**Annual Review of Competence Progression**

**Checklist for Work Place Based Assessments in DRE-EM Year 1**

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

**Emergency Medicine (ST1)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Summative assessments by a consultant in at least 2 Major Presentations | | | | | Date of assessment | | Assessor’s name |
| * CMP1 Anaphylaxis | | | | | Date | | Name |
| * CMP2 Cardio-respiratory arrest (or current ALS certification) | | | | | Date | | Name |
| * CMP3 Major Trauma | | | | | Date | | Name |
| * CMP4 Septic patient | | | | | Date | | Name |
| * CMP5 Shocked patient | | | | | Date | | Name |
| * CMP6 Unconscious patient | | | | | Date | | Name |
| Summative assessments by a consultant in each of the following 5 Acute Presentations: | | | | | | | |
| * CAP1 Abdominal Pain | | | | | Date | | Name |
| * CAP6 Breathlessness | | | | | Date | | Name |
| * CAP7 Chest Pain | | | | | Date | | Name |
| * CAP18 Head Injury | | | | | Date | | Name |
| * CAP30 Mental Health | | | | | Date | | Name |
| Formative assessments in at **least 5 further Acute Presentations** using a variety of assessment tools including ACAT(EM) which can cover up to 5 acute presentations | | | | | | | |
| 1. Date | 1. Date | 1. Date | | 1. Date | | 1. Date | |
| Name | Name | Name | | Name | | Name | |
| 9 other **Acute Presentations** covered by: Teaching delivered / Audit / E-learning modules / Reflective practice / Additional WPBAs (Please circle) | | | | | | | |
| 1. Teaching / Audit / E-learning / Reflective / WPBA | | | CAP | | Date | | Name |
| 1. Teaching / Audit / E-learning / Reflective / WPBA | | | CAP | | Date | | Name |
| 1. Teaching / Audit / E-learning / Reflective / WPBA | | | CAP | | Date | | Name |
| 1. Teaching / Audit / E-learning / Reflective / WPBA | | | CAP | | Date | | Name |
| 1. Teaching / Audit / E-learning / Reflective / WPBA | | | CAP | | Date | | Name |
| 1. Teaching / Audit / E-learning / Reflective / WPBA | | | CAP | | Date | | Name |
| 1. Teaching / Audit / E-learning / Reflective / WPBA | | | CAP | | Date | | Name |
| 1. Teaching / Audit / E-learning / Reflective / WPBA | | | CAP | | Date | | Name |
| 1. Teaching / Audit / E-learning / Reflective / WPBA | | | CAP | | Date | | Name |
| Practical procedures as DOPS in each of the following 5 domains: | | | | | | | |
| * PP11 Airway Maintenance | | | | | Date | | Name |
| * PP16 Fracture/Joint manipulation | | | | | Date | | Name |
| * PP18 Wound Care | | | | | Date | | Name |
| * PP19 Primary Survey | | | | | Date | | Name |
| * Any 1 other procedure | | | | | Date | | Name |

**General Emergency Medicine (ST3)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 (Using ST3 resuscitation form)** | | | | | | |
| * 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:  ST3-6 MiniCEX/CBD, ESLE, teaching and audit assessments, Evidence of learning e.g. RCEM Learning modules  Reflective entries that had a recorded learning outcome in the e-portfolio: FOAMed, teaching session, patient encounter etc. | | | | | | |
| * 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 (ST1 EM/ST 3 EM procedures): total 45 in entire curriculum | | | | | | |
| 1. Date | 1. Date | 1. Date | 1. Date | | 1. Date | |
| Name | Name | Name | Name | | Name | |

**Paediatric Emergency Medicine CT/ST3**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Assessments** **by a consultant** in at least 2 Paediatric Major Presentations by ST3 Resus Mini-CEX or CbD **and** APLS (or EPLS/EPALS) 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 general 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:  ST3-6 MiniCEX/CBD, ELSE, teaching and audit assessments, Evidence of learning e.g. RCEM Learning modules  Reflective entries that had a recorded learning outcome in the e-portfolio: FOAMed, teaching session, patient encounter etc. | | | | | | |
| * PAP2 Accidental poisoning, poisoning and self-harm   WBPA / Teaching / Audit / E-learning / Reflective (Please circle) | | | | Date | | Name |
| * PAP3 Acute life-threatening event   WBPA / Teaching / Audit / E-learning / Reflective (Please circle) | | | | Date | | Name |
| * PAP4 Blood disorders   WBPA / Teaching / Audit / E-learning / Reflective (Please circle) | | | | Date | | Name |
| * PAP7 Dehydration secondary to D&V   WBPA / Teaching / Audit / E-learning / Reflective (Please circle) | | | | Date | | Name |
| * PAP8 ENT   WBPA / Teaching / Audit / E-learning / Reflective (Please circle) | | | | Date | | Name |
| * PAP10 Floppy child   WBPA / Teaching / Audit / E-learning / Reflective (Please circle) | | | | Date | | Name |
| * PAP11 GI bleeding   WBPA / Teaching / Audit / E-learning / Reflective (Please circle) | | | | Date | | Name |
| * PAP12 Headache   WBPA / Teaching / Audit / E-learning / Reflective (Please circle) | | | | Date | | Name |
| * PAP13 Neonatal presentations   WBPA / Teaching / Audit / E-learning / Reflective (Please circle) | | | | Date | | Name |
| * PAP14 Ophthalmology   WBPA / Teaching / Audit / E-learning / Reflective (Please circle) | | | | Date | | Name |
| * PAP16 Painful limb - atraumatic   WBPA / Teaching / Audit / E-learning / Reflective (Please circle) | | | | Date | | Name |
| * PAP17 Painful limb - traumatic   WBPA / Teaching / Audit / E-learning / Reflective (Please circle) | | | | Date | | Name |
| * PAP18 Rashes in children   WBPA / Teaching / Audit / E-learning / Reflective (Please circle) | | | | Date | | Name |
| * PAP19 Sore throat   WBPA / Teaching / Audit / E-learning / Reflective (Please circle) | | | | Date | | Name |
| Paediatric practical procedures as 3 DOPs in the following domains: | | | | | | |
| * 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 | |

**Overview by end of DRE-EM Year 1**

|  |  |
| --- | --- |
| ST1 & ST3 adult EM Major Presentations completed | Date |
| ST1 & ST3 adult EM Acute Presentations completed | Date |
| ST1 & ST3 adult EM Practical Procedures completed | Date |
| All paediatric presentations and procedures completed | Date |
| Structured Training Reports (one for each placement) | YES / NO (please circle) |
| MSF – minimum of 12 responses (annual)  with spread of participants as agreed with Educational Supervisor | Date |
| Evidence of Audit or Quality Improvement Project  (one every 12 months) | YES / NO (please circle) |
| Progress in MRCEM or equivalent post graduate examination ( upload to e portfolio) | Exams achieved |
| Evidence of Management Project(s) | Yes/ No ( please circle) |
| ALS or equivalent (upload certificate to e-portfolio) | Date |
| Progress to completion of ATLS & APLS or equivalent |  |
| Safeguarding Children Level 3 (upload certificate to e-portfolio) | Date |
| Progress toward achieving level 2 common competences confirmed by supervisor and trainee (red and blue man symbols) | YES / NO (please circle) |
| Number of training days attended (upload certificates to e-portfolio) | Number |
| Local feedback as requires by Deanery/LETB | YES / NO (please circle) |

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

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

**Annual Review of Competence Progression**

**Checklist for Work Place Based Assessments in DRE-EM Year 2**

Trainee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DRN/NTN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acute Medicine (ST1)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Formative** assessments in **2 Major Presentations** not yet covered in EM ST1 checklist: | | | | | **Date of assessment** | | **Assessor’s name** |
| * CMP1 Anaphylaxis | | | | | Date | | Name |
| * CMP2 Cardio-respiratory arrest | | | | | Date | | Name |
| * CMP3 Major Trauma | | | | | Date | | Name |
| * CMP4 Septic patient | | | | | Date | | Name |
| * CMP5 Shocked patient | | | | | Date | | Name |
| * CMP6 Unconscious patient | | | | | Date | | Name |
| Formative assessments in at least 10 Further **Acute Presentations** using a variety of assessment tools including ACAT(GIM) | | | | | | | |
| 1. Date | 1. Date | 1. Date | | 1. Date | | 1. Date | |
| Name/CAP | Name/CAP | Name/CAP | | Name/CAP | | Name/CAP | |
| 1. Date | 1. Date | 1. Date | | 1. Date | | 1. Date | |
| Name/CAP | Name/CAP | Name/CAP | | Name/CAP | | Name/CAP | |
| 9 other **Acute Presentations** covered by: Teaching delivered / Audit / E-learning modules / Reflective practice / Additional WPBAs (Please circle) | | | | | | | |
| 1. Teaching / Audit / E-learning / Reflective / WPBA | | | CAP | | Date | | Name |
| 1. Teaching / Audit / E-learning / Reflective / WPBA | | | CAP | | Date | | Name |
| 1. Teaching / Audit / E-learning / Reflective / WPBA | | | CAP | | Date | | Name |
| 1. Teaching / Audit / E-learning / Reflective / WPBA | | | CAP | | Date | | Name |
| 1. Teaching / Audit / E-learning / Reflective / WPBA | | | CAP | | Date | | Name |
| 1. Teaching / Audit / E-learning / Reflective / WPBA | | | CAP | | Date | | Name |
| 1. Teaching / Audit / E-learning / Reflective / WPBA | | | CAP | | Date | | Name |
| 1. Teaching / Audit / E-learning / Reflective / WPBA | | | CAP | | Date | | Name |
| 1. Teaching / Audit / E-learning / Reflective / WPBA | | | CAP | | Date | | Name |
| **Practical procedures** as **5 DOPs** | | | | | | | |
| 1. Date | 1. Date | 1. Date | | 1. Date | | 1. Date | |
| Name | Name | Name | | Name | | Name | |

**Anaesthetic Competences (ST2**) - NB: IAC only if in 3 month post.

|  |  |  |
| --- | --- | --- |
| Formative assessment of 5 Anaesthetic-CEX: | **Date of assessment** | **Assessor’s name** |
| * IAC A01 Preoperative assessment | Date | Name |
| * IAC A02 Management of the spontaneously breathing patient | Date | Name |
| * IAC A03 Anaesthesia for laparotomy | Date | Name |
| * IAC A04 Rapid Sequence Induction | Date | Name |
| * IAC A05 Recovery | Date | Name |
| Formative assessment of 8 Specific Anaesthetic CbDs: | | |
| * IAC C01 Patient identification | Date | Name |
| * IAC C02 Post op nausea & vomiting | Date | Name |
| * IAC C03 Airway assessment | Date | Name |
| * IAC C04 Choice of muscle relaxants & induction agents | Date | Name |
| * IAC C05 Post op analgesia | Date | Name |
| * IAC C06 Post op oxygen therapy | Date | Name |
| * IAC C07 Emergency surgery | Date | Name |
| * IAC C08 Failed Intubation | Date | Name |
| Formative assessment of 6 further anaesthetic DOPs: | | |
| * IAC Basic and advanced life support | Date | Name |
| * IAC D01 Demonstrate function of anaesthetic machine | Date | Name |
| * IAC D02 Transfer and positioning of patient on operating table | Date | Name |
| * IAC D03 Demonstrate CPR on a manikin | Date | Name |
| * IAC D04 Technique of scrubbing up, gown & gloves | Date | Name |
| * IAC D05 Competences for pain management including PCA | Date | Name |
| * IAC D06 Failed Intubation practical drill on manikin | Date | Name |
| **PLUS** - the Basis of Anaesthetic Practice - **if in 6 month post** | | |
| * Pre-operative assessment | Date | Name |
| * Pre-medication | Date | Name |
| * Induction of GA | Date | Name |
| * Intra-operative care | Date | Name |
| * Post-operative recovery | Date | Name |
| * Anaesthesia for emergency surgery | Date | Name |
| * Management of cardio-respiratory arrest (adult and children) | Date | Name |
| * Infection Control | Date | Name |
| Optional modules **if in 9 month block** | | |
| * Sedation | Date | Name |
| * Regional block | Date | Name |
| * Emergency surgery | Date | Name |
| * Safe Transfers | Date | Name |

**Intensive Care Medicine (ST2)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Formative assessments in 2 missing Major Presentations: | | | | | | |
| * CMP1 Anaphylaxis | | | | Date | | Name |
| * CMP2 Cardio-respiratory arrest | | | | Date | | Name |
| * CMP3 Major Trauma | | | | Date | | Name |
| * CMP4 Septic patient (ideally assessed in ICM) | | | | Date | | Name |
| * CMP5 Shocked patient | | | | Date | | Name |
| * CMP6 Unconscious patient | | | | Date | | Name |
| Formative assessment of any Acute Presentations not yet covered | | | | | | |
| 1. Date | 1. Date | 1. Date | 1. Date | | 1. Date | |
| Name | Name | Name | Name | | Name | |
| Formative assessment of 13 practical procedures as DOPS (may be assessed as Mini CEX or CbD if indicated), including: | | | | | | |
| * ICM 1 Peripheral venous cannulation | | | | Date | | Name |
| * ICM 2 Arterial cannulation | | | | Date | | Name |
| * ICM 3 ABG sampling & interpretation | | | | Date | | Name |
| * ICM 4 Central venous cannulation | | | | Date | | Name |
| * ICM 5 Connection to ventilator | | | | Date | | Name |
| * ICM 6 Safe use of drugs to facilitate mechanical ventilation | | | | Date | | Name |
| * ICM 7 Monitoring respiratory function | | | | Date | | Name |
| * ICM 8 Managing the patient fighting the ventilator | | | | Date | | Name |
| * ICM 9 Safe use of vasoactive drugs and electrolytes | | | | Date | | Name |
| * ICM 10 Fluid challenge in an acutely unwell patient (CbD) | | | | Date | | Name |
| * ICM 11 Accidental displacement ETT / tracheostomy | | | | Date | | Name |
| * Any other | | | | Date | | Name |
| * Any other | | | | Date | | Name |

**Overview by end of DRE-EM /ST3 Programme**

|  |  |
| --- | --- |
| All 11 adult Major Presentations completed ( CMP1-6+ C3AP1a-e) | Date |
| All 47 adult Acute Presentations completed (CAP 1-38 + C3AP2a,b,3,4,5,6,7,8,9) | 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 Reports (one for each placement) | 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 |
| Number of training days attended (upload certificates to e-portfolio) | Number |
| Local feedback as required by Deanery/LETB | 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 DRE-EM Year 1 | YES / NO (please circle) |
| Faculty Education Statement supports training progression | YES / NO (please circle) |

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

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