Senior Medicine Clinical Skills Logbook: List of Skills and level of proficiency expected MB ChB 4 Glasgow Medical School



During your Senior Medicine attachment, you should complete the log below to ensure you have reached the necessary level of supervision required by the end of your attachment. The level required by the end of Senior Medicine is pre-populated in the log below. The supervision scale provides a descriptor to each level. Each of the clinical or procedural skills must be dated and signed by the person that you observed or were supervised by. This log will form part of your end of attachment assessment with your Educational Supervisor. Please refer to full GMC descriptors of each clinical and procedural skill (separate excel document). Additional clinical and procedural skills not listed can be recorded on the extra (blank) table appended to this log below

Clinical and Procedural Skills	Level Required	Supervisor Name/Designation	Date
1. Take baseline physiological observations and record appropriately	Indirect supervision		
2. Carry out peak flow respiratory function test	Indirect supervision		
3. Take blood cultures	Indirect supervision		
4. Carry out arterial blood gas and acid base sampling	Direct supervision		
5. Carry out venepuncture	indirect supervision		
6. Measure capillary blood glucose	Indirect supervision		
7. Carry out a urine multi dipstick test	Direct supervision		
8. Carry out a 3- and 12-lead electrocardiogram	Direct supervision		
9. Take and/or instruct patients how to take a swab	Direct supervision		
10. Set up an infusion	Direct supervision		
11. Use correct techniques for moving and handling	Direct supervision		
12. Instruct patients in the use of devices for inhaled medication	Indirect supervision		
13. Prescribe and administer oxygen	Direct supervision		
14. Prepare and administer injectable (SC, IM, IV) drugs	Direct supervision		
15. Carry out intravenous cannulation	Indirect supervision		
16. Carry out safe and appropriate blood transfusion	Observation		
17. Carry out male and female urinary catheterisation	Direct supervision		
18. Carry out nasogastric tube placement	Observation		

CLINICAL AND PROCEDURAL SKILLS (CAPS) SUPERVISION SCALE

Level of Supervision	Explanatory notes				
Observation of the activity – no execution	Student observing procedure being performed on the patient.				
Safe to practise under direct supervision	The newly qualified doctor is ready to perform the procedure on a patient under direct supervision. This means that the newly qualified doctor will have performed the procedure on real patients during medical school under direct supervision. By direct supervision, we mean that the medical student or newly qualified doctor will have a supervisor with them observing their practice as they perform the procedure. As the newly qualified doctor's experience and skill becomes sufficient to allow them to perform the procedure safely they will move to performing the procedure under indirect supervision.				
Safe to practise under indirect supervision	The newly qualified doctor is ready to perform the procedure on a patient under indirect supervision. This means that the newly qualified doctor will have performed the procedure on real patients during medical school under direct supervision at first and, as their experience and skill became sufficient to allow them to perform the procedure safely, with indirect supervision. By indirect supervision, we mean that the newly qualified doctor is able to access support to perform the procedure if they need to – for example by locating a colleague and asking for help.				

ADDITIONAL PROCEDURES

Procedure	Age	Gender	Date	Supervisor