***North West***

***School of Emergency Medicine***

**Emergency Medicine ST4 HEE North West ARCP Checklist**

Trainee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NTN: \_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_

GMC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Extended Supervised Learning Events (ESLE)**

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| --- | --- |
| Three to be completed from all areas of the ED and must include a case from the Resuscitation room  The first to be completed within 3 months of starting ST4 and the second within 6 months.  The Educational Supervisor will conduct the first ELSE and at least one other Consultant or equivalent will conduct another. | |
| Name of assessor | Date |
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**HST Paediatrics**

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| --- | --- | --- |
| Assessment in 3 Paediatric Major or Acute presentations of Medium or High Complexity covered by Mini-CEX or CBD (one of which must be a mini-CEX within the first 3 months) by a Consultant or equivalent. | | |
|  | Date | Assessor's name |
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**\*Medium complexity Either less common, or multi-system, or presenting atypically but can still be managed according to one more existing guideline or algorithm.**

**High complexity Highly atypical or complicated problem which requires the trainee to make management decisions outside of existing guidelines.**

**Curriculum topics**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Higher Major Presentations (HMP) 1-5  Higher Acute Presentations (HAP) 1-36  Paediatric Major Presentations (PMP) 2, 3, 4, 5, 6  Paediatric Acute Presentations (PAP) 1, 2, 4, 7, 9, 13, 15, 16  27 curriculum presentations to be sampled in ST4. (All 54 curriculum presentations listed above to be sampled in ST4 & 5.)  Covered by completion of a balanced mix of the following: ST3-6 MiniCEX / CBD, ESLE, teaching assessment, audit assessments, evidence of learning e.g. RCEM Learning modules, reflective entries in the e-portfolio with clear learning outcomes: FOAMed, teaching session, patient encounter etc. | | | | | |
| Number | Topic | | Mode (e.g. CBD) | Date | Assessor's name |
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**Ultrasound for ST4**

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|  | | Date | Where filed in portfolio |
| 6 RCEM e-learning Modules | |  |  |
| or Level 1 Course | |  |  |
| Log Book started | |  |  |
| Triggered Assessments (if completed): | | | |
|  | FAST |  |  |
| AAA |  |  |
| e-LS |  |  |
| VascularAccess |  |  |

**General Checklist**

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| --- | --- | --- | --- |
| **Item** | **Requirement** | **Y / N** | **Record where filed in eportfolio** |
| **ARCP Checklist** | 1 per year, filed in e-portfolio Personal Library |  | ST4 folder in Personal Library |
| **Structured Training Report** | Annually/1 per placement |  |  |
| **Faculty Governance Statement** | Annually/1 per placement |  |  |
| **Common Competences** | Trainee and ES sign off - Level 4 descriptors in 50% (min 12) (Red and Blue manned) |  |  |
| **MSF** | 1 per year- minimum of 12 respondents including at least 2 Consultants |  |  |
| **Safeguarding Children** | Holds valid Level 3 certificate  E-learning – Valid for 1 year or  Face to face – Valid for 3 years |  |  |
| **Life Support** | Holds valid ALS, ATLS, APLS/EPLS provider |  |  |
| **Examinations** | Identified and researched topic for QIP. Initial draft reviewed by ES and recorded in STR. (QIP to be completed by the end of ST5) |  |  |
| FRCEM Critical appraisal |  |  |
| **Management and Leadership** | Completed minimum of 2 items in Management portfolio with reflective notes and WPBAs |  |  |
| **Clinical Governance activity** | Minimum of 1 x audit per year or QIP involvement |  |  |
| **Attendance at regional teaching** | 70% attendance as evidenced by sign in sheets |  |  |
| **ST4 Simulation Course** | Evidence upload in certificates or personal history |  |  |
| **Up to date GCP certificate** | Annually |  |  |
| **GMC Trainee survey** | Annually – upload confirmation code / email |  |  |
| **Time out of training** | Full declaration of all absences in portfolio |  |  |
| **Complaints, Critical Incidents & SIs** | Any involvement recorded in STR with actions taken and associated reflective summary available |  |  |
| **Form R** | Submitted to HEE NW annually |  |  |

**To be signed by Trainee and countersigned by Educational Supervisor**

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| --- | --- | --- | --- |
| Trainee |  | Date: |  |
| Educational Supervisor |  | Date: |  |
| Educational Supervisor  (Print name) |  | | |

File in e-portfolio