**Annual Review of Competence Progression**

**Checklist for Work Place Based Assessments in EM ST4**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Formative assessments in 3 of the following Major Presentations: | | **Date of assessment** | **Assessor’s name** |
| * HMP1 Anaphylaxis | | date | name |
| * HMP2 Cardio-respiratory arrest | | date | name |
| * HMP3 Major Trauma | | date | name |
| * HMP 4 Shocked patient | | date | name |
| * HMP 5 Unconscious patient | | date | name |
| **Extended Supervised Learning Events (ELSE)**  Three ESLEs will be completed  ESLEs will sample activity in all available areas of the ED and must include the resuscitation room  The first within 3 months of commencement and the second within 6 months.  The educational/clinical supervisor will conduct the first, and at least one other consultant or equivalent will conduct another. | | | |
|  | | date | name |
|  | | date | name |
|  | | date | name |
| 18 further **Acute Presentations** covered by: | Teaching delivered / Audit / E-learning modules / Reflective practice / Additional WPBAs | | |
| 1. Teaching / Audit / E-learning / Reflective / WPBA (Please circle) | | date | name |
| 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 |

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| --- | --- | --- |
| Assessment in the **3 complex Paediatric Major or Acute Presentations**  Covered by Mini-CEX or CbD | | |
|  | date | name |
|  | date | name |
|  | date | name |

**Ultrasound for ST4**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Emergency Medical Ultrasound (EMUS)  Section A- trainee information, theory training and log summary  **OR** Level 1 USS theory course: | | | | |
| 1. date | 2. date | 3. date | | |
| name | name | name | | |
| 4. date | 5. date | 6. date | | |
| name | name | name | | |
| Commence log book and triggered assessments for each module | | | | |
| * A: AAA | | | date | name |
| * B: FAST | | | date | name |
| * C: Vascular Access | | | date | name |
| * D: Echo in life support | | | date | name |

**Overview by end of ST4**

|  |  |
| --- | --- |
| Structured Training Report | date |
| MSF – minimum of 12 responses (annual)  with spread of participants as agreed with Educational Supervisor | date |
| Progress in relevant post graduate examinations: | Exams achieved |
| Progress towards Quality Improvement Project (QIP) or CTR (concept, title, first literature search) | YES / NO (please circle) |
| Progress in completion of Management Portfolio project(s) | YES / NO (please circle) |
| Progress toward achieving level 4 common competences, confirmed by supervisor and trainee (red and blue man symbols) | YES / NO (please circle) |
| Number of regional training days attended – upload certificates to eportfolio | number |
| ALS or equivalent (current provider) – upload certificate to eportfolio | date |
| ATLS or equivalent (current provider) – upload certificate to eportfolio | date |
| APLS or equivalent (current provider) - upload certificate to eportfolio | date |
| Safeguarding children Level 3 – upload certificate to eportfolio | date |
| Survey monkey feedback completed for each placement | YES / NO (please circle) |
| ARCP outcome 1 or equivalent for CT/ST3 | YES / NO (please circle) |
| Faculty Education Statement supports training progression | YES / NO (please circle) |

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