

# MSF CV TEMPLATE : ANAESTHETIST



⚠ Any incomplete CV will not be taken into consideration ⚠

LAST NAME(S) \_\_\_\_\_

FIRST NAME(S) \_\_\_\_\_

Email Address \_\_\_\_\_

Private Mobile \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_

Current Address (if different from home address) \_\_\_\_\_

Attach  
Picture

## PERSONAL DETAILS

Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_

All current passports :  
\_\_\_\_\_  
\_\_\_\_\_

Gender : Male  Female

Marital Status :

Single  Married

Separated/Divorced  Widow(er)

No. of children if any :  
\_\_\_\_\_

Language(s), you can speak & understand  
(written & spoken) in a working environment :

LEVEL	A1	A2	B1	B2	C1	C2
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others : _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## EDUCATION

Fill in the spaces applicable to your studies

### Diploma in ANAESTHESIA

Doctor Anaesthetist

Certified Registered Nurse Anaesthetist

Place (University/City/Country)  
\_\_\_\_\_

Registration No. : \_\_\_\_\_

Duration of studies - No of years : \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Date obtained diploma \_\_\_\_\_

Specify subspeciality (if any):  
\_\_\_\_\_

### Diploma in MEDICAL STUDIES

Diploma in Medicine

Diploma in Nursing

Other, specify \_\_\_\_\_

Place (University/City/Country)  
\_\_\_\_\_

Registration No. : \_\_\_\_\_

Duration of studies - No of years : \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Date obtained diploma \_\_\_\_\_

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Board of Anaesthesia (if any)		Fellow of College of Anaesthetists (if any)		
Name of examining Board	Year passed	Name of College	Registration No	Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



## PROFESSIONAL EXPERIENCE

Number of years of **AUTONOMOUS** practice \_\_\_\_\_

Employment History Summary including CURRENT employment  
Please complete with most recent post first and give a brief description of your role

Date (start-end)	Position	Type of activity					Hospital/ City/Country
		Trauma	OB/GYN	Pediatrics	Crit. care	Others	



## OTHER PROFESSIONAL EXPERIENCE

Other professional experiences (medical and non medical) including humanitarian work and other NGOs

Date (start-end)	Position	Type of activity	City/Country



## OTHER MEDICAL TRAINING

(including nursing education, public health, tropical disease, ATLS, regional anaesthesia, ultrasound, pain medicine, trauma, etc.)

Name of training	Date (start-end)	Duration	City/Country

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## SELF ASSESSMENT SKILLS

I certify that the given information is complete, correct and true

SIGNATURE :

DATE :

CATEGORY	PROCEDURE	NOT	SUPERVISED	Autonomous	Expert	Estimated earlier experience in years
		trained	Can perform under supervision	Can <b>PERFORM</b> Independently	Can <b>TEACH</b>	
		(X if yes)	(X if yes)	(X if yes)	(X if yes)	
General	Ketamine anaesthesia					
	Inhalational anaesthesia using drawover equipment					
	Damage control resuscitation & anaesthesia					
Obstetric anaesthesia	Management of Caesarean section					
	Management of post-partum hemorrhage					
	Management of preeclampsia/eclampsia					
Regional anaesthesia	Spinal anesthesia					
	Upper limb blocks by neurostimulation					
	Lower limb blocks by neurostimulation					
	Upper limb blocks by ultrasound					
	Lower limb blocks by ultrasound					
	Abdominal wall blocks					
Pediatric anaesthesia	Caudal anaesthesia					
	Spinal anaesthesia					
	Neonatal anesthesia					
	Resuscitation at birth					
Airway/ ventilation	Basic airway management (bag-valve-mask, oro/naso- pharyngeal airway)					
	Advanced airway management (intubation, supraglottic airway)					
	Emergency surgical airway (tracheostomy, cricoidotomy)					
	Mechanical ventilation					
Pain management	Acute pain management					
	Chronic pain management					

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CATEGORY	PROCEDURE	NOT trained (X if yes)	SUPERVISED Can perform under supervision (X if yes)	Autonomous Can <b>PERFORM</b> Independently (X if yes)	Expert Can <b>TEACH</b> (X if yes)	Estimated earlier experience in years
Critical care	Maternal critical care					
	Pediatric critical care					
	Management of sepsis					
	Management of tropical infectious diseases					
	Management of burns					
	PICC line insertion					
	Insertion of central lines					
	Management of major trauma					
	Management of brain injury					
Emergency medicine	Mass casualty triage events					
	Insertion of chest tubes					
	Insertion of intraosseous line					
	Cardiopulmonary resuscitation					
	FAST ultrasound					
Hospital management /teaching/ team leading experience	Coaching/mentoring/teaching					
	Formal management experience					
Other (specify)						

## Please state THREE REFERENCES

NAME

TITLES

ADDRESS

CONTACT DETAILS

1.

2.

3.