**Annual Review of Competence Progression**

**Checklist for Work Place Based Assessments in ACCS CT/ST1**

Trainee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DRN/NTN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Medicine**

|  |  |  |
| --- | --- | --- |
| **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 |
| 10 other **Acute Presentations** covered by: Teaching delivered / Audit / E-learning modules / Reflective practice / Additional WPBAs |
| 1. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)
 |  date |  name |
| 1. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)
 | date | name |
| 1. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)
 | date | name |
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 | date | name |
| 1. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)
 | date | name |
| 1. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)
 | date | name |
| Practical procedures as DOPS in each of the following 5 domains: |
| * Airway Maintenance
 | date | name |
| * Primary Survey
 | date | name |
| * Wound Care
 | date | name |
| * Fracture/Joint manipulation
 | date | name |
| * Any 1 other procedure
 | date | name |

**Acute Medicine**

|  |  |  |
| --- | --- | --- |
| **Formative** assessments in **2 Major Presentations** not yet covered: |  |  |
| * 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 |  name |  name |  name |  name |
| 1. date
 | 1. date
 | 1. date
 | 1. date
 | 1. date
 |
|  name |  name |  name |  name |  name |
| 10 other **Acute Presentations** covered by: Teaching delivered / Audit / E-learning modules / Reflective practice / Additional WPBAs |
| 1. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)
 | date | name |
| 1. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)
 | date | name |
| 1. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)
 | date | name |
| 1. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)
 | date | name |
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 | date | name |
| 1. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)
 | date | name |
| 1. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)
 | date | name |
| 1. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)
 | date | name |
| **Practical procedures** as 5 **DOPS** |
| 1. date
 | 1. date
 | 1. date
 | 1. date
 | 1. date
 |
|  name |  name |  name |  name |  name |

**Overview by end of CT/ST1**

|  |  |
| --- | --- |
| Structured Training Report x2 (one for each placement) | YES / NO (please circle) |
| MSF – minimum of 12 responses (annual)with spread of participants as agreed with Educational Supervisor | date |
| **ACCS AM trainees only -**  Multi Consultant Review x 4 | YES / NO (please circle) |
| Evidence of Audit or Quality Improvement Project (one every 12 months) | YES / NO (please circle) |
| Progress in relevant post graduate examinations:  | Exams achieved |
| ALS or equivalent (upload certificate to eportfolio) | date |
| Safeguarding Children Level 2 (upload certificate to eportfolio) | date |
| Progress toward achieving level 2 common competences confirmed by supervisor and trainee (red and blue man symbols) | YES / NO (please circle) |
| Number of core training days attended (upload certificates to eportfolio) | number |
| Survey monkey feedback completed for each placement | 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 |  |