******

***North West***

***School of Emergency Medicine***

**Emergency Medicine DRE-EM Year 1 ARCP checklist**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NTN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GENERAL EMERGENCY MEDICINE**

**Extended structured learning events (ESLE)**

|  |  |
| --- | --- |
| **Two ESLEs to be completed in adult emergency medicine, one conducted by the educational supervisor.** | |
| Assessor's name | Date |
|  |  |
|  |  |

**Emergency Medicine (ST1)**

**Core Major Presentations (CMP 1 - 6)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Summative assessment by consultant in at least 2 major presentations using CBD or MiniCEX** | | | |
|  | Mode | Date | Assessor's name |
| CMP 1 Anaphlyaxis |  |  |  |
| CMP 2 Cardio-respiratory arrest |  |  |  |
| CMP 3 Major trauma |  |  |  |
| CMP 4 Septic patient |  |  |  |
| CMP 5 Shocked patient |  |  |  |
| CMP 6 Unconscious patient |  |  |  |

**Core Acute presentations (CAP 1 - 38)**

|  |  |  |
| --- | --- | --- |
| **Summative assessments by a consultant in each of the following 5 acute presentations** | | |
|  | Date | Assessor's name |
| CAP 1 Abdominal pain |  |  |
| CAP 6 Breathlessness |  |  |
| CAP 7 Chest pain |  |  |
| CAP 18 Head injury |  |  |
| CAP 30 Mental health |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Formative assessments in at least 5 further acute presentations using MiniCEX, CBD, ESLE or ACAT-EM / ACAT – GIM**  **9 other Acute Presentations covered by Teaching / Audit / E-Learning / reflective practice / WPBA** | | | | |
| CAP number | Acute presentation | Mode | Date | Assessor's name |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**General Emergency Medicine (ST3)**

**Adult acute presentations**

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessments by a consultant in at least 6 Resuscitation cases including at least 1 trauma case, by at least 3 mini-CEX or CbD.**  **At least 1 resuscitation case assessed within first 3 months (using ST3 resuscitation form)** | | | |
| **Mini-CEX** | | | |
| **Mini-CEX** | | | |
| **Mini-CEX** | | | |
|  | | | |
|  | | | |
|  | | | |
| **All remaining 14 ST3 Acute presentations covered by one or more of: ST3-6 Mini-CEX, ESLE, teaching assessment, audit assessment, 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..** | | | |
|  | Mode | Date | Assessor's name |
| C3AP1a Chest trauma |  |  |  |
| C3AP1b Abdominal trauma |  |  |  |
| C3AP1c Spinal Injury |  |  |  |
| C3AP1d Maxillo-facial injury |  |  |  |
| C3AP1e Major burns |  |  |  |
| C3AP2a Traumatic lower limb injury |  |  |  |
| C3AP2b Traumatic upper limb injury |  |  |  |
| C3AP3 Blood gas interpretation |  |  |  |
| C3AP4 Blood glucose abnormalities |  |  |  |
| C3AP5 Dysuria |  |  |  |
| C3AP6 Emergency airway care |  |  |  |
| C3AP7 Needle stick injury |  |  |  |
| C3AP8 Testicular pain |  |  |  |
| C3AP9 Urinary retention |  |  |  |

**Core practical procedures**

|  |  |  |  |
| --- | --- | --- | --- |
| Practical procedures as DOPs in each of the following 5 domains. All must be completed by end of DRE-EM | | | |
| PP number | Name | Date | Assessor's name |
| 1 | Arterial cannulation |  |  |
| 2 | peripheral venous cannulation |  |  |
| 3 | central venous cannulation |  |  |
| 4 | arterial blood gas sampling |  |  |
| 5 | lumbar puncture |  |  |
| 6 | pleural tap and aspiration |  |  |
| 7 | intercostal drain - Seldinger |  |  |
| 8 | intercostal drain - open |  |  |
| 9 | ascitic tap |  |  |
| 10 | abdominal paracentesis |  |  |
| 11 | airway protection |  |  |
| 13 | DC cardioversion |  |  |
| 14 | knee aspiration |  |  |
| 15 | tempoary pacing (external / wire) |  |  |
| 16\* | reduction of dislocation / fracture |  |  |
| 17 | large joint examination |  |  |
| 18\* | wound management |  |  |
| 19\* | trauma primary survey |  |  |
| 20 | initial assessment of the acutely unwell |  |  |
| 21 (ICU) | secondary assessment of the acutely unwell |  |  |
| 22 (ICU) | Connection to a mechanical ventilator |  |  |
| 23 (ICU) | safe use of drugs to facilitate mechanical ventilation |  |  |
| 24 (ICU) | managing the patient fighting the ventilator |  |  |
| 25 (ICU) | monitoring respiratory function |  |  |
| 26 (ICU) | deliver a fluid challenge safely to an unwell patient |  |  |
| 27 (ICU) | accidental displacement of tracheal tube or tracheostomy |  |  |

**PAEDIATRIC EMERGENCY MEDICINE**

**Paediatric Major Presentations (PMP)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessment by a consultant in at least 2 major paediatric presentations using ST3 Resus Mini-CEX or CBD and APLS (or ELS) course (Simulation acceptable for PMP 1 and 3). At least 1 PMP assessment within first 3 months** | | | |
|  | Mode | Date | Assessor's name |
| PMP 1 Anaphylaxis |  |  |  |
| PMP 2 Apnoea, stridor and airway obstruction |  |  |  |
| PMP 3 Cardio-respiratory arrest |  |  |  |
| PMP 4 Major trauma |  |  |  |
| PMP 5 Shocked child |  |  |  |
| PMP 6 Unconscious child |  |  |  |

**Paediatric acute presentations (PAP)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessment by a consultant in each of the following 5 acute paediatric presentations by Mini-CEX or CBD. At least 2 PAP assessments (one must be a mini-CEX) within first 3 months.** | | | |
|  | Mode | Date | Assessor's name |
| PAP 1 Abdominal pain |  |  |  |
| PAP 5 Breathing difficulties & potential need for critical support |  |  |  |
| PAP 6 Concerning presentations (CBD) |  |  |  |
| PAP 9 Fever in all age groups |  |  |  |
| PAP 15 Pain in children |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **All 14 remaining acute presentations covered by one or more of: ST3-6 Mini-CEX, ESLE, teaching assessment, audit assessment, 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..** | | | |
|  | Mode | Date | Assessor's name |
| PAP 2 Accidental poisoning, poisoning and self harm |  |  |  |
| PAP 3 Acute life threatening event (ALTE/BRUE) |  |  |  |
| PAP 4 Blood disorders |  |  |  |
| PAP 7 Dehydration secondary to diarrhoea and vomiting |  |  |  |
| PAP 8 ENT |  |  |  |
| PAP 10 Floppy child |  |  |  |
| PAP 11 GI bleeding |  |  |  |
| PAP 12 Headache |  |  |  |
| PAP 13 Neonatal presentations |  |  |  |
| PAP 14 Ophthalmology |  |  |  |
| PAP 16 Painful limb - atraumatic |  |  |  |
| PAP 17 Painful limb - traumatic |  |  |  |
| PAP 18 Rashes in children |  |  |  |
| PAP 19 Sore throat |  |  |  |

**Practical Procedures (PEMP)**

|  |  |  |
| --- | --- | --- |
|  | | |
| **Paediatric practical procedures as DOPs - mandatory** | Date | Assessor's name |
| PEMP 1 Primary survey in a child |  |  |
| PEMP 2 Airway assessment and maintenance |  |  |
| PEMP 8 Venous access in children |  |  |
| PEMP 24 Paediatric equipment and guidelines in the resuscitation room |  |  |

|  |  |  |
| --- | --- | --- |
| **Other paediatric procedures covered by DOPs or reflective practice (minimum of 5)** | | |
| PEMP 3 Choking child |  |  |
| PEMP 4 Orotracheal intubation |  |  |
| PEMP 6 Needle thoracocentesis |  |  |
| PEMP 7 Tube thoracostomy |  |  |
| PEMP 9 Intraosseus line insertion |  |  |
| PEMP 10 DC cardioversion / defibrillation |  |  |
| PEMP 13 Orogastric tube replacement |  |  |
| PEMP 15 Infiltration of local anaesthetic |  |  |
| PEMP 16 Incision and drainage of abscesses |  |  |
| PEMP 17 Incision and drainage of paronychia |  |  |
| PEMP 18 Evacuation of subungal haematoma |  |  |
| PEMP 19 Wound exploration and irrigation |  |  |
| PEMP 20 Wound repair with gluid, adhesive strips and sutures |  |  |
| PEMP 21 immobilisation techniques |  |  |
| PEMP 23 Fracture / dislocation reduction techniques |  |  |
| PEMP 25 Plaster techniques |  |  |

**Completion of Year 1 General checklist**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Y / N | Where filed in eportfolio |
| **ARCP checklist** | Completed by trainee, countersigned by ES |  | DRE-EM folder in personal library |
| **Structured Training Report** | 1 per placement |  |  |
| **Common competencies** | Progress towards Level 2 descriptors in 23/25 - red and blue manned |  |  |
| **Faculty Governance Statement** | 1 per placement |  |  |
| **MSF** | At least 1 per year- min 12 spread of respondents as agreed with ES including at least 2 consultants |  |  |
| **MRCEM or Intermediate FRCEM** | Evidence of progress |  |  |
| **ALS** | Upload certificate in eportfolio |  |  |
| **APLS & ATLS** | Progress to completion |  |  |
| **Safeguarding Children Level 3** | Upload certificate to eportfolio |  |  |
| **Clinical Governance Activity** | one audit / QIP |  |  |
| **Attendance at ST3 regional teaching** | Evidence of 70% attendance |  |  |
| **GMC trainee survey** | annually - upload confirmation code / email |  |  |
| **Time out of training** | Full declaration of absences in eportfolio |  |  |
| **Complaints, critical incidents and SIs** | Any involvement recorded in STR with actions taken and associated reflective summary available |  |  |
| **Form R** | Submitted to HEE NW annually |  |  |
| **Paediatric Emergency Medicine** | 6/12 completed |  |  |
| **Emergency Medicine** | 6/12 completed |  |  |

**To be completed by trainee and countersigned by educational supervisor (ES)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainee signature** |  | Date: |  |
| **ES signature** |  | Date: |  |
| **ES name (print)** |  | | |

File in eportfolio