**Annual Review of Competence Progression**

**Checklist for Work Place Based Assessments in Paediatric Emergency Medicine Sub Specialty**

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

**PEM -** Assessments to be completed during the PEM year of training

**CT3/ST4-6 -** Other assessments which may be counted from CT3/ST4-6 or repeated during PEM

**All assessments in this year must be undertaken by consultants (PEM, EM, PICU or Paeds Med) or Associate Specialists (AS) in these specialties**

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| **2.1 Generic Competencies for the Paediatric Emergency Physician to Level 4**  **8 on PEM curriculum, 8 mandatory in PEM** | **CT3/ST4-6** | | **PEM** | |
| **Date of WBA** | **Assessor name** | **Date of WBA** | **Assessor name** |
| * **CC1** History taking **(M)** |  |  | date | name |
| * **CC2** Clinical examination **(M)** |  |  | date | name |
| * **CC3** Therapeutics and safe prescribing **(M)** |  |  | date | name |
| * **CC5** Decision making and clinical reasoning **(M)** |  |  | date | name |
| * **CC6** The patient as central focus of care **(M)** |  |  | date | name |
| * **CC7** Prioritisation of patient safety in clinical practice **(M)** |  |  | date | name |
| * **CC12** Relationships with patients and communication within a consultation **(M)** |  |  | date | name |
| * **CC13** Breaking bad news **(M)** |  |  | date | name |

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| **2.2 Clinical Competencies**  **86 on PEM curriculum, 31 mandatory in PEM** | **CT3/ST4** | | **PEM** | |
| **Date of WBA** | **Assessor name** | **Date of WBA** | **Assessor name** |
| **2.2.1** Acute Life Support & Resuscitation | | | | |
| * Respiratory failure or arrest **(M)** |  |  | date | name |
| * Cardiac Failure or Arrest **(M)** |  |  | date | name |
| **2.2.2** Cardiology | | | | |
| * Heart failure | date | name |  |  |
| * Arrhythmia **(M)** |  |  | date | name |
| * Syncope **(M)** |  |  | date | name |
| * Cardiac inflammation **(M)** |  |  | date | name |
| **2.2.3** Child and Adolescent Mental Health | | | | |
| Child and Adolescent Mental Health **(M)** |  |  | date | name |
| **2.2.4** Child Protection and children in special circumstances | | | | |
| * Physical abuse **(M)** |  |  | date | name |
| * Sexual abuse **(M)** |  |  | date | name |
| * Self harm **(M)** |  |  | date | name |
| * Neglect **(M)** |  |  | date | name |
| * Apnoeic episodes in an infant **(M)** |  |  | date | name |
| **2.2.5** Dermatology | | | | |
| * Life threatening dermatological emergency | date | name |  |  |
| * Eczema and seborrhoeic dermatitis | date | name |  |  |
| * Bites and infestations | date | name |  |  |
| **2.2.6** Endocrinology and metabolic medicine | | | | |
| * DKA | date | name |  |  |
| * Hypoglycaemia | date | name |  |  |
| * Adrenal insufficiency **(M)** |  |  | date | name |
| * Acid Base and electrolyte abnormalities **(M)** |  |  | date | name |
| **2.2.7** Gastroenterology | | | | |
| * Acute abdominal pain | date | name |  |  |
| * Acute vomiting and diarrhoea | date | name |  |  |
| * Upper and lower GI bleeding | date | name |  |  |
| * Acute liver failure **(M)** |  |  | date | name |
| * Recurrent abdominal pain **(M)** |  |  | date | name |
| * Constipation | date | name |  |  |
| **2.2.8** Gynaecology and Obstetrics | | | | |
| * Ectopic pregnancy | date | name |  |  |
| * Sexually transmitted infections | date | name |  |  |
| **2.2.9** Haematology and Oncology | | | | |
| * Sickle cell | date | name |  |  |
| * Anaemia | date | name |  |  |
| * Purpura and bruising | date | name |  |  |
| * Leukaemia/ lymphoma **(M)** |  |  | date | name |
| * Immunocompromised patient | date | name |  |  |
| **2.2.10** Infection, Immunology and Allergy | | | | |
| * Septic shock **(M)** |  |  | date | name |
| * Febrile child **(M)** |  |  | date | name |
| * Common childhood exanthems **(M)** |  |  | date | name |
| * Needle stick injury | date | name |  |  |
| * Anaphylaxis | date | name |  |  |
| * Kawasaki disease | date | name |  |  |
| **2.2.11** Neonatology | | | | |
| * Congenital heart disease **(M)** |  |  | date | name |
| * Jaundice | date | name |  |  |
| * Sepsis **(M)** |  |  | date | name |
| **2.2.12** Nephro-urology | | | | |
| * UTI | date | name |  |  |
| * Hypertension | date | name |  |  |
| * Acute scrotal pain | date | name |  |  |
| **2.2.13** Neurology | | | | |
| * Coma **(M)** |  |  | date | name |
| * Meningitis/encephalitis | date | name |  |  |
| * Seizures including status epilepticus | date | name |  |  |
| * Headache **(M)** |  |  | date | name |
| **2.2.14** Neurosurgery | | | | |
| * Blocked shunt | date | name |  |  |
| **2.2.15** Ophthalmology | | | | |
| * Bells palsy | date | name |  |  |
| * Conjunctivitis | date | name |  |  |
| * Chemical injury | date | name |  |  |
| **2.2.16** Orthopaedics | | | | |
| * Shoulder | date | name |  |  |
| * Elbow | date | name |  |  |
| * Wrist | date | name |  |  |
| * Hand | date | name |  |  |
| * Pelvis/ hip including non traumatic limp | date | name |  |  |
| * Knee | date | name |  |  |
| * Leg | date | name |  |  |
| * Ankle | date | name |  |  |
| * Foot | date | name |  |  |
| * Plastic surgery | date | name |  |  |
| **2.2.17** Plastic surgery | | | | |
| * Plastic surgery | date | name |  |  |
| **2.2.18** Poisoning and accidents | | | | |
| * Burns | date | name |  |  |
| * Drowning | date | name |  |  |
| * Major incident planning | date | name |  |  |
| **2.2.19** Respiratory medicine, with Ear, Nose and Throat | | | | |
| * Asthma | date | name |  |  |
| * Acute stridor | date | name |  |  |
| * Pneumothorax | date | name |  |  |
| * Bronchiolitis **(M)** |  |  | date | name |
| * Pneumonia | date | name |  |  |
| * Pertusssis **(M)** |  |  | date | name |
| * Earache and discharge | date | name |  |  |
| * Traumatic ear conditions | date | name |  |  |
| * Epistaxis | date | name |  |  |
| * Nasal trauma | date | name |  |  |
| * Acute throat infections | date | name |  |  |
| * Airway obstruction | date | name |  |  |
| * Dental problems | date | name |  |  |
| **2.2.20** Trauma | | | | |
| * Head injury **(M)** |  |  | date | name |
| * Abdominal injury **(M)** |  |  | date | name |
| * Chest injury **(M)** |  |  | date | name |
| * Fractured Pelvis **(M)** |  |  | date | name |
| * Crush, de-gloving injuries and amputation **(M)** |  |  | date | name |
| * Major burns **(M)** |  |  | date | name |
| * Spine | date | name |  |  |

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| **5 Therapeutic Procedures**  **70 on PEM curriculm, 5 mandatory in PEM** | **CT3/ST4** | | **PEM** | |
| **Date of WBA** | **Assessor name** | **Date of WBA** | **Assessor name** |
| **5.1** Acute Life Support/Resuscitation procedures | | | | |
| * Manual airway clearance manoeuvres | date | name |  |  |
| * Airway insertion | date | name |  |  |
| * Heimlich manoeuvre | date | name |  |  |
| * Oxygen delivery techniques | date | name |  |  |
| * Orotracheal and nasotracheal intubation **(M)** |  |  | date | name |
| * Mechanical ventilation **(M)** |  |  | date | name |
| * Use of Continuous Positive Airways Pressure **(M)** |  |  | date | name |
| * Replacement of tracheostomy tube | date | name |  |  |
| * Cricothyrotomy and percutaneous trans-tracheal ventilation | date | name |  |  |
| * Needle thoracocentesis | date | name |  |  |
| * Tube thoracotomy | date | name |  |  |
| * Intraosseus line insertion | date | name |  |  |
| * Direct current electrical cardioversion defibrillation | date | name |  |  |
| * External cardiac pacing | date | name |  |  |
| * Pericardiocentesis | date | name |  |  |
| **5.2** Dentistry | | | | |
| * Re-implantation of tooth | date | name |  |  |
| * Splinting of tooth | date | name |  |  |
| * Reduction of TMJ dislocation | date | name |  |  |
| **5.3** ENT Procedures | | | | |
| * Control of epistaxis with cautery, anterior packing, posterior packing and balloon replacement | date | name |  |  |
| * Cerumen removal | date | name |  |  |
| * Incision and drainage of auricular haematoma | date | name |  |  |
| * Aural wick insertion | date | name |  |  |
| **5.4** Foreign Body Removal | | | | |
| * Nose | date | name |  |  |
| * Ear | date | name |  |  |
| * In soft tissue | date | name |  |  |
| * Eye | date | name |  |  |
| * Ring removal | date | name |  |  |
| **5.5** Gastrointestinal procedures | | | | |
| * Oro/nasogastric tube replacement | date | name |  |  |
| * Gastrostomy tube replacement | date | name |  |  |
| * Gastric lavage | date | name |  |  |
| * Hernia reduction | date | name |  |  |
| * Reduction of rectal prolapse | date | name |  |  |
| **5.6** Genitourinary | | | | |
| * Paraphimosis reduction | date | name |  |  |
| * Urethral catheterisation | date | name |  |  |
| **5.7** Minor Surgical Procedures | | | | |
| * Infiltration of local anaesthetic | date | name |  |  |
| * Incision and drainage of abscesses | date | name |  |  |
| * Incision and drainage of paronychia | date | name |  |  |
| * Evacuation of subungual haematoma | date | name |  |  |
| * Wound exploration and irrigation | date | name |  |  |
| * Wound repair with glue, adhesive strips and sutures | date | name |  |  |
| * Fingernail/nailbed injuries | date | name |  |  |
| * Emergency management of amputation **(M)** |  |  | date | name |
| **5.8** Musculoskeletal Techniques | | | | |
| * Immobilisation techniques | date | name |  |  |
| * Application of Broad Arm Sling | date | name |  |  |
| * Application of Collar and Cuff | date | name |  |  |
| * Application of Thomas Splint | date | name |  |  |
| * Pelvic stabilisation techniques | date | name |  |  |
| * Spinal immobilization/log rolling | date | name |  |  |
| **5.9** Fracture/dislocation reduction techniques | | | | |
| * Shoulder dislocation | date | name |  |  |
| * Elbow dislocation | date | name |  |  |
| * Phalangeal dislocation | date | name |  |  |
| * Supracondylar fracture with limb-threatening vascular compromise | date | name |  |  |
| * Patellar dislocation | date | name |  |  |
| * Ankle reduction | date | name |  |  |
| **5.10** Plaster techniques | | | | |
| * Backslabs | date | name |  |  |
| * Splints | date | name |  |  |
| * POP | date | name |  |  |
| **5.11** Neurological Procedures | | | | |
| * Lumbar puncture **(M)** |  |  | date | name |
| **5.12** Obstetric and Gynaecological Procedures | | | | |
| * Normal delivery | date | name |  |  |
| * Gynaecological speculum examination | date | name |  |  |
| **5.13** Ophthalmic Procedures | | | | |
| * Conjunctival irrigation | date | name |  |  |
| * Contact lens removal | date | name |  |  |
| * Eversion of eyelids | date | name |  |  |
| * Use of slit lamp | date | name |  |  |
| **5.14** Pain relief and sedation | | | | |
| * Pain scoring | date | name |  |  |
| * Non-pharmacologic measures | date | name |  |  |
| * Pharmacologic approaches | date | name |  |  |
| * Local anaesthetics | date | name |  |  |
| * Regional nerve blocks | date | name |  |  |
| * Procedural sedation techniques | date | name |  |  |

**Overview by end of PEM**

**Experience\***

Trainees should:

* see at least 800 cases per six months wte in Paediatric EM
* look after at least 100 cases in the resuscitation room, PICU and HDU setting and be able to demonstrate this by log book. All of these cases must originate in the resuscitation room but can be involved from ED or PICU perspective.

(\* These are indicative numbers. If not achieved a judgement on the actual numbers seen will be made at ARCP)

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| --- | --- |
| Structured Training Report | date |
| MSF (annual) | date |
| Progress in relevant post graduate examinations: | Exams achieved |
| ALS (current provider) | date |
| ATLS / ETC (current provider) | date |
| APLS / EPLS (current provider) | date |
| Safeguarding children Level 3 | date |
| Generic Competencies: total 8; 8 mandatory in PEM | YES / NO (please circle) |
| Clinical Competencies: total 86; 31 mandatory in PEM | YES / NO (please circle) |
| PEM Therapeutic Procedures: total 70, 5 mandatory and at least two-thirds must be completed in PEM | YES / NO (please circle) |
| \*Evidence of at least 800 cases seen per 6 months wte PEM | YES / NO (please circle) |
| \*Evidence of at least 100 cases seen in Resus/HDU/PICU setting | YES / NO (please circle) |

**The trainee must complete this form before asking the Educational Supervisor to countersign.**

|  |  |  |  |
| --- | --- | --- | --- |
| Trainee signature |  | **Date:** |  |
| Education Supervisor signature: |  | **Date:** |  |