

## Annual Review of Competence Progression

### Checklist for Work Place Based Assessments in DRE-EM Year 1

Trainee Name: \_\_\_\_\_

NTN: \_\_\_\_\_

#### Emergency Medicine (ST1)

Summative assessments by a consultant in at least 2 Major Presentations		Date of assessment	Assessor's name
• CMP1 Anaphylaxis		Date	Name
• CMP2 Cardio-respiratory arrest (or current ALS certification)		Date	Name
• CMP3 Major Trauma		Date	Name
• CMP4 Septic patient		Date	Name
• CMP5 Shocked patient		Date	Name
• CMP6 Unconscious patient		Date	Name
Summative assessments by a consultant in each of the following 5 Acute Presentations:			
• CAP1 Abdominal Pain		Date	Name
• CAP6 Breathlessness		Date	Name
• CAP7 Chest Pain		Date	Name
• CAP18 Head Injury		Date	Name
• CAP30 Mental Health		Date	Name
Formative assessments in at least 5 further Acute Presentations using a variety of assessment tools including ACAT(EM) which can cover up to 5 acute presentations			
1. Date	2. Date	3. Date	4. Date
Name	Name	Name	Name
9 other Acute Presentations covered by: Teaching delivered / Audit / E-learning modules / Reflective practice / Additional WPBAs (Please circle)			
1. Teaching / Audit / E-learning / Reflective / WPBA	CAP	Date	Name
2. Teaching / Audit / E-learning / Reflective / WPBA	CAP	Date	Name
3. Teaching / Audit / E-learning / Reflective / WPBA	CAP	Date	Name
4. Teaching / Audit / E-learning / Reflective / WPBA	CAP	Date	Name
5. Teaching / Audit / E-learning / Reflective / WPBA	CAP	Date	Name
6. Teaching / Audit / E-learning / Reflective / WPBA	CAP	Date	Name
7. Teaching / Audit / E-learning / Reflective / WPBA	CAP	Date	Name
8. Teaching / Audit / E-learning / Reflective / WPBA	CAP	Date	Name
9. Teaching / Audit / E-learning / Reflective / WPBA	CAP	Date	Name
Practical procedures as DOPS in each of the following 5 domains:			

• PP11 Airway Maintenance	Date	Name
• PP16 Fracture/Joint manipulation	Date	Name
• PP18 Wound Care	Date	Name
• PP19 Primary Survey	Date	Name
• Any 1 other procedure	Date	Name

## General Emergency Medicine (ST3)

<b>Assessments by a consultant</b> in at least 6 Resuscitation cases including at least 1 trauma case Presentations by 3 Mini-CEX or CbD <b>At least 1 resuscitation case assessed within first 3 months (using ST3 Resuscitation form)</b>		
• Mini-CEX	Date	Name
• Mini-CEX	Date	Name
• Mini-CEX	Date	Name
•	Date	Name
•	Date	Name
•	Date	Name
<b>Assessments by a consultant</b> in 5 Major Trauma Presentations		
• C3AP1a Chest trauma	Date	Name
• C3AP1b Abdominal trauma	Date	Name
• C3AP1c Spinal injury	Date	Name
• C3AP1d Maxillo-facial injury	Date	Name
• C3AP1e Major burns	Date	Name
All remaining 9 Acute presentations covered by: Teaching / Audit / E-learning / Reflective / WPBA (Please circle)		
• C3AP2a Traumatic lower limb injury Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
• C3AP2b Traumatic upper limb injury Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
• C3AP3 Blood gas interpretation Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
• C3AP4 Blood glucose abnormalities Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
• C3AP5 dysuria, Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
• C3AP6 Emergency Airway Care Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name

• C3AP7 needle stick injury, Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name		
• C3AP8 testicular pain, Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name		
• C3AP9 urinary retention Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name		
Extended Supervised Learning Events (ESLE) Two will be conducted in Adult Emergency Medicine, the first by 3 months. The first is to be conducted by the clinical/educational supervisor.				
•				
•				
All remaining practical procedures completed as DOPs (ST1 EM/ST3 EM procedures)				
1. Date	2. Date	3. Date	4. Date	5. Date
Name	Name	Name	Name	Name

## Paediatric Emergency Medicine CT/ST3

<b>Assessments by a consultant</b> in at least 2 Paediatric Major Presentations by Mini-CEX or CbD <b>and</b> APLS course: At least 1 PMP assessment within the first 3 months	<b>Date of assessment</b>	<b>Assessor's name</b>
• PMP1 Anaphylaxis	Date	Name
• PMP2 Apnoea, Stridor and Airway Obstruction	Date	Name
• PMP3 Cardio-respiratory arrest	Date	Name
• PMP4 Major Trauma	Date	Name
• PMP5 Shocked child	Date	Name
• PMP6 Unconscious child	Date	Name
<b>Assessments by a consultant</b> in each of the following 5 Acute Paediatric Presentations by Mini-CEX or CbD: At least 2 PAP assessments (one of which must be a mini-CEX) within the first 3 months.		
• PAP1 Abdominal Pain	Date	Name
• PAP5 Breathing Difficulties & potential need for critical support	Date	Name
• PAP6 Presentations that cause concern	Date	Name
• PAP9 Fever in all age groups	Date	Name
• PAP15 Pain management in children	Date	Name
All 14 remaining Acute Paediatric presentations covered by: Teaching delivered / Audit / E-learning modules / Reflective practice / Additional WPBAs		
1. PAP2 Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
2. PAP3 Teaching / Audit / E-learning / Reflective / WPBA ((Please circle)	Date	Name
3. PAP4 Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name

4. PAP7 Teaching / Audit / E-learning / Reflective / WPBA ((Please circle)	Date	Name		
5. PAP8 Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name		
6. PAP10 Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name		
7. PAP11 Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name		
8. PAP12 Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name		
9. PAP13 Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name		
10. PAP14 Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name		
11. PAP16 Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name		
12. PAP17 Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name		
13. PAP18 Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name		
14. PAP19 Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name		
Paediatric practical procedures as 3 DOPs in the following domains: (may be done during CT2 but need to provide evidence of WBA)				
• PEMP 1 Venous access in children	Date	Name		
• PEMP 2 Airway Assessment and Maintenance	Date	Name		
• PEMP 3 Primary survey in a child	Date	Name		
Other paediatric practical procedures covered by further DOPs or reflective practice:				
1. Date	2. Date	3. Date	4. Date	5. Date
Name	Name	Name	Name	Name

## Overview by end of DRE-EM Year 1

ST1 & ST3 adult EM Major Presentations completed	Date
ST1 & ST3 adult EM Acute Presentations completed	Date
ST1 & ST3 adult EM Practical Procedures completed	Date
All paediatric presentations and procedures completed	Date
Structured Training Reports (one for each placement)	YES / NO (please circle)
MSF – minimum of 12 responses (annual) with spread of participants as agreed with Educational Supervisor	Date
Evidence of Audit or Quality Improvement Project (one every 12 months)	YES / NO (please circle)
Progress in MRCEM post graduate examination	Exams achieved
ALS or equivalent (upload certificate to e-portfolio)	Date
Progress to completion of ATLS & APLS or equivalent	
Safeguarding Children Level 3 (upload certificate to e-portfolio)	Date
Progress toward achieving level 2 common competences confirmed by supervisor and trainee (red and blue man symbols)	YES / NO (please circle)
Number of training days attended (upload certificates to e-portfolio)	Number
Local feedback as requires by Deanery/LETB	YES / NO (please circle)

**To be completed by trainee and countersigned by Educational Supervisor**

<b>Trainee signature:</b>		<b>Date:</b>	
<b>Education Supervisor signature:</b>		<b>Date:</b>	
<b>Education Supervisor name PLEASE PRINT</b>			

## Annual Review of Competence Progression Checklist for Work Place Based Assessments in DRE-EM Year 2

Trainee Name: \_\_\_\_\_

DRN/NTN: \_\_\_\_\_

### Acute Medicine (ST1)

<b>Formative assessments in 2 Major Presentations not yet covered in EM ST1 checklist:</b>				
• CMP1 Anaphylaxis	Date	Name		
• CMP2 Cardio-respiratory arrest	Date	Name		
• CMP3 Major Trauma	Date	Name		
• CMP4 Septic patient	Date	Name		
• CMP5 Shocked patient	Date	Name		
• CMP6 Unconscious patient	Date	Name		
<b>Formative assessments in at least 10 Further Acute Presentations using a variety of assessment tools including ACAT(GIM)</b>				
1. Date	2. Date	3. Date	4. Date	5. Date
Name/CAP	Name/CAP	Name/CAP	Name/CAP	Name/CAP
6. Date	7. Date	8. Date	9. Date	10. Date
Name/CAP	Name/CAP	Name/CAP	Name/CAP	Name/CAP
<b>9 other Acute Presentations covered by: Teaching delivered / Audit / E-learning modules / Reflective practice / Additional WPBAs (Please circle)</b>				
1. Teaching / Audit / E-learning / Reflective / WPBA	CAP	Date	Name	
2. Teaching / Audit / E-learning / Reflective / WPBA	CAP	Date	Name	
3. Teaching / Audit / E-learning / Reflective / WPBA	CAP	Date	Name	
4. Teaching / Audit / E-learning / Reflective / WPBA	CAP	Date	Name	
5. Teaching / Audit / E-learning / Reflective / WPBA	CAP	Date	Name	
6. Teaching / Audit / E-learning / Reflective / WPBA	CAP	Date	Name	
7. Teaching / Audit / E-learning / Reflective / WPBA	CAP	Date	Name	
8. Teaching / Audit / E-learning / Reflective / WPBA	CAP	Date	Name	
9. Teaching / Audit / E-learning / Reflective / WPBA	CAP	Date	Name	
<b>Practical procedures as 5 DOPs</b>				
1. Date	2. Date	3. Date	4. Date	5. Date
Name	Name	Name	Name	Name

## Anaesthetic Competences (ST2) - NB: IAC only if in 3 month post.

Formative assessment of 5 Anaesthetic-CEX:	Date of assessment	Assessor's name
• IAC A01 Preoperative assessment	Date	Name
• IAC A02 Management of the spontaneously breathing patient	Date	Name
• IAC A03 Anaesthesia for laparotomy	Date	Name
• IAC A04 Rapid Sequence Induction	Date	Name
• IAC A05 Recovery	Date	Name
<b>Formative assessment of 8 Specific Anaesthetic CbDs:</b>		
• IAC C01 Patient identification	Date	Name
• IAC C02 Post op nausea & vomiting	Date	Name
• IAC C03 Airway assessment	Date	Name
• IAC C04 Choice of muscle relaxants & induction agents	Date	Name
• IAC C05 Post op analgesia	Date	Name
• IAC C06 Post op oxygen therapy	Date	Name
• IAC C07 Emergency surgery	Date	Name
• IAC C08 Failed Intubation	Date	Name
<b>Formative assessment of 6 further anaesthetic DOPs:</b>		
• IAC Basic and advanced life support	Date	Name
• IAC D01 Demonstrate function of anaesthetic machine	Date	Name
• IAC D02 Transfer and positioning of patient on operating table	Date	Name
• IAC D03 Demonstrate CPR on a manikin	Date	Name
• IAC D04 Technique of scrubbing up, gown & gloves	Date	Name
• IAC D05 Competences for pain management including PCA	Date	Name
• IAC D06 Failed Intubation practical drill on manikin	Date	Name
<b>PLUS - the Basis of Anaesthetic Practice - if in 6 month post</b>		
• Pre-operative assessment	Date	Name
• Pre-medication	Date	Name
• Induction of GA	Date	Name
• Intra-operative care	Date	Name
• Post-operative recovery	Date	Name
• Anaesthesia for emergency surgery	Date	Name
• Management of cardio-respiratory arrest (adult and children)	Date	Name
• Infection Control	Date	Name
<b>Optional modules if in 9 month block</b>		
• Sedation	Date	Name
• Regional block	Date	Name

• Emergency surgery	Date	Name
• Safe Transfers	Date	Name

## **Intensive Care Medicine (ST2)**

Formative assessments in 2 missing Major Presentations:				
• CMP1 Anaphylaxis	Date	Name		
• CMP2 Cardio-respiratory arrest	Date	Name		
• CMP3 Major Trauma	Date	Name		
• CMP4 Septic patient (ideally assessed in ICM)	Date	Name		
• CMP5 Shocked patient	Date	Name		
• CMP6 Unconscious patient	Date	Name		
Formative assessment of any Acute Presentations not yet covered				
1. Date	2. Date	3. Date	4. Date	5. Date
Name	Name	Name	Name	Name
Formative assessment of 13 practical procedures as DOPS (may be assessed as Mini CEX or CbD if indicated), including:				
• ICM 1 Peripheral venous cannulation	Date	Name		
• ICM 2 Arterial cannulation	Date	Name		
• ICM 3 ABG sampling & interpretation	Date	Name		
• ICM 4 Central venous cannulation	Date	Name		
• ICM 5 Connection to ventilator	Date	Name		
• ICM 6 Safe use of drugs to facilitate mechanical ventilation	Date	Name		
• ICM 7 Monitoring respiratory function	Date	Name		
• ICM 8 Managing the patient fighting the ventilator	Date	Name		
• ICM 9 Safe use of vasoactive drugs and electrolytes	Date	Name		
• ICM 10 Fluid challenge in an acutely unwell patient (CbD)	Date	Name		
• ICM 11 Accidental displacement ETT / tracheostomy	Date	Name		
• Any other	Date	Name		
• Any other	Date	Name		



## Overview by end of DRE-EM /ST3 Programme

All 11 adult Major Presentations completed ( CMP1-6+ C3AP1a-e)	Date
All 47 adult Acute Presentations completed (CAP 1-38 + C3AP2a,b,3,4,5,6,7,8,9)	Date
All 45 adult Practical Procedures completed	Date
All paediatric presentations and procedures completed	Date
MSF – minimum of 12 responses (annual) with spread of participants as agreed with Educational Supervisor	YES / NO (please circle)
Evidence of Audit or Quality Improvement Project	YES / NO (please circle)
Evidence of Management Project(s)	YES / NO (please circle)
Structured Training Reports (one for each placement)	YES / NO (please circle)
Full MRCEM or equivalent (upload certificate to e-portfolio)	Date
ALS or equivalent (upload certificate to e-portfolio)	Date
ATLS or equivalent (upload certificate to e-portfolio)	Date
APLS or equivalent (upload certificate to e-portfolio)	Date
Safeguarding Children Level 3 (upload certificate to e-portfolio)	Date
Number of training days attended (upload certificates to e-portfolio)	Number
Local feedback as required by Deanery/LETB	YES / NO (please circle)
Common competences: <b>23/ 25 to Level 2</b> confirmed by supervisor and trainee (red and blue man symbols)	YES / NO (please circle)
ARCP outcome 1 or equivalent for DRE-EM Year 1	YES / NO (please circle)
Faculty Education Statement supports training progression	YES / NO (please circle)

**To be completed by trainee and countersigned by Educational Supervisor**

Trainee signature:		<b>Date:</b>	
Education Supervisor signature:		<b>Date:</b>	
Education Supervisor name PLEASE PRINT			