trainer signature. List of required competencies are available in the curriculum.

Surgical procedures (Operative log)

For each year of training, you will find tables to register the clinical procedures (CPB, IAPB, Cell saver, LVAD) you participated in and your level of participation. The key for trainee participation in surgical procedure is:

- O: Observer
- A: Assistant
- PS: Performed Under supervision
- PU: Performed unsupervised
- T: Training junior staff

Your trainer should sign each individual procedure to confirm your participation.

Educational activities

Educational activities must be documented and signed in the logbook. These activities include: lectures, journal clubs, morbidity and mortality meetings, national and/or international conferences, workshops, presentations delivered by the trainee during training, online CME, research activities, and formative assessments taken.

Annual operative summary table

At the end of each training year, you are requested to provide documented summary of all operative activities you participated in, either as an assistant or as a first surgeon. You will find the

tables in the last page of the logbook. All tables should be signed by your trainer as well as your educational supervisor.

Assessment of logbook activities

1. Your trainer will assess your logbook weekly for completion and provide feedback.
2. Your educational supervisor will assess your logbook, provide verbal or written feedback and counter-sign important activities.
3. The ARP committee will revise your logbook annually, as well as 6 months before the final exam.

To be noted that unsatisfactory completion of the logbook would lead to ARP 1 or 2. You are legible to sit for part 2 exam on reception of ARP 5.

Important notice

It is your responsibility to maintain accurate and complete logbook and to regularly update your records. Shall you meet any difficulty; you must contact your trainer or your specialty administrator at the Egyptian fellowship Board.

Operative/Procedure Record

<u>No</u>	Patient name	Hospital <u>No</u>	Operation/ Procedure	Date	Surgeon's signature

Operative/Procedure Record

No	Patient name	Hospital No	Operation/ Procedure	Date	Surgeon's signature

Operative/Procedure Record

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Record of Complicated Cases (CPB, ECMO, IABP, Cell saver)

Date	Description of the cases; short summary , diagnosis and outcome	Trainer's signature

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ICU Attendance

(State device (ECMO or IABP) used and time you worked upon)

No	Date	Patient's Name/ID (Only patients managed by the trainee)	Operation	ICU course	Trainer Signature

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(State device (ECMO or IABP) used and time you worked upon)

No	Date	Patient's Name/ID (Only patients managed by the trainee)	Operation	ICU course	Trainer Signature

Educational Activities (Sheet I)

(Conferences, Courses, Workshops, online CME, Formative assessments)

No	Date	Activity	Subject	Comments

Educational Activities (Sheet II)

(Presentations, Journal club, Clinical Meetings, M&M)

No	Date	Activity	Subject discussed	Trainee role	Consultant Signature

Educational Activities (Sheet III)
(Lectures)

No	Date	Subject	Lecturer	Signature

Annual report (year)

Type	Number	Trainer signature & date
Lectures		
Journal club		
M & M meetings		
Clinical meetings		
Courses		
National conferences		
International conferences		
Workshops		
Presentations		
Online CME		
Formative assessments		
Research		

Educational supervisor:

Summary of operations and procedures

Operation/Procedure	Assistant	Main operator
Valvular CPB		
Ischemic CPB		
Congenital CPB		
Others (Aortic aneurysm, dissection, trauma, tumors)		
IABP		
Cell saver		
LVAD/ RVAD		
Total		

Educational supervisor:

Hospitals and Medical Centers

Hospital name		Hospital name	
Signature of hospital director (after completion of training)		Signature of hospital director (after completion of training)	
Hospital stamp		Hospital stamp	
Hospital name		Hospital name	
Signature of hospital director (after completion of training)		Signature of hospital director (after completion of training)	
Hospital stamp		Hospital stamp	