**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** |  |  |
| * 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 byTeaching / Audit / E-learning / Reflective / WPBA (Please circle) |  |  |
| * 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 Mini-CEX or CbD **and** APLS/EPLS 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 Mini-CEX or CbD: At least 2 PAP assessments covered by 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: | Teaching delivered / Audit / E-learning modules / Reflective practice / Additional WPBAs(Please circle) |
| 1. PAP2 Teaching / Audit / E-learning / Reflective / WPBA (Please circle)
 | PAP | Date | Name |
| 1. PAP3 Teaching / Audit / E-learning / Reflective / WPBA ((Please circle)
 | PAP | Date | Name |
| 1. PAP4 Teaching / Audit / E-learning / Reflective / WPBA (Please circle))
 | PAP | Date | Name |
| 1. PAP7 Teaching / Audit / E-learning / Reflective / WPBA ((Please circle)
 | PAP | Date | Name |
| 1. PAP8 Teaching / Audit / E-learning / Reflective / WPBA (Please circle)
 | PAP | Date | Name |
| 1. PAP10 Teaching / Audit / E-learning / Reflective / WPBA (Please circle)
 | PAP | Date | Name |
| 1. PAP11 Teaching / Audit / E-learning / Reflective / WPBA (Please circle))
 | PAP | Date | Name |
| 1. PAP12 Teaching / Audit / E-learning / Reflective / WPBA (Please circle)
 | PAP | Date | Name |
| 1. PAP13 Teaching / Audit / E-learning / Reflective / WPBA (Please circle))
 | PAP | Date | Name |
| 1. PAP14 Teaching / Audit / E-learning / Reflective / WPBA (Please circle)
 | PAP | Date | Name |
| 1. PAP16 Teaching / Audit / E-learning / Reflective / WPBA (Please circle)
 | PAP | Date | Name |
| 1. PAP17 Teaching / Audit / E-learning / Reflective / WPBA (Please circle)
 | PAP | Date | Name |
| 1. PAP18 Teaching / Audit / E-learning / Reflective / WPBA (Please circle)
 | PAP | Date | Name |
| 1. PAP19 Teaching / Audit / E-learning / Reflective / WPBA (Please circle))
 | PAP | 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 |

**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: |  |  |
| * 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 namePLEASE PRINT |  |