**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 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 (CbD)
 | 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 modulesReflective 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: (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 |

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| All remaining 14 ST3 Acute presentations covered by: ST3-6 MiniCEX/CBD, ESLE, teaching and audit assessments, Evidence of learning e.g. RCEM Learning modulesReflective entries that had a recorded learning outcome in the e-portfolio: FOAMed, teaching session, patient encounter etc. |
| * C3AP1a Chest trauma

WBPA / Teaching / Audit / E-learning / Reflective (Please circle) | Date | Name |
| * C3AP1b Abdominal trauma

WBPA / Teaching / Audit / E-learning / Reflective (Please circle) | Date | Name |
| * C3AP1c Spinal injury

WBPA / Teaching / Audit / E-learning / Reflective (Please circle) | Date | Name |
| * C3AP1d Maxillo-facial injury

WBPA / Teaching / Audit / E-learning / Reflective (Please circle) | Date | Name |
| * C3AP1e Major burns

WBPA / Teaching / Audit / E-learning / Reflective (Please circle) | Date | Name |
| * C3AP2a Traumatic lower limb injury

WBPA / Teaching / Audit / E-learning / Reflective (Please circle) | Date | Name |
| * C3AP2b Traumatic upper limb injury

WBPA / Teaching / Audit / E-learning / Reflective (Please circle) | Date | Name |
| * C3AP3 Blood gas interpretation

WBPA / Teaching / Audit / E-learning / Reflective (Please circle) | Date | Name |
| * C3AP4 Blood glucose abnormalities

WBPA / Teaching / Audit / E-learning / Reflective (Please circle) | Date | Name |
| * C3AP5 Dysuria,

WBPA / Teaching / Audit / E-learning / Reflective (Please circle) | Date | Name |
| * C3AP6 Emergency Airway Care

WBPA / Teaching / Audit / E-learning / Reflective (Please circle) | Date | Name |
| * C3AP7 Needle stick injury,

WBPA / Teaching / Audit / E-learning / Reflective (Please circle) | Date | Name |
| * C3AP8 Testicular pain,

WBPA / Teaching / Audit / E-learning / Reflective (Please circle) | Date | Name |
| * C3AP9 Urinary retention

WBPA / Teaching / Audit / E-learning / Reflective (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. |
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| 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**

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| --- | --- |
| 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 namePLEASE PRINT |  |