

COVID-19 – 2020 (updated 22 May 2020)

ARCP Checklist - ACCS Emergency Medicine CT/ST3

Trainee Name: _____

DRN/NTN: _____

Paediatric Emergency Medicine

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		
• 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		
• PAP 1 Abdominal Pain	Date	Assessor's name
• PAP 5 Breathing Difficulties & potential need for critical support	Date	Assessor's name
• PAP 6 Presentations that cause concern (CbD)	Date	Assessor's name
• PAP 9 Fever in all age groups	Date	Assessor's name
• PAP 15 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

General Emergency Medicine CT/ST3

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		
• Topic	Date	Assessor's name
• Topic	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 WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Assessor's name
• C3AP1b Abdominal trauma WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Assessor's name
• C3AP1c Spinal injury WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Assessor's name
• C3AP1d Maxillo-facial injury WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Assessor's name
• C3AP1e Major burns WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Assessor's name
• C3AP2a Traumatic lower limb injury WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Assessor's name
• C3AP2b Traumatic upper limb injury WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Assessor's name
• C3AP3 Blood gas interpretation WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Assessor's name
• C3AP4 Blood glucose abnormalities WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Assessor's name
• C3AP5 Dysuria, WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Assessor's name
• C3AP6 Emergency Airway Care WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Assessor's name
• C3AP7 Needle stick injury, WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Assessor's name
• C3AP8 Testicular pain, WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Assessor's name
• C3AP9 Urinary retention WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	
Extended Supervised Learning Event One ESLE will be conducted in adult emergency medicine.		
• Assessor's name		

Overview by end of CT/ST3

Structured Training Report	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	YES / NO (please circle)
Faculty Governance Statement supports training progression	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 FEES 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
Number of regional training days attended (upload certificates to e-portfolio)	number
Common competences: 23/ 25 to Level 2 confirmed by Educational 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:	
Educational Supervisor signature:		Date:	
Educational Supervisor name PLEASE PRINT			

The following table should only be completed if the information has not already been entered on the FORM R

During the COVID-19 pandemic did the trainee's scope of practice 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)	