**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 |
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| 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 |
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| 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 name  PLEASE PRINT |  | | |