**Annual Review of Competence Progression (ARCP)**

**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 (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 | 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  **Using ST3 resuscitation form 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 |
| All remaining 14 ST3 Acute presentations covered by  Teaching / Audit / E-learning / Reflective / WPBA (Please circle) | | | |  | |  |
| * C3AP1a Chest trauma   Teaching / Audit / E-learning / Reflective / WPBA (Please circle) | | | | date | | name |
| * C3AP1b Abdominal trauma   Teaching / Audit / E-learning / Reflective / WPBA (Please circle) | | | | date | | name |
| * C3AP1c Spinal injury   Teaching / Audit / E-learning / Reflective / WPBA (Please circle) | | | | date | | name |
| * C3AP1d Maxillo-facial injury   Teaching / Audit / E-learning / Reflective / WPBA (Please circle) | | | | date | | name |
| * C3AP1e Major burns   Teaching / Audit / E-learning / Reflective / WPBA (Please circle) | | | | date | | name |
| * 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 (total 45 in entire curriculum). | | | | | | |
| 1. date | 1. date | 1. date | 1. date | | 1. date | |
| name | name | name | name | | name | |

**Overview by end of CT/ST3 to ensure coverage of all Core and CT/ST3 competences**

|  |  |
| --- | --- |
| All 6 ACCS Adult Major Presentations completed | date |
| All 52 Adult Acute Presentations completed (38 in ACCS, 14 in ST/CT3) | 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  One STR would be sufficient if it can clearly cover all elements (e.g. post in one department for the ST3 year) | 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 |
| Logbook on practical procedures undertaken/taught on e-portfolio | date |
| Number of regional training days attended (upload certificates to e-portfolio) | number |
| Local feedback completed as determined by Deanery/LETB | YES / NO (please circle) |
| Common competences: **23/ 25 to Level 2** confirmed by Educational 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 |  | | |