**Annual Review of Competence Progression**

**Checklist for Work Place Based Assessments in ACCS Emergency Medicine CT/ST3**

Trainee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DRN/NTN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Paediatric Emergency Medicine CT/ST3**

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| **Assessments** **by a consultant** in at least 2 Major Paediatric Presentations by Mini-CEX or CbD **and** APLS course:  At least 1 PMP assessment within the first 3 months | | | | | **Date of assessment** | | **Assessor’s name** |
| * 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 |
| **Assessments** **by a consultant** in each of the following 5 Acute Paediatric Presentations by Mini-CEX or CbD: At least 2 PAP assessments 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 | | | | |  | |  |
| * 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. Teaching / Audit / E-learning / Reflective / WPBA (Please circle) | | | | | date | | name |
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| 1. 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 | 1. date | 1. date | | 1. date | | 1. date | |
| name | name | name | | name | | name | |

**General Emergency Medicine CT/ST3**

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| --- | --- | --- | --- | --- | --- | --- |
| **Assessments** **by a consultant** in at least 6 Resuscitation cases including at least 1 trauma case Presentations by 3 Mini-CEX or CbD  **At least 1 resuscitation case assessed within first 3 months** | | | |  | |  |
| * Mini-CEX | | | | date | | name |
| * Mini-CEX | | | | date | | name |
| * Mini-CEX | | | | date | | name |
|  | | | | date | | name |
|  | | | | date | | name |
|  | | | | date | | name |
| **Assessments by a consultant** in 5 Major Trauma Presentations | | | |  | |  |
| * C3MPa Chest trauma | | | | date | | name |
| * C3MPb Abdominal trauma | | | | date | | name |
| * C3MPc Spinal injury | | | | date | | name |
| * C3MPd Maxillo-facial injury | | | | date | | name |
| * C3MPe Major burns | | | | date | | name |
| All remaining 9 Acute Paediatric 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 (ELSE)  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 (total 45) | | | | | | |
| 1. date | 1. date | 1. date | 1. date | | 1. date | |
| Name | Name | name | name | | name | |

**Overview by end of CT/ST3**

|  |  |
| --- | --- |
| All 11 adult Major Presentations completed | date |
| All 46 adult Acute Presentations completed | 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 Report x2 (one for each placement) | YES / NO (please circle) |
| Full MCEM or equivalent (upload certificate to eportfolio) | date |
| ALS or equivalent (upload certificate to eportfolio) | date |
| ATLS or equivalent (upload certificate to eportfolio) | date |
| APLS or equivalent (upload certificate to eportfolio) | date |
| Safeguarding Children Level 3 (upload certificate to eportfolio) | date |
| Number of CT3 training days attended (upload certificates to eportfolio) | number |
| Survey monkey feedback completed for each placement | YES / NO (please circle) |
| Common competences: **23/ 25 to Level 2** confirmed by supervisor and trainee (red and blue man symbols) | YES / NO (please circle) |
| ARCP outcome 1 or equivalent for CT/ST1 |  |
| ARCP outcome 1 or equivalent for CT/ST2 | YES / NO (please circle) |
| Faculty Education Statement supports training progression | YES / NO (please circle) |

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

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| --- | --- | --- | --- |
| Trainee signature: |  | **Date:** |  |
| Education Supervisor signature: |  | **Date:** |  |
| Education Supervisor name  PLEASE PRINT |  | | |