Certificate of Eligibility of Specialist Registration (CESR) Emergency Medicine Portfolio

Name:

GMC Number:

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**Glossary:**

**ACAT – Acute Care Assessment Tool**

**CbD – Case Based Discussion**

**CEM – College of Emergency Medicine**

**CESR – Certificate of Eligibility of Specialist Registration**

**CPD – Continuing Professional Development**

**CTR – Clinical Topic Review**

**DOPS – Direct Observation of Procedural Skills**

**IAC – Initial assessment of competence (anaesthetics)**

**ICM – Intensive Care Medicine**

**MIMMS – Major Incident Medical Management and Support**

**Mini-CEX – Mini Clinical Evaluation Exercise**

**MSF – Multi Source Feedback**

**RCA – Root Cause Analysis**

**WBA’s – Work-Based Assessments (also called Work Placed Based Assessements (WPBA’s)**

**Introduction:**

**The Certificate of Eligibility of Specialist Registration (CESR) is a means by which doctors who have not completed an approved deanery training programme can be entered on the Specialist Register. It is a competency-based process where the trainee provides a portfolio of evidence that demonstrates that their training, qualifications and experience meet the requirements of the Emergency Medicine CCT curriculum .**

**Successful completion of the CESR process results in entry onto the Specialist Register and the doctor will then be able to apply for Emergency Medicine Consultant posts in the traditional way.**

**The process itself involves collation of a range of evidence covering the four domains as set out by the GMC (covered in more detail in the sections below). The evidence is then reviewed by the GMC and the College of Emergency Medicine CESR panel to ascertain whether there is sufficient evidence for entry onto the Specialist Register.**

**Background:**

**Royal Derby Hospital Emergency Department has devised tailor-made CESR rotations to facilitate all successful applicants to our programme with the clinical and non-clinical experience/skills required to apply for entry onto the Specialist Register in Emergency Medicine.**

**The clinical attachments (Anaesthetics, ITU, Acute Medicine, Paediatrics) will run in parallel with demonstration of the required competencies. These are set out in the sections below with clear guidance as to what is required in each domain.**

**The rotation will run in parallel with a specifically-designed teaching programme to match that of the FCEM curriculum. There will also be the opportunity to have focussed teaching on specific areas including OSCE practice, Critical Appraisal teaching and mock viva’s on both the CTR and management sections of the FCEM examination.**

**A completed portfolio reviewed by your Consultant mentor, with accompanying evidence of successfully passing the FCEM, will result in the portfolio being put forward for review by the GMC and CEM.**

**Format of CESR Application**

* **Application checklist and form (completed by candidate and validated by GMC prior to CEM review)**
* **Structured Reports**
* **Curriculum Vitae**
* **Domain 1 – Knowledge, Skills and Performance**
* **Domain 2 - Safety and Quality**
* **Domain 3 – Communication, Partnership and Teamwork**
* **Domain 4 – Maintaining Trust**

**Domain 1 – Knowledge, Skills and Performance**

* **Evidence of competencies in relevant specialty areas:**
  + **ACUTE MEDICINE**
    - **6/12 experience with WBA’s OR**
    - **Completed WBA’s covering the Acute Medicine mandatory presentations and procedures as a minimum**
  + **ICM**
    - **3/12 working in ICM with WBA’s OR**
    - **WBA’s covering the mandatory presentations and procedures as a minimum**
  + **ANAESTHETICS:**
    - **3/12 anaesthetics including the initial assessment of competence OR**
    - **IAC signed off and log book of anaesthetic procedures**
  + **PAEDIATRIC EM:**
    - **6/12 in EM with WBA’s OR**
    - **All paediatric major and acute presentations AND ST4-6**
  + **COMMON COMPETENCIES:**
    - **All common competencies to level 4**
* **Ultrasound:**
  + **Level One sign off + Log Book**
* **CPD:**
  + **Three years of records of CPD**
  + **Should cover all major and acute presentations not otherwise covered with WBA’s or equivalent e-learning, teaching or ACAT EM**
* **Training Assessments for equivalent of ST4-6:**
  + **A minimum of the following:**
    - **6 mini CEX in 3 years**
    - **6 DOPS per year**
    - **6 CbD in 3 years**
    - **6 ACAT-EM in 3 years**
    - **1 MSF**
* **Clinical Experience:**
  + **Log books with anonymised patient details and diagnoses**
* **Courses:**
  + **Up-to-date certification in:**
    - **ALS**
    - **ATLS**
    - **APLS**
    - **MIMMS (not compulsory)**
* **Teaching and Training:**
  + **Attendance at teaching courses (eg ATLS/ALS instructor course)**
  + **Training the Trainers Course**
  + **Feedback on teaching delivered**
  + **Lesson plans**
  + **Evidence of teaching at multiple levels (including students, juniors and peers)**
  + **Presentations given**
  + **Evidence of providing feedback to others (eg eportfolio tickets etc)**
  + **Mentorship**
* **Research:**
  + **CTR**
  + **Presentations of research at conference**
  + **Publications**

**Review of Competence Progression – Acute and Emergency Medicine**

**Checklist for Workplace - Based Assessments:**

**ACCS Emergency Medicine Yes No**

|  |  |  |
| --- | --- | --- |
| Summative assessments **by a consultant** in at least 2 Major Presentations |  |  |
| * CMP1 Anaphylaxis |  |  |
| * CMP2 Cardio-respiratory arrest (or current ALS certification) |  |  |
| * CMP3 Major Trauma |  |  |
| * CMP4 Septic patient |  |  |
| * CMP5 Shocked patient |  |  |
| * CMP6 Unconscious patient |  |  |
| Summative assessments **by a consultant** in each of the following 5 Acute Presentations: |  |  |
| * CAP1 Abdominal Pain |  |  |
| * CAP6 Breathlessness |  |  |
| * CAP7 Chest Pain |  |  |
| * CAP18 Head Injury |  |  |
| * CAP30 Mental Health |  |  |
| Formative assessments in at least 5 further Acute Presentations using ACAT(EM) |  |  |
| 10 Further Acute Presentations covered by: (specific number) |  |  |
| * Teaching delivered |  |  |
| * Audit |  |  |
| * E-learning modules |  |  |
| * Reflective practice |  |  |
| * Additional WPBAs (including ACAT) |  |  |
| Practical procedures as DOPS in each of the following 5 domains: |  |  |
| * Airway Maintenance |  |  |
| * Primary Survey |  |  |
| * Wound Care |  |  |
| * Fracture/Joint manipulation |  |  |
| * Any 1 other procedure |  |  |

**Review of Competence Progression**

**Checklist for Workplace - Based Assessments:**

**ACCS Acute Medicine**

**Yes No**

|  |  |  |
| --- | --- | --- |
| Formative assessments in 2 Major Presentations not yet covered: |  |  |
| * CMP1 Anaphylaxis |  |  |
| * CMP2 Cardio-respiratory arrest |  |  |
| * CMP3 Major Trauma |  |  |
| * CMP4 Septic patient |  |  |
| * CMP5 Shocked patient |  |  |
| * CMP6 Unconscious patient |  |  |
| Formative assessments in at least 10 Further Acute presentations using mini CEX, CbD or ACAT |  |  |
| 8 -10 Further Acute Presentations covered by: (specific number) |  |  |
| * Teaching delivered |  |  |
| * Audit |  |  |
| * E-learning modules |  |  |
| * Reflective practice |  |  |
| * Additional WPBAs |  |  |
| Practical procedures as 5 DOPS |  |  |

ES name and signature Trainee name and signature

Date: Date:

***Note: Incomplete information will be regarded as the relevant outcome having not been achieved.***

**Review of Competence Progression**

**Checklist for Workplace - Based Assessments:**

**ACCS Anaesthesia**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Initial Anaesthetic Competencies**  **Yes No**   |  |  |  | | --- | --- | --- | | Formative assessment of 5 Anaesthetic-CEX |  |  | | * IAC A01 Preoperative assessment |  |  | | * IAC A02 Management of the spontaneously breathing patient |  |  | | * IAC A03 Anaesthesia for laparotomy |  |  | | * IAC A04 Rapid Sequence Induction |  |  | | * IAC A05 Recovery |  |  | | Formative assessment of 8 Specific Anaesthetic CbDs: |  |  | | * IAC C01 Patient identification |  |  | | * IAC C02 Post op nausea & vomiting |  |  | | * IAC C03 Airway assessment |  |  | | * IAC C04 Choice of muscle relaxants & induction agents |  |  | | * IAC C05 Post op analgesia |  |  | | * IAC C06 Post op oxygen therapy |  |  | | * IAC C07 Emergency surgery |  |  | | * IAC C08 Failed Intubation |  |  | | Formative assessment of 6 further anaesthetic DOPS: |  |  | | * IAC Basic and advanced life support |  |  | | * IAC D01 Demonstrate function of anaesthetic machine |  |  | | * IAC D02 Transfer and positioning of patient on operating table |  |  | | * IAC D03 Demonstrate CPR on a manikin |  |  | | * IAC D04 Technique of scrubbing up, gown & gloves |  |  | | * IAC D05 Competencies for pain management including PCA |  |  | | * IAC D06 Failed Intubation practical drill on manikin |  |  | | **PLUS - the Basis of Anaesthetic Practice** |  |  | | * A1 Pre-operative assessment - History taking * A1 Pre-operative assessment – Clinical examination * A1 Pre-operative assessment – Anaesthetic evaluation |  |  | | * A2 Pre-medication |  |  | | * A3 Induction of GA |  |  | | * A4 Intra-operative care |  |  | | * A5 Post-operative recovery |  |  | | * B Management of the airway including in children |  |  | | * Management of cardio-respiratory arrest |  |  | | * Infection Control |  |  | | Modules – sedation, regional block, emergency surgery, transfers  (Minimum 1, Specify) |  |  |   ES name and signature Trainee name and signature  Date: Date:  ***Note: Incomplete information will be regarded as the relevant outcome having not been achieved.***  **ACCS Intensive Care Medicine**  Trainee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_  **Yes No**   |  |  |  | | --- | --- | --- | | Formative assessments in 2 Major Presentations  (Unless all agreed already) |  |  | | * CMP1 Anaphylaxis |  |  | | * CMP2 Cardio-respiratory arrest |  |  | | * CMP3 Major Trauma |  |  | | * CMP4 Septic patient (ideally assessed in ICM) |  |  | | * CMP5 Shocked patient |  |  | | * CMP6 Unconscious patient |  |  | | CT1 - Formative assessment of any Acute Presentations – *not mandatory* |  |  | | CT2 - Formative assessment of Acute Presentations – any and all not covered in AM/EM posts in CT1, total 38/38 by end of CT2 |  |  | | Formative assessment of 13 practical procedures as DOPS (may be assessed as Mini CEX or CbD if indicated), including: |  |  | | * ICM 1 Peripheral venous cannulation |  |  | | * ICM 2 Arterial cannulation |  |  | | * ICM 3 ABG sampling & interpretation |  |  | | * ICM 4 Central venous cannulation |  |  | | * ICM 5 Connection to ventilator |  |  | | * ICM 6 Safe use of drugs to facilitate mechanical ventilation |  |  | | * ICM 7 Monitoring respiratory function |  |  | | * ICM 8 Managing the patient fighting the ventilator |  |  | | * ICM 9 Safe use of vasoactive drugs and electrolytes |  |  | | * ICM 10 Fluid challenge in an acutely unwell patient (CbD) |  |  | | * ICM 11 Accidental displacement ETT / tracheostomy |  |  | | * Plus 2 other DOPS |  |  | |

ES name and signature Trainee name and signature

Date: Date:

***Note: Incomplete information will be regarded as the relevant outcome having not been achieved.***

**ARCP Equivalent Checklist**

**CT3 Adult Emergency Medicine**

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

**GMC Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

During the adult emergency medicine post  - the trainee must undertake:

* Summative assessment ([**Mini-CEX**](https://secure.collemergencymed.ac.uk/asp/document.asp?ID=5495) or [**CbD**](https://secure.collemergencymed.ac.uk/asp/document.asp?ID=5496)) for the following trauma presentations:
  + C3AP1a Major trauma - Chest injuries
  + C3AP1b Major trauma - Abdominal trauma
  + C3AP1c Major trauma – Spine
  + C3AP1d Major trauma – Maxillofacial
  + C3AP1e Major Trauma – Burns

***Completed: YES/NO***

* Formative assessment ([**ACAT-EM**,](https://secure.collemergencymed.ac.uk/asp/document.asp?ID=5497) [**Mini-CEX**](https://secure.collemergencymed.ac.uk/asp/document.asp?ID=5498) or [**CbD**)](https://secure.collemergencymed.ac.uk/asp/document.asp?ID=5515) for the following:
  + C3AP2 - Traumatic limb pain
  + C3AP3 - Blood gas interpretation
  + C3AP4 - Patient with abnormal blood glucose

***Completed: YES/NO***

* The remaining 4 acute presentations should be sampled by completing either
  + e-learning
  + [**teaching**](https://secure.collemergencymed.ac.uk/asp/document.asp?ID=5509) and [**audit**](https://secure.collemergencymed.ac.uk/asp/document.asp?ID=5510) assessments
  + reflective entries
  + additional [**ACAT-EMs**](https://secure.collemergencymed.ac.uk/asp/document.asp?ID=5497)

***Completed: YES/NO***

* There are no new practical procedures in adults in CT3. Trainees must ensure they have successfully completed assessments for all 44 procedures.

***Completed: YES/NO***

Common competences

During CT3, trainees should have evidence of level 2 competence in ALL 25 common competences

***Completed: YES/NO***

MSF

The trainee should complete at least one round of [**MSF**](https://secure.collemergencymed.ac.uk/asp/document.asp?ID=5512) in CT3

***Completed: YES/NO***

**Educational Supervisor**

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

GMC Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed

(Educational Supervisor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_/\_\_\_/\_\_\_

**Trainee**

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

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_/\_\_\_/\_\_\_

**ARCP Equivalent Checklist**

**CT3 Paediatric Emergency Medicine**

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

**GMC Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Summative assessment (Mini-CEX or CbD)  of 3 of the 6 Major paediatric presentations or successfully complete APLS/EPLS:** | | |
| * PMP1 - anaphylaxis * PMP2 - Apnoea, stridor and airway obstruction * PMP3 - Cardiorespiratory arrest * PMP4 - Major trauma * PMP5 - Shocked child * PMP6 - Unconscious child | | Completed at least 3 of 6 **or** APLS/EPLS  Yes / No |
| **Summative assessment (Mini-CEX or CbD) in the following acute presentations in children:** | | |
| * [**PAP1 - abdominal pain**](http://www.collemergencymed.ac.uk/asp/document.asp?ID=5500) * [**PAP5 - breathlessness**](http://www.collemergencymed.ac.uk/asp/document.asp?ID=5502) * [**PAP10 - Fever**](http://www.collemergencymed.ac.uk/asp/document.asp?ID=5505) * [**PAP17 - child in pain**](http://www.collemergencymed.ac.uk/asp/document.asp?ID=5506) | | Completed all 4  Yes / No |
| **Formative assessment (ACAT-EM, Mini-CEX or CbD) in the following acute presentations:** | | |
| * PAP6 -   concerning presentations in children * PAP18 - limb pain * PAP21 - sore throat * PAP2 -   poisoning * PAP20 – rash | | Completed all 5  Yes / No |
| **Remaining 10 acute presentations in children sampled by successful completion of:** | | |
| * e-learning * **teaching** and **audit** assessments * reflective entries * additional **ACAT-EMs** | | Completed all 10  Yes / No |
| **Remaining Acute Conditions:**   * PAP3 Acute life-threatening event (ALTE) * PAP4 Blood disorders * PAP7 Dehydration secondary to diarrhoea and vomiting * PAP9 ENT CT3 * PAP11 Floppy child | * PAP12 Gastro-intestinal bleeding * PAP13 Headache * PAP14 Neonatal presentations * PAP16 Ophthalmology * PAP19 Painful limbs- traumatic | |
| (Note PAP8 Dental and PAP15 O&G are ST4 competencies and are NOT required for CT3) | | |
| **Formative assessment of the following 5 practical procedures:** | | |
| * [**Venous access in children**](http://www.collemergencymed.ac.uk/asp/document.asp?ID=5508) * [**Airway assessment and maintenance**](http://www.collemergencymed.ac.uk/asp/document.asp?ID=5503) * [**Paediatric equipment and guidelines in the resuscitation room**](http://www.collemergencymed.ac.uk/asp/document.asp?ID=5504) * Primary survey in a child * [**Safe sedation in children**](http://www.collemergencymed.ac.uk/asp/document.asp?ID=5507) | | Completed all 5  Yes / No |
| **Please detail any further WPAs (e.g. DOPS in addition to those specified above) – note NOT mandatory:** | | |
|  | | |
| **Has completed at least 1 MSF during CT3 year** | | Completed during PEM?  Yes / No |
| **Have at least 12 (in total over CT3 year) assessments completed by a Consultant? (suggest 6 during PEM 6 months)** | | Yes / No |

***NB – as guidance trainees are expected to have seen 400 new cases (ward or CED) during the post.***

**Educational Supervisor**

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

GMC Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed

(Educational Supervisor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_/\_\_\_/\_\_\_

**Trainee**

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

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_/\_\_\_/\_\_\_

**Summary of Presentations, Procedures and Common Competencies**

***Major presentations***

* Anaphylaxis
* Cardio-respiratory arrest
* Major trauma
* Septic patient
* Shocked patient
* Unconscious patient

***Acute Presentations***

* Abdominal pain including loin pain
* Abdo swelling/mass/constipation
* Acute back pain
* Aggressive/disturbed behavior
* Blackout/collapse
* Breathlessness
* Chest pain
* Confusion, acute/delirum
* Cough
* Cyanosis
* Diarrhoea
* Dizziness & vertigo
* Falls
* Fever
* Fits/seizure
* Haematemesis & malaena
* Headache
* Head injury
* Jaundice
* Limb pain & swelling, atraumatic
* Neck pain
* Oliguric patient
* Pain management
* Painful ear
* Palpitations
* Pelvic pain
* Poisoning
* Rash
* Red eye
* Suicidal ideation
* Sore throat
* Syncope & presyncope
* Traumatic limb & joint injuries
* Vaginal bleeding
* Ventilatory support
* Vomiting & nausea
* Weakness & paralysis
* Wound assessment & management

**Procedures:**

* **Arterial cannulation**
* **Peripheral venous cannulation**
* **Central venous cannulation**
* **Arterial blood gas sampling**
* **Lumbar puncture**
* **Pleural tap and aspiration**
* **Intercostal Drain – Seldinger**
* **Intercostal Drain – Open**
* **Ascitic Tap**
* **Abdominal Paracentesis**
* **Airway protection**
* **Basic and Advanced Life Support**
* **DC Cardioversion**
* **Knee Aspiration**
* **Temporary Pacing (external/wire)**
* **Reduction of dislocation/fracture**
* **Large joint examination**
* **Wound management**
* **Trauma primary survey**
* **Initial assessment of the acutely unwell**
* **Secondary assessment of the acutely unwell**
* **Connection to a mechanical ventilator**
* **Safe use of drugs to facilitate mechanical ventilation**
* **Managing the patient fighting the ventilator**
* **Monitoring respiratory function**
* **Initial Assessment of Competence**
* **Pre-operative assessment**
* **Management of spontaneously breathing patient**
* **Administer anaesthesia for laparotomy**
* **Demonstrate RSI**
* **Recover patient from anaesthesia**
* **Demonstrates function of anaesthetic machine**
* **Transfer of patient to operating table**
* **Technique of scrubbing up and donning gloves and gown**
* **Basic competences for pain management**
* **Patient identification**
* **Post op N+V**
* **Airway assessment**
* **Choice of muscle relaxants and induction agents**
* **Post op analgesia**
* **Post op oxygen therapy**
* **Emergency Surgery**
* **Safe use of vasoactive drugs and electrolytes**
* **Delivers a fluid challenge safely to an acutely unwell patient**
* **Describes actions required for accidental displacement of tracheal tube or tracheostomy**
* **Demonstrates CPR resuscitation on a manikin**

**Common Competences:**

* **History taking**
* **Clinical examination**
* **Therapeutics and safe prescribing**
* **Time management and decision making**
* **Decision making and clinical reasoning**
* **The patient as central focus of care**
* **Prioritisation of patient safety in clinical practice**
* **Team working and patient safety**
* **Principles of quality and safety improvement**
* **Infection control**
* **Managing long term conditions and promoting patient self care**
* **Relationships with patients and communication within a consultation**
* **Breaking bad news**
* **Complaints and medical error**
* **Communication with colleagues and cooperation**
* **Health promotion and public health**
* **Principles of medical ethics and confidentiality**
* **Valid consent**
* **Legal framework for practice**
* **Ethical research**
* **Evidence and guidelines**
* **Audit**
* **Teaching and training**
* **Personal behaviour**
* **Management and NHS structu**

**Domain 2 – Safety and Quality**

* **Audit:**
  + **At least one audit over the past three years**
  + **Aim to complete audit cycle**
* **Show evidence of working to improve patient care and safety. Examples may include:**
  + **Audit**
  + **Responding to appraisals**
  + **Performance reviews**
  + **Risk management**
  + **Clinical governance procedures**
  + **IR1’s**
  + **Risk meetings**
  + **Mortality and Morbidity meetings**
* **Service Development:**
  + **Examples may include:**
    - **Introduction of new guidelines**
    - **Develop new pathways**
    - **Introduce new equipment**
* **Clinical Governance:**
  + **Complaints: responses (anonymised)**
  + **Serious Incidents: investigations including RCA’s and action plans**
* **Health and Safety:**
  + **Trust Induction**
  + **Annual updates**

**Domain 3 – Communication, Partnership and Teamwork**

* **Communication with patients:**
  + **Compliments**
  + **Thank you’s**
* **Management/Teamworking:**
  + **Examples may include:**
    - **Evidence of chairing meeting**
    - **Leading project groups**
    - **Evidence of project management**
* **Relations with Colleagues:**
  + **Examples may include:**
    - **Letters of appreciation from colleagues**
    - **Emails**
    - **Other documentation of good relationships**

**Domain 4 – Maintaining Trust**

**This domain is designed to show evidence of acting with honesty and integrity**

**The majority of the evidence for this is obtained as below:**

* **Evidenced from structured references**
* **Conflict resolution or other relevant courses**

**Appendix A: Useful Links**

**There are useful links on various websites including the College of Emergency Medicine and the GMC.**

**Most of the requirements should be contained clearly within the portfolio but the most useful links as an adjunct to this are the following:**

* **College of Emergency Medicine website:**
  + **Training and Exams - Work Place Based Assessment**
  + **Training and Exams - Work Place Based Assessment – SAS Doctors**
  + **Training and Exams - Equivalence**
* **GMC website:**
  + **Type “CESR” into search words**

**Appendix B: Case Based Discussion (CBD)**

The Case-based Discussion (CbD) is a structured interview designed to assess your professional judgement in clinical cases

The discussion is framed around the actual case rather than hypothetical events. Questions should be designed to elicit evidence of competence: the discussion should not shift into a test of knowledge.

The Consultant will aim to cover as many relevant competences as possible in the time available. It’s unrealistic to expect all competences to be covered in a single CbD, but if there are too few you won’t have sufficient evidence of progress.

**College of Emergency Medicine**

# Summative Case Based Discussion CbD

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Trainee name:** | | | | | |
| **Assessor:** |  | | **GMC assessor No:** |  |
| **Grade of assessor:** |  | | **Date** | **/ /** |
| **Case discussed (brief description)** | | **Presentation – please see curriculum for number** | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Expected behaviours | Successful | Unsuccessful | Not observed |
| Record keeping | Records should be legible and signed. Should be structured and include provisional and differential diagnoses and initial investigation & management plan. Should record results and treatments given. |  |  |  |
| Review of investigations | Undertook appropriate investigations. Results are recorded and correctly interpreted. Any Imaging should be reviewed in the light of the trainees interpretation |  |  |  |
| Diagnosis | The correct diagnosis was achieved with an appropriate differential diagnosis. Were any important conditions omitted? |  |  |  |
| Treatment | Emergency treatment was correct and response recorded. Subsequent treatments appropriate and comprehensive |  |  |  |
| Planning for subsequent care (in patient or discharged patients) | Clear plan demonstrating expected clinical course, recognition of and planning for possible complications and instructions to patient (if appropriate) |  |  |  |
| Clinical reasoning | Able to integrate the history, examination and investigative data to arrive at a logical diagnosis and appropriate treatment plan taking into account the patients co morbidities and social circumstances |  |  |  |
| Patient safety issues | Able to recognise effects of systems, process, environment and staffing on patient safety issues |  |  |  |
| Overall clinical care | The case records and the trainees discussion should demonstrate that this episode of clinical care was conducted in accordance with good clinical practice and to a good overall standard |  |  |  |
| Overall | **Successful**  **Unsuccessful**  **If more than two “not observed” then unsuccessful** |  |  |  |

|  |  |  |
| --- | --- | --- |
| Things done particularly well | | |
| Learning points | | |
| Action points | | |
| **Assessor** Signature: | **Trainee** Signature: |

**College of Emergency Medicine**

Formative Case Based Discussion CbD

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Trainee name:** | | | | |
| **Assessor:** | |  | | **GMC assessor No:** |  |
| **Grade of assessor:** | |  | | **Date** | **/ /** |
| **Case discussed (brief description)** | | | **Presentation – please see curriculum for number** | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please TICK to indicate the standard of the trainee’s performance in each area** | Not observed | Further core learning needed | Demonstrates good practice | | Demonstrates excellent practice |
| Must address learning points highlighted below | Should address learning points highlighted below |
| Record keeping |  |  |  |  |  |
| Review of investigations |  |  |  |  |  |
| Diagnosis |  |  |  |  |  |
| Treatment |  |  |  |  |  |
| Planning for subsequent care (in patient or discharged patients) |  |  |  |  |  |
| Clinical reasoning |  |  |  |  |  |
| Patient safety issues |  |  |  |  |  |
| Overall clinical care |  |  |  |  |  |

|  |  |
| --- | --- |
| Things done particularly well | |
| Learning points | |
| Action points | |
| **Assessor** Signature: | **Trainee** Signature: | |

**Appendix C: Directly Observed Procedural Skills (DOPS)**

**A DOPS is a structured checklist for assessing both the patient interaction and the ability of the doctor to perform the procedure in question**

**The process is lead by the trainee**

**Each DOPS should represent a different procedure unless the trainee feels they need additional training/support with a particular area**

**The DOPS should be matched to the practical procedures required by the College of Emergency Medicine (see Appendix E)**

College of Emergency Medicine

Direct Observation of procedural Skills - DOPs

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainee name:** | | | |
| **Assessor:** |  | **Assessor GMC No:** |  |
| **Grade of assessor:** |  | **Date** | **/ /** |
| **Procedure observed (including indications)** | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Please TICK to indicate the standard of the trainee’s performance in each area** | Not observed | | Further core learning needed | Demonstrates good practice | | Demonstrates excellent practice |
| Must address learning points highlighted below | Should address learning points highlighted below |
| Indication for procedure discussed with assessor |  | |  |  |  |  |
| Obtaining informed consent |  | |  |  |  |  |
| Appropriate preparation including monitoring, analgesia and sedation |  | |  |  |  |  |
| Technical skills and aseptic technique |  | |  |  |  |  |
| Situation awareness and clinical judgement |  | |  |  |  |  |
| Safety, including prevention and management of complications |  | |  |  |  |  |
| Care /investigations immediately post procedure |  | |  |  |  |  |
| Professionalism, communication and consideration for patient, relatives and staff |  | |  |  |  |  |
| Documentation in the notes |  | |  |  |  |  |
| Completed task appropriately |  | |  |  |  |  |
| Things done particularly well | | | | | | |
| Learning points | | | | | | |
| Action points | | | | | | |
| **Assessor** Signature: | | | **Trainee** Signature: | | | | |

**Appendix D: Mini-Clinical Evaluation Exercise (Mini-CEX)**

**A Mini-CEX is a structured assessment of an observed clinical encounter**

**It is a “snapshot” designed to provide feedback on skills essential to the provision of good patient care**

**The process is lead by the trainee who usually chooses the clinical encounter which should be representative of their workload**

College of Emergency Medicine

Summative Mini-Clinical Evaluation Exercise - Mini-CEX

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Trainee name:** | | | | |
| **Assessor:** | |  | | **Assessor GMC no.** |  | |
| **Grade of assessor:** | |  | | **Date** | **/ /** | |
| **Case discussed (brief description)** | | | **Presentation – please see curriculum for number** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Descriptors of poor performance** | **Successful** | **unsuccessful** |
| Initial approach |  |  |  |
| History and information gathering | * History taking was not focused * Did not recognise the critical symptoms, symptom patterns * Failed to gather all the important information from the patient, missing important points * Did not engage with the patient * Was unable to elicit the history in difficult circumstances- busy, noisy, multiple demands |  |  |
| Examination | * Failed to detect /elicit and interpret important physical signs * Did not maintain dignity and privacy |  |  |
| Investigation | * Was not discriminatory in the use of diagnostic tests |  |  |
| Clinical decision making and judgment | * Did not identify the most likely diagnosis in a given situation * Did not construct a comprehensive and likely differential diagnosis * Did not correctly identify those who need admission and those who can be safely discharged. * Did not recognise atypical presentation * Did not recognise the urgency of the case * Did not select the most effective treatments * Did not make decisions in a timely fashion * Decisions did not reflect clear understanding of underlying principles * Did not reassess the patient * Did not anticipate interventions and slow to respond * Did not review effect of interventions |  |  |
| Communication with patient, relatives, staff | Communication skills with colleagues   * Did not listen to other views * Did not discuss issues with the team * Failed to follow the lead of others when appropriate * Rude to colleagues * Did not give clear and timely instructions * Inconsiderate of the rest of the team * Was not clear in referral process- was it for opinion, advice, or admission   Communication with patients   * Did not elicit the concerns of the patient, their understanding of their illness and what they expect * Did not inform and educate patients/carers * Did not encourage patient involvement/ partnership in decision making * Did not respect confidentiality * Did not protect the patients dignity * Insensitive to patients opinions/hopes/fears * Did not explain plan and risks in a way the patient could understand |  |  |
| Overall plan | Was slow to progress the case |  |  |
| Professionalism | * Did not ensure patient was in a safe monitored environment * Did not anticipate or recognise complications * Did not focus sufficiently on safe practice * Did not follow published standards guidelines or protocols * Did not follow infection control measures * Did not safely prescribe |  |  |
| **Overall** | **Successful**  **Unsuccessful (this outcome if any one criteria unsuccessful** |  |  |

|  |  |  |
| --- | --- | --- |
| Things done particularly well | | |
| Learning points | | |
| Action points | | |
| **Assessor** Signature: | **Trainee** Signature: |

**Appendix E: Multi-Source Feedback (MSF)**

The Multi-Source Feedback (MSF) tool is used to collect colleagues’ opinions on your clinical performance and professional behaviour.

It provides data for reflection on your performance and self-evaluation.

**Conducting the MSF**

Provide respondents a letter explaining the MSF process and giving the closing date (assistance is usually obtained through the revalidation/workforce team – ask your mentor for advice). Make sure your Consultant supervisor knows which colleagues you’ve asked to take part.

**Using a variety of respondents**

It’s good practice to get opinions from as many different colleagues as possible.

**Using MSF feedback**

Your Consultant supervisor will have access to the anonymised results once the MSF closes.

You’ll then have a feedback interview (usually timed with an appraisal) and an opportunity to reflect on the results.

**COLLEGE OF EMERGENCY MEDICINE MULTI-SOURCE FEEDBACK (MSF)**

This form **is completely anonymous.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Trainee name:** | | | | |
| **Grade of assessor:** |  | **Date** | **/ /** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **UNKNOWN** | **1** | **2** | **3** | **4** | **5** |
| *Not Observed* | *Performance*  ***Does Not Meet*** *Expectations* | *Performance* ***Partially Meets*** *Expectations* | *Performance*  ***Meets***  *Expectations* | *Performance* ***Exceeds*** *Expectations* | *Performance* ***Consistently Exceeds*** *Expectations* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Good Clinical Care** | | **1-5 or UK** | **Comments** |
| *1* | *Medical knowledge and clinical skills* |  |  |
| *2* | *Problem-solving skills* |  |  |
| *3* | *Note-keeping – clarity; legibility and completeness* |  |  |
| *4* | *Emergency Care skills* |  |  |
| **Comments on this doctors clinical care** | | | |
| **Relationships with Patients** | | **1-5 or UK** |  |
| *1* | *Empathy and sensitivity* |  |  |
| *2* | *Communicates well with all patient groups* |  |  |
| *3* | *Treats patients and relatives with respect* |  |  |
| *4* | *Appreciates the pyscho-social aspects of patient care* |  |  |
| *5* | *Offers explanations* |  |  |
| **Comments on this doctors relationships with patients** | | | |
| **Relationships with Colleagues** | | **1-5 or UK** |  |
| *1* | *Is a team-player* |  |  |
| *2* | *Asks for others’ point of view and advice* |  |  |
| *3* | *Encourages discussion Empathy and sensitivity* |  |  |
| *4* | *Is clear and precise with instructions* |  |  |
| *5* | *Treats colleagues with respect* |  |  |
| *6* | *Communicates well (incl. non-vernal communication)* |  |  |
| *7* | *Is reliable* |  |  |
| *8* | *Can lead a team well* |  |  |
| *9* | *Takes responsibility* |  |  |
| *10* | *“I like working with this doctor”* |  |  |
| **Comments on this doctors relationships with colleagues** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Teaching and Training** | | **1-5 or UK** |  |
| *1* | *Teaching is structured* |  |  |
| *2* | *Is enthusiastic about teaching* |  |  |
| *3* | *This doctor’s teaching sessions are beneficial* |  |  |
| *4* | *Teaching is presented well* |  |  |
| *5* | *Uses varied teaching skills* |  |  |
| Comments on this doctors teaching and training skills | | | |
|  | **Global ratings and concerns** | 1-5 or UK |  |
| *1* | *Overall how do you rate this Dr compared to other ST1 Drs* |  |  |
| *2* | *How would you rate this trainees performance at* ***this stage*** *of training* |  |  |
| *3* | *Do you have any concerns over this Drs probity or health?* |  |  |
| General comments | | | |

**Appendix F: Practical Procedures**

The College of Emergency Medicine provides an extensive list of required procedures

Below is an example of a procedures log and then a list of procedures as provided on the College website

These should be linked to the evidence provided in the form of Directly Observed Procedural Skills (DOPS)

College of Emergency Medicine

Procedures log

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Procedure | Date | Year of training | Age of patient | Hospital number | Sex of patient | Reflective comments |
| *From list of procedures (see below)* |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**CEM Procedural List**

|  |  |
| --- | --- |
| **Type** | **Practical procedures** |
| Anaesthetic | Demonstrates function of anaesthetic machine |
| Anaesthetic | Transfer of patient to operating table |
| Anaesthetic | Technique of scrubbing up and donning gown and gloves |
| Anaesthetic | Connection to a mechanical ventilator |
| Anaesthetic | Safe use of drugs to facilitate mechanical ventilation |
| Anaesthetic | Managing the patient fighting the ventilator |
| Anaesthetic | Monitoring Respiratory function |
| Anaesthetic | Manage anaesthesia for spontaneously breathing patient |
| Anaesthetic | Manage anaesthesia for intubated patient |
| Anaesthetic | Manage anaesthesia for emergency surgery |
| Anaesthetic | Initial test of competence in anaesthesia |
| Anaesthetic | Patient Identification, post op N&V, airway assessment, choice of muscle relaxants and induction agents, post op oxygen therapy |
| Anaesthetic | Safe use of vasoactive drugs and electrolytes |
| Anaesthetic | Delivers a fluid challenge safely to an acutely unwell patient |
| Anaesthetic | Describes actions required for accidental displacement of tracheal tube or tracheostomy |
| Anaesthetic | Cricothyrotomy and percutaneous trans-tracheal ventilation (may be by simulation) |
| ENT | Control of epistaxis with anterior packing, posterior packing and balloon replacement |
| ENT | Incision and drainage of auricular haematoma |
| ENT | Nose |
| ENT | Ear |
| ENT | In soft tissue |
| ENT | Eye |
| Investigative | Lumbar puncture |
| Investigative | Pleural tap and aspiration |
| Investigative | Intercostal drain Seldinger |
| Investigative | Ascitic tap |
| Investigative | Abdominal paracentesis |
| medical management | Initial assessment of the acutely unwell |
| medical management | Secondary assessment of the acutely unwell |
| medical management | Urethral catheterisation |
| medical management | replacement of tracheostomy tube |
| medical management | External cardiac pacing |
| Musculoskeletal | Knee aspiration |
| Musculoskeletal | Reduction of dislocation/ fracture |
| Musculoskeletal | Large joint examination |
| Musculoskeletal | Wound management |
| Musculoskeletal | Infiltration of local anaesthetic |
| Musculoskeletal | Incision and drainage of abscesses |
| Musculoskeletal | Incision and drainage of paronychia |
| Musculoskeletal | Evacuation of subungual haematoma |
| Musculoskeletal | Wound exploration and irrigation |
| Musculoskeletal | Wound repair with glue, adhesive strips and sutures (M) |
| Musculoskeletal | Immobilisation techniques |
| Musculoskeletal | Application of Thomas Splint or similar |
| Musculoskeletal | Pelvic stabilisation |
| Musculoskeletal | Spinalimmobilization/log rolling |
| Musculoskeletal | Shoulder dislocation |
| Musculoskeletal | Elbow dislocation |
| Musculoskeletal | Phalangeal dislocation |
| Musculoskeletal | Supracondylar fracture with limb-threatening vascular compromise |
| Musculoskeletal | Patellar dislocation |
| Musculoskeletal | Ankle reduction |
| Musculoskeletal | Backslabs/ splints |
| Musculoskeletal | POP |
| Musculoskeletal | Ring removal |
| PAED | Oro/nasogastric tube replacement |
| Paed | Re-implantation of tooth |
| Paed | Splinting of tooth |
| PAED ANAES | Basic airway manoeuvres to include use of airway adjuncts, oxygen delivery techniques (M, D). |
| PAED ANAES | Orotracheal intubation - may have be acquired during ACCS anaesthetics, can demonstrate using simulation. |
| PAED ANAES | Venous access (M, D), including intraosseus line insertion (M, may be by simulation) |
| PAED ANAES | Safe sedation in children |
| PAED RESUS | Heimlich manoeuvre (may be simulated) |
| PAED RESUS | Direct current electrical cardioversion defibrillation |
| PAED RESUS | Must be familiar with the paediatric equipment and guidelines in the resuscitation room (M) |
| PAED TRAUMA | Needle thoracentesis |
| PAED TRAUMA | Tube thoracotomy |
| pain | Basic competences for pain management |
| Resuscitative | Basic and advanced life support |
| Resuscitative | DC Cardioversion |
| Resuscitative | Temporary pacing (external/wire) |
| Resuscitative | Airway protection/maintenance in a child |
| Trauma | Intercostal drain - Open |
| Trauma | Trauma primary survey |
| Trauma | Be able to perform a paediatric primary survey (M) |
| Ultrasound | Abdominal aorta assessment using USS |
| Ultrasound | Vascular access USS |
| Ultrasound | ECHO in life support |
| Vascular access | Arterial cannulation |
| Vascular access | Peripheral venous cannulation |
| Vascular access | Central venous cannulation |
| Vascular access | Arterial blood gas sampling |
| Anaesthetic | Demonstrates function of anaesthetic machine |
| Anaesthetic | Transfer of patient to operating table |

Appendix G: CEM Teaching Observation Tool

Providing evidence of the type and quality of teaching (including feedback) is a significant part of the CESR process

Feedback should be sought, wherever possible, from all teaching provided and this evidence retained in your portfolio

Overleaf is a Teaching Observation Tool provided by the College of Emergency Medicine which should be used as the basis for obtaining feedback

College of Emergency Medicine

Teaching observation tool

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Trainee name:** | | | | | | | | | | |
| **Assessor:** |  | | | | | **Assessor GMC no.** | |  | | |
| **Grade of assessor:** | **Consultant, SASG, ST4-6** | | | | | **Date** | | **/ /** | | |
| **Learner group** | | | | **Setting** | | | | | | |
| **Number of learners** | | | | *Less than 5, 5-15, 16-30, more than 30* | | | | | | |
| **Length of session** | | | |  | | | | | | |
| **Title of session** | | | |  | | | | | | |
| **Brief description of session** | | | |  | | | | | | |
| **Please TICK to indicate the standard of the trainee’s performance in each area** | | Not observed | Further core learning needed | | Demonstrates good practice | | | | Demonstrates excellent practice | |
| Must address learning points highlighted below | | Should address learning points highlighted below | |
| Introduction of self | |  |  | |  | |  | |  | |
| Gained attention of group | |  |  | |  | |  | |  | |
| Gave learning expected learning outcomes | |  |  | |  | |  | |  | |
| Key points emphasised | |  |  | |  | |  | |  | |
| Good knowledge of subject | |  |  | |  | |  | |  | |
| Logical sequence | |  |  | |  | |  | |  | |
| Well paced | |  |  | |  | |  | |  | |
| Clear concise delivery | |  |  | |  | |  | |  | |
| Good use of tone/voice | |  |  | |  | |  | |  | |
| Resources supported the topic | |  |  | |  | |  | |  | |
| Varied the activity | |  |  | |  | |  | |  | |
| Involved the group – participation , | |  |  | |  | |  | |  | |
| Effective use of questioning | |  |  | |  | |  | |  | |
| Appropriate use of teaching methods | |  |  | |  | |  | |  | |
| Appropriate use of assessment techniques | |  |  | |  | |  | |  | |
| Used mini-summaries | |  |  | |  | |  | |  | |
| Encouraged questions from group | |  |  | |  | |  | |  | |
| Dealt with questions appropriately | |  |  | |  | |  | |  | |
| Summarised key points at end | |  |  | |  | |  | |  | |
| Met learning outcomes | |  |  | |  | |  | |  | |
| Kept to time limit | |  |  | |  | |  | |  | |
| Overall performance | |  |  | |  | |  | |  | |
| Things done particularly well | | | | | | | | | | |
| Learning points | | | | | | | | | | |

Appendix H: CEM Audit Assessment Tool

Evidence of participation in audit is a required component of the CESR process

Below is an Audit Assessment Tool provided by the College of Emergency Medicine. This should act as the basis from which evidence of participation in audit is recorded in your portfolio.

College of Emergency Medicine

Audit assessment tool

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Trainee name:** | | | | | | | | | |
| **Assessor:** | |  | | | | | **Assessor GMC no.** | |  | | |
| **Grade of assessor:** | | **Look up table – Consultant, SASG, ST4-6** | | | | | **Date** | | **/ /** | | |
| **Basis of assessment** | | | | | *LUT – presentation, report, both* | | | | | | |
| **Title of audit with brief description** | | | | |  | | | | | | |
| **CEM Audit?** | | | | | *Yes/no* | | | | | | |
| **Please TICK to indicate the standard of the trainee’s performance in each area** | | | Not observed | Further core learning needed | | Demonstrates good practice | | | | Demonstrates excellent practice | |
| Must address learning points highlighted below | | Should address learning points highlighted below | |
| Audit topic | | |  |  | |  | |  | |  | |
| Standard chosen | | |  |  | |  | |  | |  | |
| Audit methodology | | |  |  | |  | |  | |  | |
| Results and interpretation | | |  |  | |  | |  | |  | |
| Conclusions | | |  |  | |  | |  | |  | |
| Recommendations made as a result | | |  |  | |  | |  | |  | |
| Plan for implementation of change | | |  |  | |  | |  | |  | |
| Actions undertaken to implement change | | |  |  | |  | |  | |  | |
| Overall performance | | |  |  | |  | |  | |  | |
| Things done particularly well | | | | | | | | | | | |
| Learning points | | | | | | | | | | | |

**Descriptors**

|  |  |  |
| --- | --- | --- |
| **Rating** | **Description** |  |
| Below expected standard | Significant guidance required throughout audit process, inappropriate topic or poor methodology resulting in inappropriate conclusions of limited practical use. Inadequate consideration of future direction of audit. No consideration of how to implement change |  |
| Expected standard of clinical audit | Limited guidance required throughout audit process. Sound audit methodology in a relevant topic, resulting in conclusions with practical clinical importance. Plans for future direction of audit highlighted and clear achievable plans outlined to implement change |  |
| Exemplary standard of clinical audit | Audit topic related to an important clinical topic, detailed and exhaustive methodology applied, resulting in conclusions with significant clinical importance. Plans for future direction of audit highlighted and evidence of action taken to implement change. |  |