

COVID 2019 – 2020 (updated 22 May 2020)

ARCP Checklist - DRE-EM Year 1

Trainee Name: _____

NTN: _____

Emergency Medicine (ST1)

Summative assessments in at least 2 Major Presentations		
• CMP1 Anaphylaxis	Date	Assessor's name
• CMP2 Cardio-respiratory arrest (or current ALS certification)	Date	Assessor's name
• CMP3 Major Trauma	Date	Assessor's name
• CMP4 Septic patient	Date	Assessor's name
• CMP5 Shocked patient	Date	Assessor's name
• CMP6 Unconscious patient	Date	Assessor's name
Summative assessments in each of the following 5 Acute Presentations:		
• CAP1 Abdominal Pain	Date	Assessor's name
• CAP6 Breathlessness	Date	Assessor's name
• CAP7 Chest Pain	Date	Assessor's name
• CAP18 Head Injury	Date	Assessor's name
• CAP30 Mental Health	Date	Assessor's name
Practical procedures as DOPS in each of the following 4 domains:		
• PP11 Airway Maintenance	Date	Assessor's name
• PP16 Fracture/Joint manipulation	Date	Assessor's name
• PP18 Wound Care	Date	Assessor's name
• PP19 Primary Survey	Date	Assessor's name

General Emergency Medicine CT3

Resuscitation cases (C3AP) - summative assessment by a consultant in 2 including at least 1 trauma case and 1 medical presentation by Mini-CEX or CbD using ST3 resuscitation form		
• Presentation	Date	Assessor's name
• Presentation	Date	Assessor's name
Acute Presentations (C3AP) - all remaining acute presentations covered by: ST3-6 MiniCEX/CBD; ESLE; teaching and audit assessments; 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.		
• C3AP1a Chest trauma Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Assessor's name
• C3AP1b Abdominal trauma Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Assessor's name
• C3AP1c Spinal injury Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Assessor's name
• C3AP1d Maxillo-facial injury Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Assessor's name
• C3AP1e Major burns Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Assessor's name
• C3AP2a Traumatic lower limb injury Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Assessor's name
• C3AP2b Traumatic upper limb injury Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Assessor's name
• C3AP3 Blood gas interpretation Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Assessor's name
• C3AP4 Blood glucose abnormalities Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Assessor's name
• C3AP5 dysuria, Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Assessor's name
• C3AP6 Emergency Airway Care Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Assessor's name
• C3AP7 needle stick injury, Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Assessor's name
• C3AP8 testicular pain, Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Assessor's name
• C3AP9 urinary retention Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Assessor's name
Extended Supervised Learning Event		
One ESLE will be conducted in adult emergency medicine.		
• Assessor's Name		

Paediatric Emergency Medicine CT/ST3

Major Presentations (PMP) - assessment by a consultant in at least 2 by ST3 Resus Mini-CEX or CbD or APLS (or EPLS/ EPALS) course or other simulation evidence. At least 1 within the first 3 months	Date of assessment	Assessor's name
• PMP1 Anaphylaxis	Date	Assessor's name
• PMP2 Apnoea, Stridor and Airway Obstruction	Date	Assessor's name
• PMP3 Cardio-respiratory arrest	Date	Assessor's name
• PMP4 Major Trauma	Date	Assessor's name
• PMP5 Shocked child	Date	Assessor's name
• PMP6 Unconscious child	Date	Assessor's name
Acute Presentations (PAP) - assessment by a consultant in each of the following 5 by general Mini-CEX or CbD: At least 2 (one of which must be a mini-CEX) within the first 3 months		
• PAP1 Abdominal Pain	Date	Assessor's name
• PAP5 Breathing Difficulties & potential need for critical support	Date	Assessor's name
• PAP6 Presentations that cause concern	Date	Assessor's name
• PAP9 Fever in all age groups	Date	Assessor's name
• PAP15 Pain management in children	Date	Assessor's name
Practical procedures (PEMP) - as DOPS (may be done during CT2 but need to provide evidence of WBA)		
• PEMP 1 Venous access in children	Date	Assessor's name
• PEMP 2 Airway Assessment and Maintenance	Date	Assessor's name
• PEMP 3 Primary survey in a child	Date	Assessor's name

Overview by end of DRE-EM Year 1

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 or compensatory evidence in STR / FGS	Date
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) or statement in STR confirming coverage	YES / NO (please circle)
Form R	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			

During the COVID 19 pandemic did the trainee's scope of practise change?	Yes / No (delete as appropriate)
If Yes – please describe changes:	
Has this affected the trainee's ability to achieve the assessments listed above	Yes / No (delete as appropriate)
Has the trainee had a period of time away due to self-isolation / shielding etc?	Yes / No (delete as appropriate)
If Yes – please give dates and duration (weeks)	

COVID 2019 - 2020
ARCP Checklist - DRE-EM Year 2

Trainee Name: _____

DRN/NTN: _____

Acute Medicine (ST1)

Formative assessments in 1 Major Presentation not yet covered in EM ST1 checklist:			
• CMP1 Anaphylaxis		Date	Assessor's name
• CMP2 Cardio-respiratory arrest		Date	Assessor's name
• CMP3 Major Trauma		Date	Assessor's name
• CMP4 Septic patient		Date	Assessor's name
• CMP5 Shocked patient		Date	Assessor's name
• CMP6 Unconscious patient		Date	Assessor's name
Formative assessments in at least 6 Further Acute Presentations using a variety of assessment tools including ACAT(GIM)			
1. CAP		Date	Assessor's name
2. CAP		Date	Assessor's name
3. CAP		Date	Assessor's name
4. CAP		Date	Assessor's name
5. CAP		Date	Assessor's name
6. CAP		Date	Assessor's name

Anaesthetic Competences (ST2)

Formative assessment of 5 Anaesthetic-CEX:			
• IAC A01 Preoperative assessment		Date	Assessor's name
• IAC A02 Management of the spontaneously breathing patient		Date	Assessor's name
• IAC A03 Anaesthesia for laparotomy		Date	Assessor's name
• IAC A04 Rapid Sequence Induction		Date	Assessor's name
• IAC A05 Recovery		Date	Assessor's name
Formative assessment of 8 Specific Anaesthetic CbDs:			
• IAC C01 Patient identification		Date	Assessor's name
• IAC C02 Post op nausea & vomiting		Date	Assessor's name
• IAC C03 Airway assessment		Date	Assessor's name
• IAC C04 Choice of muscle relaxants & induction agents		Date	Assessor's name
• IAC C05 Post op analgesia		Date	Assessor's name
• IAC C06 Post op oxygen therapy		Date	Assessor's name

• IAC C07 Emergency surgery	Date	Assessor's name
• IAC C08 Failed Intubation	Date	Assessor's name
Formative assessment of 6 further anaesthetic DOPs:		
• IAC D01 Demonstrate function of anaesthetic machine	Date	Assessor's name
• IAC D02 Transfer and positioning of patient on operating table	Date	Assessor's name
• IAC D03 Demonstrate CPR on a manikin	Date	Assessor's name
• IAC D04 Technique of scrubbing up, gown & gloves	Date	Assessor's name
• IAC D05 Competences for pain management including PCA	Date	Assessor's name
• IAC D06 Failed Intubation practical drill on manikin	Date	Assessor's name
• IAC Final Sign off by 2 supervisors	Date	Assessor's name

Intensive Care Medicine (ST2)

Formative assessment of 11 practical procedures as DOPS (may be assessed as Mini CEX or CbD if indicated)		
• ICM 1 Peripheral venous cannulation	Date	Assessor's name
• ICM 2 Arterial cannulation	Date	Assessor's name
• ICM 3 ABG sampling & interpretation	Date	Assessor's name
• ICM 4 Central venous cannulation	Date	Assessor's name
• ICM 5 Connection to ventilator	Date	Assessor's name
• ICM 6 Safe use of drugs to facilitate mechanical ventilation	Date	Assessor's name
• ICM 7 Monitoring respiratory function	Date	Assessor's name
• ICM 8 Managing the patient fighting the ventilator	Date	Assessor's name
• ICM 9 Safe use of vasoactive drugs and electrolytes	Date	Assessor's name
• ICM 10 Fluid challenge in an acutely unwell patient (CbD)	Date	Assessor's name
• ICM 11 Accidental displacement ETT / tracheostomy	Date	Assessor's name

Overview by end of DRE-EM Programme

MSF – minimum of 12 responses (annual) with spread of participants as agreed with Educational Supervisor or compensatory evidence in STR / FGS	YES / NO (please circle)
Structured Training Reports (one for each placement)	YES / NO (please circle)
MRCEM awarded prior to 31 July 2018 or FRCEM Primary and FRCEM Intermediate SAQ and SJP examinations (upload certificate to e-portfolio)	Date
ALS or equivalent (upload certificate to e-portfolio) Or proxy evidence eg. in situ simulation evidence, WBA, AND FECS commentary on abilities	Date
ATLS or equivalent (upload certificate to e-portfolio) - As for ALS	Date
APLS or equivalent (upload certificate to e-portfolio) - As for ALS	Date
Safeguarding Children Level 3 (upload certificate to e-portfolio)	Date
Common competences: 23/ 25 to Level 2 confirmed by supervisor and	YES / NO (please circle)

trainee (red and blue man symbols) or confirmation in STR or statement in STR confirming coverage	
Faculty Education Statement supports training progression	YES / NO (please circle)
Form R	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			

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If Yes – please give dates and duration (weeks)	