**Annual Review of Competence Progression**

**Checklist for Work Place Based Assessments in EM ST5**

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

|  |  |  |
| --- | --- | --- |
| Formative assessments in 2 of the Major Presentations not covered in ST4: | **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 completedESLEs will sample activity in all available areas of the ED and must include the resuscitation roomThe 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 **Higher 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 |
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 | date | name |
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 | date | name |
| 1. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)
 | date | name |
| Assessment in the **3 complex Paediatric Major or Acute Presentations** Covered by Mini-CEX or CbD |
|  | date | name |
|  | date | name |
|  | date | name |

**Ultrasound for ST5**

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| --- |
| Emergency Medical Ultrasound (EMUS) level 1 |
| Continue to complete US log book, case studies 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 |
| * E: Level 1 sign off - **if completed**
 | date | name |

**Overview by end of ST5**

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| --- | --- |
| 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 (Advanced stage of completion) | YES / NO (please circle) |
| Progress towards 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/ST4 | 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 namePLEASE PRINT |  |