

Supporting Materials

RCEM Curriculum

Kaizen Assessment Forms

Supporting Curriculum 2021

A practical guide for Trainees,
Supervisors and users of RCEM ePortfolio Kaizen

Content

Management

Management Appraisal of others (2021)
Management Attendance of Formal Course
Management Audit Assessment Tool
Management Business Case
Management Clinical Governance Meetings (2021)
Management Complaint (2021)
Management Cost Improvement Plan
Management Critical Incident (2021)
Management Experience
Management Induction Programme (2021)
Management Information Management
Management Portfolio Introduction of Equipment or Service (2021)
Management Portfolio Introduction of Guideline (2021)
Management Portfolio Organising a Training event (2021)
Management Procedure to Reduce Risk
Management Project Record
Management Recruitment (2021)
Management Risk Register (2021)
Management Rota
Management Teach Confidentiality
Management Writing a Report (2021)

Procedural Log & reflections

Personal Development Place (PDP)
Procedural Log (ACCS)
Reflection on Serious Incident
Reflective Practice Log
Self-directed Learning Reflection
Ultrasound Case Reflection


Teaching, Education, Research, Audit

Educational Activity Attended
Presentation at a Journal Club (JCF)
Reflection on Complaints
Reflection on Serious Incident
Research Activity
Structured Teaching Assessment Tool (STAT)
Teaching Delivered by Trainee
Teaching Observation Tool

MSF
ACAF
ACAT
CBD
DOPS – (ACCS)
DOPS – (ST3-ST6)
EPA 1 Performing an Anaesthetic Preoperative
EPA 2 General Anaesthesia for an ASA I II patient having uncomplicated surgery
ELSE Part 1&2
HALO
IAC
Leadership Assessment Form
MiniCEX
Presentation at a Journal Club (JCF)
QIAT (EM ST/CT1 ST/CT2)
QIAT (EM ST3 ST4)
QIAT (EM ST5 ST6)

Appraisal of others's Preview

THIS VERSION IS PUBLISHED
Version 5

 [Archive \(\)](#)  [Duplicate \(\)](#)
[+ Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Project Description

Date

Any Comments/Reflections ★

Section 2

Assessor's Full Name: ★

Assessor registration number: ★

Grade of Assessor: ★

Assessor's email ★

1. Please note the trainee's performance on the following areas:

Appropriate arrangement of date: ★

(Concerns - Poor organisational skills. Poor timing for meeting or late for trainee educationally. No consent from appraisee beforehand.) (Good practice - Works with appraisee to identify convenient dates. Educational Supervisor also involved. Timely. Consent gained from trainee before.)

Preparation of paperwork/evidence: ★

(Concerns - Little or no preparation. Does not know what the expectations are for the meeting or paperwork involved) (Good practice - Reviewed evidence beforehand, understands what is expected educationally and pastorally.)

Seeks views of others: ★

(Concerns - No evidence of using others experience.) (Good practice - Speaks to ES regarding their views and utilises others in training faculty as appropriate.)

Uses open and closed questions in the appraisal session: ★

(Concerns - Closed conversation, doesn't allow appraisee to speak. Superficial. Avoids difficult subjects. Doesn't cover all appraisal domains.) (Good practice - Encourages conversation and allows appraisee to openly discuss in training and at home. Covers all appraisal domains.)

Gives appropriate and clear feedback: ★

(Concerns - No feedback, irrelevant or poorly delivered. Appears uncomfortable or avoids difficult feedback.) (Good practice - Offers bespoke and effective feedback to trainee. Sensitive and empathetic. Ensures that feedback is given even if difficult.)

Listens to trainee views: ★

(Concerns - Doesn't listen or pick up on non-verbal clues) (Good practice - Listens to appraisee, open and receptive)

Check trainee understanding and interpretation of feedback: ★

(Concerns - Doesn't check understanding. No acknowledgement that this could be challenging. Unable to explain feedback effectively.) (Good practice - Ensures understanding and interpretation. Uses alternative explanations to help get message. Mindful of sensitive issues and adapts to suit trainee.)

Helps trainee set personal objective: ★

(Concerns - Unaware of appropriate objectives or doesn't set any) (Good practice - Clear understanding of areas to develop which are appropriate to grade and behaviours)

Achieves appropriate closure and next steps – including next meeting: ★

(Concerns - Doesn't close effectively – areas not discussed or runs out of time. Appraisee unhappy without safety netting.) (Good practice - Manages meeting in time, achieving objectives. Appraisee clear about next steps and next meeting date. Safety nets.)

Assessor rating

1 – What was done particularly well? ★

2 – Learning points – What could have been done differently? ★

3 – Recommendation for further learning or development ★

4 – Overall: Please indicate the level of the trainee's performance in this episode: ★

Management: Attendance of Formal Course's Preview

THIS VERSION IS ARCHIVED
Version 6

 [Duplicate \(\)](#)

Fields marked with ★ are required.

Section 1

Please note the course attended – this may be leadership, management, etc.

Project Description: ★

Reflective notes from experience: ★

Resources Used: ★

Lessons learned: ★

Section 2

Please note the course attended – this may be leadership, management, etc.

Assessor Full Name: ★

Assessor job title: ★

Assessor registration number (e.g. GMC, NMC, GDC): ★

Assessor email: ★

Please note the trainee's performance on the following areas:

Identifies course in personal development plan ★

Comments

Attends full course ★

Comments

Provides programme with associated reflective notes ★

Comments

Feeds back to colleagues at least one session on learning gained ★

Comments

I can confirm that the submitted work is the work of the trainee. I can confirm that the trainee had support in developing some ideas but at all times acted autonomously ★

I can confirm that the submitted work is the work of the trainee. I can confirm that the trainee had support in developing some ideas but at all times acted auto

Date signed off ★

Management: Audit Assessment Tool's Preview

THIS VERSION IS ARCHIVED
Version 7

 [Duplicate \(\)](#)

Fields marked with ★ are required.

Section 1

Title of audit with brief description: ★

CEM Audit?

Date ★

Section 2

Assessor Full Name: ★

Assessor Registration Number (e.g. GMC, NMC, GDC): ★

Assessor's email ★

Grade of assessor

Basis of assessment: ★

Please indicate the standard of the trainee's performance in each area

Audit topic: ★

Standard Chosen: ★

Audit methodology: ★

Results and interpretation: ★

Conclusions: ★

Recommendations made as a result: ★

Plan for implementation of change: ★

Actions undertaken to implement change: ★

Overall performance: ★

Which aspects were done well:

Learning points:

Management: Business Case's Preview

THIS VERSION IS ARCHIVED
Version 3

 [Duplicate \(\)](#)

Fields marked with ★ are required.

Section 1

Project Description: ★

Reflective notes from experience: ★

Resources Used: ★

Lessons learned: ★

Section 2

Assessor Full Name: ★

Assessor job title:

Assessor registration number (e.g. GMC, NMC, GDC):

Assessor email: ★

Please note the trainee's performance on the following areas:

Investigates and understands the process of business planning in the Trust: ★

Comments

Review evidence for item/service requirement: ★

Comments

Presents case logically: ★

Comments

Weigh up options: ★

Comments

Conclusions appropriate: ★

Comments:

Uses appropriate template: ★

Comments:

I can confirm that the submitted work is the work of the trainee. I can confirm that the trainee had support in developing some ideas but at all times acted autonomously ★

I can confirm that the submitted work is the work of the trainee. I can confirm that the trainee had support in developing some ideas but at all times acted auto

Date ★

Management: Clinical Governance Meetings (2021)'s Preview

THIS VERSION IS ARCHIVED
Version 3

 [Duplicate \(\)](#)

Fields marked with ★ are required.

Section 1

Project Description

Date

Any Comments/Reflections ★

Section 2

Assessor Name: ★

Assessor registration number: ★

Grade of Assessor: ★

Assessor's email ★

1. Please note the trainee's performance on the following areas:

Identifies meetings in diary and ensures rota supports attendance:

(Concerns - Poor attendance over 6 months with no attempt to get allocated rota time.) (Good practice - Regular and planned attendance over a 6 month period such that they become recognised as valued team member.)

Attends meetings and shows has clearly read minutes:

(Concerns - Little apparent understanding of current issues, no engagement. Doesn't read minutes or agenda before meetings.) (Good practice - Clearly reads minutes and discusses actions.)

Contributes to meeting discussion:

(Concerns - Little involvement in discussions or contributions.) (Good practice - Contributes to team discussion in a valuable way. Develops understanding of key issues over time.)

Follows up own action points outside of meeting in timely way:

(Concerns - Doesn't follow up action points or volunteer to do anything.) (Good practice - Creates and follows up action points between meetings. Works to appropriate timeline. Liaises with CG leads)

Enables others to contribute to meeting:

(Concerns - Offers little to meeting dynamics. Appears judgemental. Doesn't support MDT. Doesn't think about the bigger picture.) (Good practice - Supportive of team, listens to others' contributions. Supportive or non-judgemental. Understands the importance of clinical governance.)

Offers to take action and prepare presentations:

(Concerns - No activity or involvement demonstrated or volunteered.) (Good practice - Gets involved, offers to contribute and sticks to timelines. Happy to present work in meeting. Valued team member.)

Assessor rating

1 – What was done particularly well? ★

2 – Learning points – What could have been done differently? ★

3 – Recommendation for further learning or development ★

4 – Overall: Please indicate the level of the trainee's performance in this episode: ★

Management: Complaint (2021)'s Preview

THIS VERSION IS ARCHIVED
Version 2

 [Duplicate \(\)](#)

Fields marked with ★ are required.

Section 1

Project Description

Date

Any Comments/Reflections ★

Section 2

Assessor Name: ★

Assessor registration number: ★

Grade of Assessor: ★

Appropriate apologies/tone:

Assessor's email ★

1. Please note the trainee's performance on the following areas:

Analyse complaint:

Identify key staff involved – commission statements:

Draft response covering all points:

If Other (assessor's grade), please specify ★

Action plan from complaint:

Keeps to time frame:

Ensures actions enacted:

Assessor rating

1 – What was done particularly well? ★

2 – Learning points – What could have been done differently? ★

3 – Recommendation for further learning or development ★

4 – Overall: Please indicate the level of the trainee's performance in this episode: ★

Management: Cost Improvement Plan's Preview

THIS VERSION IS ARCHIVED
Version 4

 [Duplicate \(\)](#)

Fields marked with ★ are required.

Section 1

Project Description: ★

Reflective notes from experience: ★

Resources Used: ★

Lessons learned: ★

Section 2

Assessor Full name: ★

Assessor job title: ★

Assessor registration number (e.g. GMC, NMC, GDC): ★

Assessor email: ★

Please note the trainee's performance on the following areas:

Investigation and understanding of the process- appreciation of the objectives: ★

Comments

Review of the budget: ★

Comments

Approach to "quick wins": ★

Comments

Logical defence of offering of cost improvements: ★

Comments

Describes clearly the likely result of cost improvement: ★

Comments:

Understands relation to possible income stream including PBR issues: ★

Comments:

I can confirm that the submitted work is the work of the trainee. I can confirm that the trainee had support in developing some ideas but at all times acted autonomously ★

I can confirm that the submitted work is the work of the trainee. I can confirm that the trainee had support in developing some ideas but at all times acted auto

Date ★

Management: Critical Incident (2021)'s Preview

THIS VERSION IS ARCHIVED
Version 2

 [Duplicate \(\)](#)

Fields marked with ★ are required.

Section 1

Project Description

Date

Any Comments/Reflections ★

Section 2

Assessor Name: ★

Assessor registration number: ★

Grade of Assessor: ★

Assessor's email ★

1. Please note the trainee's performance on the following areas:

Analyses patient attendance:

Identifies key points:

Commissions appropriate statements:

Synthesises Evidence:

Analyses incident through root cause analysis:

Writes clear report:

Makes appropriate recommendations:

Ensures recommendations enacted:

Reviews in 3 months to check recommendations:

Assessor rating

1 – What was done particularly well? ★



2 – Learning points – What could have been done differently? ★

3 – Recommendation for further learning or development ★

4 – Overall: Please indicate the level of the trainee's performance in this episode: ★

Management Experience's Preview

THIS VERSION IS PUBLISHED
Version 5

 [Archive \(\)](#)  [Duplicate \(\)](#)
[+ Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Date of management activity: ★

Type of management activity: ★

Reflective Notes: ★

Management: Induction Programme (2021)'s Preview

THIS VERSION IS PUBLISHED
Version 2

 [Archive \(\)](#)  [Duplicate \(\)](#)
+ [Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Project Description

Date

Any Comments/Reflections ★

Section 2

Assessor's Full Name: ★

Assessor registration number: ★

Grade of Assessor: ★

Assessor's email ★

1. Please note the trainee's performance on the following areas:

Identifies statutory requirements:

Identifies areas of clinical concern:

Draws up an all-encompassing programme:

Arranges speakers where relevant (including pre-recorded material):

Ensures programme not detrimental to service:

Researches and integrates alternative ways of education – e-learning:

Provides opportunity for feedback on induction and incorporates into future programme:

Produces reports as required of induction attendance:

Assessor rating

1 – What was done particularly well? ★



2 – Learning points – What could have been done differently? ★

3 – Recommendation for further learning or development ★

4 – Overall: Please indicate the level of the trainee's performance in this episode: ★

Management: Information Management's Preview

THIS VERSION IS PUBLISHED
Version 4

 [Archive \(\)](#)  [Duplicate \(\)](#)
+ [Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Project Description: ★

Reflective notes on experience: ★

Resources used: ★

Lessons learned: ★

Section 2

Assessor Full Name: ★

Assessor registration number:

Grade of assessor ★

Assessor's email ★

Date ★

Comments on Project Description: ★

Please note the trainee's performance on the following areas:

Investigation and understanding of PBR and information required: ★

Comments:

Analyses reference cost submitted: ★

Comments:

Identifies and checks where possible errors: ★

Comments:

Makes suggestions for improvements in data collection/quality: ★

Comments:

Translate suggestion into guidelines for staff: ★

Comments:

Trainers comments: By submitting this form, I can confirm that the submitted work is the work of the trainee, and I confirm that the trainee had support in developing some ideas but at all times acted autonomously.

Sign off

No Yes

Management Portfolio Introduction of Equipment or Service (2021)'s Preview

THIS VERSION IS ARCHIVED
Version 3

 [Duplicate \(\)](#)

Fields marked with ★ are required.

Section 1

Project Description

Date

Any Comments/Reflections ★

Section 2

Assessor Name: ★

Assessor registration number (GMC if applicable): ★

Grade of Assessor: ★

1. Please note the trainee's performance on the following areas:

Identifies need: ★

Please comment

Secures funding: ★

Organise delivery/receipt and storage of item: ★

Safe use or new service identifies and delivers training requirements: ★

Produces timeline for introduction and understands restraints: ★

Manages delay in programme: ★

Ensures service/item use is sustainable: ★

Produces appropriate policies and procedures: ★

Feedback: Assessor rating

1 – What was done particularly well? ★

2 – Learning points – What could have been done differently? ★

3 – Recommendation for further learning or development ★

4 – Overall: Please indicate the level of the trainee's performance in this episode: ★

Management: Portfolio Introduction of Guideline (2021)'s Preview

THIS VERSION IS PUBLISHED
Version 4

 [Archive \(\)](#)  [Duplicate \(\)](#)
+ [Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Project Description

Date

Any Comments/Reflections ★

Section 2

Assessor Full Name: ★

Assessor registration number (GMC if applicable): ★

Grade of Assessor: ★

Assessor's email ★

1. Please note the trainee's performance on the following areas:

Identify relevant guideline:

(Concerns - Inappropriate guideline for ED, or uses something that is already established practice) (Good practice - Identified guideline needing updating or introducing. Fits well with current ED practice, will improve practice)

Check content and relation to department processes:

(Concerns - Has not involved relevant stakeholders appropriately or used current resources adequately) (Good practice - Identifies issues. Involves other resources; specialist, local and national guidelines, seeks senior support appropriately)

Modifies guideline appropriately: ★

(Concerns - Not suitable for current ED process) (Good practice - Improves practice, any changes enhance guideline in local ED, involves stakeholders)

Identifies educational requirements ★

(Concerns - Superficial exploration of this) (Good practice - Identifies and involves appropriate staff groups to establish awareness and educational need)

Delivers or ensures teaching delivered: ★

(Concerns - Minimal teaching, poor evidence or feedback, does not engage with appropriate staff groups) (Good practice - Bespoke teaching for staff groups with good feedback.)

Sets date for introduction: ★

(Concern - No or poorly planned timelines) (Good practice - Planned introduction and timelines with support for introduction.)

Makes available to staff: ★

(Concerns - Inadequate dissemination to all staff groups involved, unclear staff roles) (Good practice- Clear and comprehensive guideline, staff aware of their own role within this.)

Assess pre and post introduction: ★

(Concern - Small audit, poor quality information) (Good practice - Audit adds value to guideline change and measures appropriate outcomes)

Ensures guideline sustainable: ★

(Concern - Limited thought about sustainability) (Good practice - Identifies learning after audit cycle, strategies to improve compliance and sustainability)

Feedback: Assessor rating

1 – What was done particularly well? ★



2 – Learning points – What could have been done differently? ★

3 – Recommendation for further learning or development ★

4 – Overall: Please indicate the level of the trainee's performance in this episode: ★

Management: Portfolio Organising a training event (2021)'s Preview

THIS VERSION IS PUBLISHED
Version 5

 [Archive \(\)](#)  [Duplicate \(\)](#)
+ [Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Project Description

Date

Any Comments/Reflections ★

Section 2

Assessor Name: ★

Assessor registration number (GMC if applicable): ★

Grade of Assessor: ★

Assessor's email ★

1. Please note the trainee's performance on the following areas:

Development of programme: ★

(Concerns - Random selection of programme more about convenience than requirements.) (Good practice - Bespoke programme which fits appropriate curricular need and appropriate to level of audience. Variation. Fits training time allocated.)

Booking appropriate venue/online platform ★

(Concerns - Late booking, inappropriate size or cost. No thought about catering. Online - Platform not suitable and not user friendly) (Good practice - Planning appropriate venue, IT, catering and parking. Well located for attendees Online - Ease of access. Good attendee experience. Ability to be interactive.)

Selection and briefing of speakers: ★

(Concerns - Convenience selection, no particular educational value) (Good practice - Appropriate selection, invitations and briefing. Speakers aware of attendees' requirements. Use appropriate senior support to signpost. Arranged in advance.)

Communication with attendees: ★

(Concerns - Last minute, inadequate information) (Good practice - In advance allowing time to book SL, advice re parking and catering. Programme distributed.)

Communication with lead consultant: ★

(Concerns - Last minute, heavy reliance on them to organise) (Good practice - In advance, sensible and with clear understanding of expectations and role)

Hosting and introducing speakers: ★

(Concerns - Poor time keeping, no introduction doesn't thank speakers) (Good practice - Clear leadership, time keeping, thanks speakers and able to signpost needs for speakers and attendees)

Management of any no shows/setbacks: ★

(Concerns - No thought given to this, no contingency plan) (Good practice - Contingency plan, ensures setbacks do not detract from the training or day)

Management of evaluation process: ★

(Concerns - No feedback, irrelevant or too late to be of value) (Good practice - Timely collation and dissemination of feedback to attendees, speakers and lead consultant.)

Feedback: Assessor rating

1 – What was done particularly well? ★

2 – Learning points – What could have been done differently? ★

3 – Recommendation for further learning or development ★


4 – Overall: Please indicate the level of the trainee's performance in this episode: ★

Signed by Assessor ★

Selecting Yes represents the assessor's signature.

Management: Procedure to Reduce Risk's Preview

THIS VERSION IS PUBLISHED
Version 3

 [Archive \(\)](#)  [Duplicate \(\)](#)
[+ Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Project Description: ★

Reflective notes on experience: ★

Resources used: ★

Lessons learned: ★

Section 2

Assessor Full name: ★

Assessor registration number:

Grade of assessor ★

Assessor's email ★

Date ★

Comments on Project Description: ★

Please note the trainee's performance on the following areas:

Identifies high risk area: ★

Comments:

Draws up draft protocol of new procedure: ★

Comments:

Tests new procedure for validity and feasibility: ★

Comments:

Pilots and ensures compliance for appropriate period: ★

Comments:

Monitors results accurately: ★

Comments:

Produces report for department: ★

Comments:

Produces evidence of reduced risk or puts in place robust monitoring procedures: ★

Comments:



Trainers comments: By submitting this form, I can confirm that the submitted work is the work of the trainee, and I confirm that the trainee had support in developing some ideas but at all times acted autonomously.

Sign off

No Yes

Management: Project Record's Preview

THIS VERSION IS PUBLISHED
Version 6

 [Archive \(\)](#)  [Duplicate \(\)](#)
[+ Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Reflection / Project Title ★

Task ★

10 items

- Quality improvement project
- Complaint management
- Adverse / critical incident investigation
- Human resources / people management
- Financial
- Medicolegal
- Confidentiality and data protection
- Risk management
- Management / leadership training
- Educational management

You can choose multiple tasks.

Scope of task - describe the nature and clinical context ★

Output of task (i.e. letter, report, rota, etc.) ★

Start date ★

Estimated finish date

Evidence / references used

People interviewed / engaged

Other resources used

Meetings with supervisor (please include dates, detail of discussions, and outcomes of the meetings)

Reflection on task - What would you do differently?



Reflection on learning - What have you learnt about this management activity?

Final output document

Please upload a document



Drag and drop documents here or Click to select from your device

Filter by docs/folders names

-  .
-  Library_()
FOLDER

Management: Recruitment (2021)'s Preview

THIS VERSION IS PUBLISHED
Version 2

 [Archive \(\)](#)  [Duplicate \(\)](#)
[+ Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Project Description

Date

Any Comments/Reflections ★

Section 2

Assessor Name: ★

Assessor registration number: ★

Grade of Assessor: ★

Assessor's email ★

1. Please note the trainee's performance on the following areas:

Has completed equality and diversity training:

Checks people specification – clarifies uncertainty:

Short list appropriately (if applicable):

Prepares interview questions:

Interviews fairly:

Decision Making and ranking:

Gives appropriate feedback to candidates:

Documentation:

Assessor rating

1 – What was done particularly well? ★



2 – Learning points – What could have been done differently? ★

3 – Recommendation for further learning or development ★

4 – Overall: Please indicate the level of the trainee's performance in this episode: ★

Management: Risk Register (2021)'s Preview

THIS VERSION IS PUBLISHED
Version 2

 [Archive \(\)](#)  [Duplicate \(\)](#)
[+ Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Project Description

Date

Any Comments/Reflections ★

Section 2

Assessor Name: ★

Assessor registration number: ★

Grade of Assessor: ★

Assessor's email ★

1. Please note the trainee's performance on the following areas:

Reviews existing risk register:

Checks issues that are existing for current level of risk:

Assess new risks systemically:

Makes recommendations for reduction of risk:

Takes on one or two areas to personally take action to reduce risk:

Revisits in 3 months' time:

Assessor rating

1 – What was done particularly well? ★



2 – Learning points – What could have been done differently? ★

3 – Recommendation for further learning or development ★

4 – Overall: Please indicate the level of the trainee's performance in this episode: ★

Management: Rota (2021)'s Preview

THIS VERSION IS PUBLISHED
Version 2

 [Archive \(\)](#)  [Duplicate \(\)](#)
[+ Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Project Description

Date

Any Comments/Reflections ★

Section 2

Assessor Name: ★

Assessor registration number: ★

Grade of Assessor: ★

Assessor's email ★

1. Please note the trainee's performance on the following areas:

Creation of rota with suitable for department:

Understanding of EWTD/Doctors working lives requirements:

Meets requirements of ETWD etc:

Publishes rota in time over period of at least 3 months:

Co-ordinates swaps appropriately meeting demand of trainees:

Receives appropriate feedback and makes relevant changes:

Assessor rating

1 – What was done particularly well? ★



2 – Learning points – What could have been done differently? ★

3 – Recommendation for further learning or development ★

4 – Overall: Please indicate the level of the trainee's performance in this episode: ★

Management: Teach Confidentiality's Preview

THIS VERSION IS PUBLISHED
Version 3

 [Archive \(\)](#)  [Duplicate \(\)](#)
+ [Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Project Description: ★

Reflective notes on experience: ★

Resources used: ★

Lessons learned: ★

Section 2

Assessor Full Name: ★

Assessor registration number:

Grade of assessor ★

Assessor's email ★

Date ★

Comments on Project Description: ★

Please note the trainee's performance on the following areas:

1. Preparation of teaching pack: ★

Comments:

2. Collation and understanding of evidence / legal structure: ★

Comments:

3. Delivers teaching and checks understanding: ★

Comments:

4. Draws up guideline: ★

Comments:

5. Gives advice on departmental requests: ★

Comments:

6. Identifies need and manages introduction of data protection requirement (i.e. encryption etc): ★

Comments:


Trainers comments: By submitting this form, I can confirm that the submitted work is the work of the trainee, and I confirm that the trainee had support in developing some ideas but at all times acted autonomously.

Sign off

No Yes

Management: Writing a Report (2021)'s Preview

THIS VERSION IS PUBLISHED
Version 2

 [Archive \(\)](#)  [Duplicate \(\)](#)
[+ Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Project Description

Date

Any Comments/Reflections ★

Section 2

Assessor Full Name: ★

Assessor registration number: ★

Grade of Assessor: ★

Assessor's email ★

1. Please note the trainee's performance on the following areas:

Analyses attendance of patient:

Understands legal requirement for report being written:

Writes report in detail:

Uses appropriate terms:

Factually comprehensive:

Appropriate judgement about care delivered if required:

Adheres to time constraints:

Attends meeting to discuss report if applicable:

Assessor rating

1 – What was done particularly well? ★



2 – Learning points – What could have been done differently? ★

3 – Recommendation for further learning or development ★

4 – Overall: Please indicate the level of the trainee's performance in this episode: ★

Personal Development Plan (PDP)'s Preview

THIS VERSION IS PUBLISHED
Version 8

 [Archive \(\)](#)  [Duplicate \(\)](#)
[+ Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Title: ★

What specific development needs do I have?: ★

How will these objectives be addressed?:

What are you planning to do with your Educational Development Time?

Are there areas you would like to access but have not secured permission or availability?

Timescale:



Evidence of achievement or reason why not achieved:

Has it been achieved?:

No Yes

Procedural Log (ACCS)'s Preview

THIS VERSION IS PUBLISHED
Version 4

 [Archive \(\)](#)  [Duplicate \(\)](#)
[+ Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Date of Activity ★



ACCS Procedural List ★

Brief description of Procedure ★

Reflective comments on procedure ★

Reflection on Serious Incident's Preview

THIS VERSION IS PUBLISHED
Version 4

 [Archive \(\)](#)  [Duplicate \(\)](#)
[+ Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

You must not include any patient identifiable information on this form.

Title of reflection: ★

Date of incident: ★

Description of case including adverse events: ★

Root causes of events: ★

What have been the key factors that led to this event? Think about the patient, the illness, the team, the task, the environment, the culture, the organisation.

Contributing factors: ★

What else was occurring at the time? – were there distractions, problems with equipment, task overload, difficulty in getting help.

What are the learning points from this case?: ★



You should consider: How have your knowledge, skills and attitudes changed? Have you identified any skills, attitude and knowledge gaps? How will this activity improve patient care or safety? How will your current practice change as a consequence of your learning from this activity? What aspects of your current practice were reinforced by this activity?

Further action required: ★

Outline any further learning or development needs highlighted by the incident. How do you intend to address these? You should put any significant action you need to take in your personal development plan.

Reflective Practice Log's Preview

THIS VERSION IS PUBLISHED
Version 9

 [Archive \(\)](#)  [Duplicate \(\)](#)
[+ Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

No patient identifiable information may be entered in this log. This is designed to help you structure your reflection on an event. The sections are there to help you think about what happened, and what effect the event(s) had on you and others. In particular you should think about what you would do differently next time.

Title of reflection: ★

Date of event:

Type of event/circumstances:

Describe the circumstances. What did you do? What did others do?:

If you could replay the event, what would you have done differently?:

Why?:



How would the outcome be different if you replayed this event? How would you feel? How would others feel?:

Focussing on what you would have done differently, what do you need to change for the future? OR what did you do well that you would do again in the future?:

What have you learned from the experience?:

Self-directed Learning Reflection's Preview

THIS VERSION IS PUBLISHED
Version 4

 [Archive \(\)](#)  [Duplicate \(\)](#)
[+ Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Reflection Title ★

Self-directed learning activity ★

7 items



- RCEMlearning Module (Exam & CPD)
- RCEMlearning Reference
- e-Learning for Healthcare
- Podcast / Broadcast / Video (please detail resource below)
- RCEMFOAMed Podcast / Blog
- Blog / Article / Journal / Magazine (please detail resource below)
- Other

Please specify details of the learning resource (e.g. title, author, website etc.) ★

Reflection

Ultrasound Case Reflection's Preview

THIS VERSION IS PUBLISHED
Version 8

 [Archive \(\)](#)  [Duplicate \(\)](#)
[+ Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Case reflection title ★

Date of case ★

Location

Patient's Gender

Patient's Age

Equipment Used

Ultrasound application used

5 items

- AAA

- ELS

- FAST

- Vascular Access

- Other

Describe the clinical scenario

How was ultrasound used in this case?


Were you able to obtain usable images?


Please upload suitable anonymous image(s) of the case to support your reflection

Please upload a document

Drag and drop documents here or Click to select from your device

Filter by docs/folders names

 _()

 There are no documents available.

Were you able to interpret the images?



Did the use of ultrasound change management of the patient?

What did you learn from this case?

Other comments

Educational Activity Attended's Preview

THIS VERSION IS PUBLISHED
Version 8

 [Archive \(\)](#)  [Duplicate \(\)](#)
[+ Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

This records training sessions, training days, courses etc. you have attended as a participant.

Date of education: ★

Title of education: ★

Who delivered the education:

Main learning points:

Section of Curriculum covered in the teaching:

Certificates/Documents

Please upload a document

Drag and drop documents here or Click to select from your device



Filter by docs/folders names



 There are no documents available.

Presentation at a Journal Club (JCF)'s Preview

THIS VERSION IS PUBLISHED
Version 1

 [Archive \(\)](#)  [Duplicate \(\)](#)
+ [Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Presentation at a Journal Club (JCF)

Date ★

Learner Group:

Setting:

Delivery:

Number of Learners:

Length of Session:

Title of Paper:

Curriculum Links

2021 EM Curriculum

125 items

- > ACCS Learning Outcomes ()
- > Specialty Learning Outcomes - Intermediate ()
- > Specialty Learning Outcomes - Higher ()

Section 2

Assessor Section

Assessor Full Name: ★

Assessor's Email Address: ★

Assessor Registration Number (e.g. GMC, NMC, GDC): ★

Job title

Observation

Content of Session

Please consider when observing: A clear summary of the paper; understanding of the population: explanation of intervention and control: explanation of outcomes: critique of methodology: review of results: review of conclusions: application to clinical practice: demonstration of comparison to existing literature/evidence

Trainee Performance

Please consider when observing: Introduction of self: gaining attention of group: presentation style: clear concise delivery: effective use of questioning: encouragement and handling of questions from the group

Feedback

1. What was done particularly well?:

2. Learning points – What could have been done differently?:

3. Recommendation for further learning or development:

4. Overall - Please indicate the level of the clinician's performance in this episode. For further information please view the downloadable content on our [curriculum website](https://rcemcurriculum.co.uk/resources/#1619007744753-f033ea0f-4358) (<https://rcemcurriculum.co.uk/resources/#1619007744753-f033ea0f-4358>)

Curriculum rating scale ★

3 items



– Below expectations

– Satisfactory/Good

– Excellent

Reflection on Complaints's Preview

THIS VERSION IS PUBLISHED
Version 5

 [Archive \(\)](#)  [Duplicate \(\)](#)
[+ Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

You must not include any patient identifiable information on this form.

Title of reflection: ★

Date of complaint: ★

Key features of complaint: ★

Key aspects of case and care given by trainee: ★

What are the learning points from this case?: ★



Consider: How have your knowledge, skills and attitudes changed? Have you identified any skills, attitude and knowledge gaps? How will this activity improve patient care or safety? How will your current practice change as a consequence of your learning from this activity? What aspects of your current practice were reinforced by this activity?

Further action required: ★

Outline any further learning or development needs highlighted by the activity. How do you intend to address these? If necessary reflect any actions in your personal development plan.

Reflection on Serious Incident's Preview

THIS VERSION IS PUBLISHED
Version 4

 [Archive \(\)](#)  [Duplicate \(\)](#)
[+ Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

You must not include any patient identifiable information on this form.

Title of reflection: ★

Date of incident: ★

Description of case including adverse events: ★

Root causes of events: ★

What have been the key factors that led to this event? Think about the patient, the illness, the team, the task, the environment, the culture, the organisation.

Contributing factors: ★

What else was occurring at the time? – were there distractions, problems with equipment, task overload, difficulty in getting help.

What are the learning points from this case?: ★



You should consider: How have your knowledge, skills and attitudes changed? Have you identified any skills, attitude and knowledge gaps? How will this activity improve patient care or safety? How will your current practice change as a consequence of your learning from this activity? What aspects of your current practice were reinforced by this activity?

Further action required: ★

Outline any further learning or development needs highlighted by the incident. How do you intend to address these? You should put any significant action you need to take in your personal development plan.

Research Activity's Preview

THIS VERSION IS PUBLISHED
Version 4

 [Archive \(\)](#)  [Duplicate \(\)](#)
[+ Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Title of research activity: ★

Date started:

Date finished:

Outcomes

Publication

Poster

Presentation

Local Presentation

BestBETs



Abstract

Contribution to Higher Degree

Other

Structured Teaching Assessment Tool (STAT)'s Preview

THIS VERSION IS PUBLISHED
Version 1

 [Archive \(\)](#)  [Duplicate \(\)](#)
[+ Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Structured Teaching Assessment Tool (STAT)

Date ★

Learner Group:

Setting:

Delivery:

Number of Learners:

Length of Session:

Title of Teaching Session:

Curriculum Links

2021 EM Curriculum

125 items

- > ACCS Learning Outcomes ()
- > Specialty Learning Outcomes - Intermediate ()
- > Specialty Learning Outcomes - Higher ()

Section 2

Assessor Section

Assessor Full Name: ★

Assessor's Email Address: ★

Assessor Registration Number (e.g. GMC, NMC, GDC): ★

Job title

Observation

Content of Session

Please consider when observing: Knowledge of subject; logical sequence; resources supported topic; quality of resources; appropriate teaching methods

Trainee Performance

Please consider when observing: Introduction of self; gaining attention of group; stated objectives; well paced; good use of voice/tone; clear concise delivery; effective use of questioning; encouragement and handling of questions from the group; summarised key points; objectives met; kept to time limit

Feedback

1. What was done particularly well?:

2. Learning points – What could have been done differently?:

3. Recommendation for further learning or development:

4. Overall - Please indicate the level of the clinician's performance in this episode. For further information please view the downloadable content on our [curriculum website \(https://rcemcurriculum.co.uk/resources/#1619007744753-f033ea0f-4358\)](https://rcemcurriculum.co.uk/resources/#1619007744753-f033ea0f-4358)

Curriculum rating scale ★

3 items



– Below expectations

– Satisfactory/Good

– Excellent

Teaching Delivered By Trainee's Preview

THIS VERSION IS PUBLISHED
Version 6

 [Archive \(\)](#)  [Duplicate \(\)](#)
[+ Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Date of teaching activity: ★



Title of session: ★

Recognised courses:

Learning outcomes used in session: ★

Teaching: Teaching observation tool's Preview

THIS VERSION IS PUBLISHED
Version 6

 [Archive \(\)](#)  [Duplicate \(\)](#)
[+ Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Teaching: Teaching observation tool

Date ★

Learner group:

Number of learners: ★

Setting: ★

Title of session: ★

Brief description of session:

Length of session:

Learning points: ★

Section 2

Assessor's Full Name: ★

Assessor Registration Number (e.g. GMC, NMC, GDC): ★

Grade of assessor ★

Assessor's email ★

Please indicate the standard of the trainee's performance in each area:

Introduction of self: ★

Gained attention of group: ★

Gave expected learning outcomes: ★

Key points emphasised: ★

Good knowledge of subject: ★

Logical sequence: ★

Well paced: ★

Clear concise delivery: ★

Good use of tone/voice: ★

Resources supported the topic: ★

Varied the activity: ★

Involved the group - participation: ★

Effective use of questioning: ★

Appropriate use of teaching methods: ★

Appropriate use of assessment techniques: ★

Used mini-summaries: ★

Encouraged questions from group: ★

Dealt with questions appropriately: ★

Summarised key points at end: ★

Met learning outcomes: ★

Kept to time limit: ★



Overall performance: ★

Things done particularly well:

Learning points:

MSF: Multi-Source Feedback's Preview

THIS VERSION IS PUBLISHED
Version 11

 [Archive \(\)](#)  [Duplicate \(\)](#)
[+ Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

MSF Self-Evaluation

Date ★

Rating Scale

Performance **Does Not Meet** Expectations

Performance **Partially Meets** Expectations

Performance **Meets** Expectations

Performance **Exceeds** Expectations

Performance **Consistently Exceeds** Expectations

Not Observed - **Unknown**

Good Clinical Care

Medical knowledge and clinical skills: ★

Comments:

Problem-solving skills: ★

Comments:

Note-keeping - clarity; legibility and completeness: ★

Comments:

Emergency Care Skills: ★

Comments:

Comments on your clinical care: ★

Relationships with Patients

Empathy and sensitivity: ★

Comments:

Communicates well with all patient groups: ★

Comments:

Treats patients and relatives with respect: ★

Comments:

Appreciates the psycho-social aspects of patient care: ★

Comments:

Offers explanations: ★

Comments:

Comments on your relationship with patients:

Relationship with Colleagues

Is a team-player: ★

Comments:

Asks for others' point of view and advice: ★

Comments:

Encourages discussion, empathy and sensibility: ★

Comments:

Is clear and precise with instructions: ★

Comments:

Treats colleagues with respect: ★

Comments:

Communicates well (includes non-verbal communication): ★

Comments:

Is reliable: ★

Comments:

Can lead a team well: ★

Comments:

Takes responsibility: ★

Comments:

Comments on your relationship with colleagues:

Teaching and Training

Teaching is structured: ★

Comments:

Is enthusiastic about teaching: ★

Comments:

This clinician's teaching sessions are beneficial: ★

Comments:

Teaching is presented well: ★

Comments:

Uses varied teaching skills: ★

Comments:

Comments on this clinician's teaching and training skills:

Global ratings and concerns

Overall, how do you rate yourself compared to other clinicians at your level?: ★

Comments:

How would you rate your performance at this stage of training?: ★

Comments:

Any general comments:

Section 2

MSF Evaluation

Grade of assessor: ★

Date ★

Rating Scale

Performance **Does Not Meet** Expectations

Performance **Partially Meets** Expectations

Performance **Meets** Expectations

Performance **Exceeds** Expectations

Performance **Consistently Exceeds** Expectations

Not Observed - **Unknown**

Good Clinical Care

Medical knowledge and clinical skills: ★

Comments:

Problem-solving skills: ★

Comments:

Note-keeping - clarity, legibility and completeness: ★

Comments:

Emergency Care Skills: ★

Comments:

Comments on the clinicians clinical care: ★

Relationships with Patients

Empathy and sensitivity: ★

Comments:

Communicates well with all patient groups: ★

Comments:

Treats patients and relatives with respect: ★

Comments:

Appreciates the psycho-social aspects of patient care: ★

Comments:

Offers explanations: ★

Comments:

Comments on the clinicians relationship with patients:

Relationship with Colleagues

Is a team-player: ★

Comments:

Asks for others' point of view and advice: ★

Comments:

Encourages discussion, empathy and sensibility: ★

Comments:

Is clear and precise with instructions: ★

Comments:

Treats colleagues with respect: ★

Comments:

Communicates well (includes non-verbal communication): ★

Comments:

Is reliable: ★

Comments:

Can lead a team well: ★

Comments:

Takes responsibility: ★

Comments:

Comments on the clinicians relationship with colleagues:

Teaching and Training

Teaching is structured: ★

Comments:

Is enthusiastic about teaching: ★

Comments:

This clinician's teaching sessions are beneficial: ★

Comments:

Teaching is presented well: ★

Comments:

Uses varied teaching skills: ★

Comments:

Comments on this clinician's teaching and training skills:

Global ratings and concerns

Overall, how do you rate this clinician compared to other clinicians at their level?: ★

Comments:


How would you rate the clinicians performance at this stage of training?: ★

Comments:

Any general comments:

ACAF's Preview

THIS VERSION IS PUBLISHED
Version 13

 [Archive \(\)](#)  [Duplicate \(\)](#) + [Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Applied Critical Appraisal Form (ACAF)

1. Situation

Write a focused description of the WBPA/clinical/non-clinical situation which formed the basis for this ACAF

2. Question - Develop a question from this situation

Population or Problem

Intervention

Comparison

Outcome

Other:

The PICO method helps dissect your situation into sections to aid your evidence search. This is not mandatory, please use the "other" section if you want to use an alternative question formation approach. Further information on PICO can be found in the ACAF support documents (<https://rcemcurriculum.co.uk/wp-content/uploads/2021/05/Appendix-4-Generic-SLO-Curriculum-Supporting-Material.pdf>)

3. Search

Search for evidence to answer your question and summarise your search methodology

Include search terms, academic databases, search engines and alternative methods used to find supporting evidence to answer your question

4. Evidence

Evaluate current evidence

Consider the evidences strengths and limitations

5. Application to Practice

Apply the evidence to answer your question. Explain the impact on your practice and wider EM care.

Communicate these findings to a patient

Summarise your findings to inform a non-health care individual

Recommend future research ideas

Identify ways the current evidence could be progressed to develop EM care

6. Reflection

Comment:

Curriculum Links

Important

- When linking to curriculum below, **Click the curriculum name to EXPAND THE LIST, then Click the LO/SLO to expand the list again, finally SELECT the relevant KEY CAPABILITY (KC).**
- **You are only required to select the KCs and you can select multiple KCs across the curriculum.**
- **It is important you drill through to the KC**

2021 EM Curriculum - Please drill down to the Key Capability ★

125 items

- > ACCS Learning Outcomes ()
- > Specialty Learning Outcomes - Intermediate ()
- > Specialty Learning Outcomes - Higher ()

Section 2

Assessor Section

Assessor Full Name: ★

Assessor Registration Number (e.g. GMC, NMC, GDC): ★

Assessor Email Address: ★

Job title

1. Overall - Please indicate the level of the clinician's performance in this episode. For further information please view the downloadable content on our curriculum website (<https://rcemcurriculum.co.uk/resources/#1619007744753-f033ea0f-4358>)

Curriculum rating scale

3 items



- Below expectations
- Satisfactory/Good
- Excellent

2. Feedback

3. Recommendation for further learning or development

ACAT's Preview

THIS VERSION IS PUBLISHED
Version 12

 [Archive \(\)](#)  [Duplicate \(\)](#)
+ [Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Acute Care Assessment- ACAT

Date of event ★

Placement ★

Cases observed ★

ACCS Procedural List

If in Critical care which setting ?

Clinical Setting ★

Please consider the following when reflecting on your event;

- What have you learned?
- How has this influenced your practices?
- What are your next steps?

Reflection of event ★

Please review the curriculum and decide where this assessment aligns Curriculum
(<https://rcemcurriculum.co.uk/>)

Important

- When linking to curriculum below, **Click the curriculum name to EXPAND THE LIST, then Click the LO/SLO to expand the list again, finally SELECT the relevant KEY CAPABILITY (KC).**

- **You are only required to select the KCs and you can select multiple KCs across the curriculum.**
- **It is important you drill through to the KC**

2021 EM Curriculum - Please drill down to the Key Capability ★

125 items

 > ACCS Learning Outcomes () > Specialty Learning Outcomes - Intermediate () > Specialty Learning Outcomes - Higher ()

Section 2

Assessors Section


Assessor's name: ★**Assessor Registration Number (e.g. GMC, NMC, GDC): ★****Job title ★****Assessor email: ★**

Based on my observation of this clinician, to manage a similar scenario, I think the clinician needs:

Entrustment Scale ★**Feedback: ★****Recommendation for further learning or development: ★**

CBD's Preview

THIS VERSION IS PUBLISHED
Version 13

 [Archive \(\)](#)  [Duplicate \(\)](#) + [Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Case based discussion

Date of event ★

Case to be discussed ★

Please consider the following when reflecting on your event;

- What have you learned?
- How has this influenced your practices?
- What are your next steps?

Reflection of event ★

Please review the curriculum and decide where this assessment aligns [Curriculum \(https://rcemcurriculum.co.uk/\)](https://rcemcurriculum.co.uk/)

Important

- When linking to curriculum below, **Click the curriculum name to EXPAND THE LIST, then Click the LO/SLO to expand the list again, finally SELECT the relevant KEY CAPABILITY (KC).**
- **You are only required to select the KCs and you can select multiple KCs across the curriculum.**
- **It is important you drill through to the KC**

2021 EM Curriculum - Please drill down to the Key Capability ★

125 items

> ACCS Learning Outcomes ()

> Specialty Learning Outcomes - Intermediate ()

> Specialty Learning Outcomes - Higher ()

Section 2

Assessors Section

Assessor's full name: ★

Assessor Registration Number (e.g. GMC, NMC, GDC): ★

Assessor's email ★

Job title ★

Based on my observation of this trainee, to manage a similar case, I think the trainee needs

Entrustment Scale ★

Feedback ★

Recommendation for further learning or development ★

DOPS - (ACCS)'s Preview

THIS VERSION IS PUBLISHED
Version 6

 [Archive \(\)](#)  [Duplicate \(\)](#) + [Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Directly Observed Procedural Skills

Placement ★

Date of event ★

Case observed ★

ACCS Procedural List ★

Reflection of event ★

Please consider areas of complexity or challenge. What have you learned? How has this influenced your practice? Looking Forward, What Are Your Next Steps?

Curriculum Links

Important

- When linking to curriculum below, **Click the curriculum name to EXPAND THE LIST, then Click the LO/SLO to expand the list again, finally SELECT the relevant KEY CAPABILITY (KC).**
- **You are only required to select the KCs and you can select multiple KCs across the curriculum.**
- **It is important you drill through to the KC**

2021 EM Curriculum - Please drill down to the Key Capability ★

125 items

> ACCS Learning Outcomes ()

> Specialty Learning Outcomes - Intermediate ()

> Specialty Learning Outcomes - Higher ()

Section 2

Assessors Section

Assessor's Full Name: ★

Assessor Registration Number (e.g. GMC, NMC, GDC): ★

Assessor's email ★

Job title ★

Based on my observation of this clinician, to manage a similar case, I think the clinician needs



Entrustment Scale ★

Feedback ★

Recommendation for further learning or development ★

DOPS - (ST3-ST6)'s Preview

THIS VERSION IS PUBLISHED
Version 14

 [Archive \(\)](#)  [Duplicate \(\)](#) + [Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Directly Observed Procedural Skills

Placement ★

Date of event ★

Case observed ★

Stage of training ★

ST3 - ST6 Procedural List ★

Reflection of event ★

Please consider areas of complexity or challenge. What have you learned? How has this influenced your practice? Looking Forward, What Are Your Next Steps?

Curriculum Links

Important

- When linking to curriculum below, **Click the curriculum name to EXPAND THE LIST, then Click the LO/SLO to expand the list again, finally SELECT the relevant KEY CAPABILITY (KC).**
- **You are only required to select the KCs and you can select multiple KCs across the curriculum.**
- **It is important you drill through to the KC**

2021 EM Curriculum - Please drill down to the Key Capability ★

125 items

> ACCS Learning Outcomes ()

> Specialty Learning Outcomes - Intermediate ()

> Specialty Learning Outcomes - Higher ()

Section 2

Assessors Section

Assessor's Full Name: ★

Assessor Registration Number (e.g. GMC, NMC, GDC):

Job title ★

Assessor's email ★

Based on my observation of this clinician, to manage a similar case, I think the clinician needs

Entrustment Scale ★

Feedback ★

Recommendation for further learning or development ★

EPA 1: Performing an Anaesthetic Pre-operative Assessment's Preview

THIS VERSION IS PUBLISHED
Version 6

 [Archive \(\)](#)  [Duplicate \(\)](#)

Fields marked with ★ are required.

Section 1

EPA 1: Performing an Anaesthetic Pre-operative Assessment

Details

To be awarded the IAC, anaesthetists in training must recognise features of the history, examination and investigations that confer increased anaesthetic risk and communicate these risks to senior colleagues.

At the end of this training period you will be able to:

- take a focused history, perform appropriate physical examination and interpret relevant investigations.
- understand how a patient's past medical, surgical and anaesthetic history influences the safe conduct of anaesthesia.
- identify patients with an increased 'perioperative risk' and raise concerns appropriately.
- communicate the anaesthetic plan to patients in an understandable way, including counselling on commonly occurring risks and addressing patient concerns.
- understand limitations and scope of practice of a novice anaesthetist.

Limitations:

- advanced knowledge of perioperative risk stratification and optimisation is not expected at this stage of training.

Novice Anaesthetists are not expected to possess in-depth knowledge of the Anaesthetic techniques used for major surgical procedures, nor should they be expected to take consent for procedures in which they are not trained.

Section 2

Assessor's full name: ★

Assessor Registration Number (e.g. GMC, NMC, GDC): ★

Grade of Assessor: ★

Assessor's email: ★

Date ★

Learning Outcomes

Knowledge base

- Explains the common medical and surgical co-morbidities and their impact on the conduct of Anaesthesia.
- Describes the features of the history and examination which confer increased anaesthetic risk and communicate these to senior colleagues, including: Severe comorbidity, Previous anaesthetic complications, and Anticipated or known difficult airway.
- Records learning activities
- Reflects on clinical experience and other educational activities

Based on the above knowledge the trainee "gathers relevant information to support the planning and delivery of perioperative care"

Evidence

Please list the evidence used to assess this EPA ★

Sign off

selecting "Yes" confirms this EPA1 has been approved. ★

EPA 2: General Anaesthesia for an ASA I/II patient having uncomplicated surgery's Preview

THIS VERSION IS PUBLISHED
Version 5

[Archive \(\)](#) [Duplicate \(\)](#) + [Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

EPA 2: General Anaesthesia for an ASA I/II patient having uncomplicated surgery

Details

This is to prepare you to care for low risk patients having unplanned, urgent or emergency surgery, while carrying out your on call duties. You must be capable of performing at Supervision level 2B, with a supervisor (Consultant or StR) within the hospital for queries and able to provide prompt direction/assistance.

At the end of this training period you will be able to:

- understand your scope of practice as an inexperienced practitioner and seek help appropriately
- plan and deliver general anaesthesia to appropriate patients including the following techniques:
 - airway management with supraglottic devices and endotracheal intubation;
 - spontaneous and controlled ventilation;
 - rapid sequence induction
- prepare and check emergency drugs and equipment commonly used in anaesthetic practice
- independently check and use a standard anaesthetic machine
- manage tracheal extubation, including common complications occurring during emergence from anaesthesia; eg, laryngeal spasm
- manage acute postoperative pain including the use of rescue opiates in recovery and patient controlled analgesia
- demonstrate understanding and capability in Anaesthetic Non-technical Skills
- initiate management of common anaesthetic emergencies, including unanticipated difficult airway management, and call for senior help.

Limitations

- Does not include the unsupervised management of previously fit patients with significant physiological derangement such as septic shock or acute blood loss
- you are not expected to be the sole anaesthetist responsible for elective operating lists.

Section 2

Assessor's full name: ★

Assessor Registration Number (e.g. GMC, NMC, GDC): ★

Grade of Assessor: ★

Assessor's email: ★

Date ★

Learning Outcomes

Knowledge base

- Reflects on clinical experience and other educational activities
- Explains starvation policies for administration of general anaesthesia
- Demonstrates working knowledge of commonly used anaesthetic equipment, including the anaesthetic machine, standard monitoring and airway equipment
- Demonstrates working knowledge (including preparation/dosage/effects/side-effects/cautions) of the commonly used classes of anaesthetic drugs: • induction agents • muscle relaxants/reversal agents • volatile anaesthetic agents • analgesics • antiemetics • sympathomimetics/anticholinergics
- Defines the Difficult Airway Society Algorithm
- Identifies the physiological effects of general anaesthesia
- Explains the physiological consequences of common surgical techniques including laparoscopic surgery
- Explains the risks posed to patients when positioning them for surgery, in particular related to pressure areas, peripheral nerves and other delicate structures

- Describes infection prevention and control in the operating theatre
- Undertakes simulation training
- Records learning activities
- Maintains a logbook of cases
- Reflects on clinical experience and other educational activities

Based on the above knowledge the trainee "provides general anaesthesia for ASA I/II patients having uncomplicated surgery"

Evidence


Please list the evidence used to assess this EPA ★

Sign off

selecting "Yes" confirms this EPA2 has been approved. ★

ESLE: Part 1 & 2's Preview

THIS VERSION IS PUBLISHED
Version 8

 [Archive \(\)](#)  [Duplicate \(\)](#) + [Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Extended Supervised Learning Event (ESLE)

Date of ESLE ★

Section 2

Assessor Full Name ★

Assessor Registration Number (e.g. GMC, NMC, GDC) ★

Assessor Email Address: ★

Assessor Designation / Job Title

Specific elements of performance on which trainee seeks feedback in this session ★

Part 1 - Event Timeline

To be completed whilst observing the trainee. Throughout the assessment please refer to the NTS Matrix.

Please record here the series of events that occur during the assessment as they happen ★

Clinical cases covered ★

Summary of key learning points from clinical cases ★

Part 2 - Review of Non-Technical Skills

This is an opportunity to consider the session as a whole. The focus is on the skills and behaviours that may be observed during interaction with other team members, between patients or across the session.

Please reflect on Non-Technical Skills performance; rate those domains observed; summarise the evaluation; and agree on learning objectives that follow.

Ratings

A = Performance expected of an early core trainee - Demonstrates rudimentary skills in this domain. Some concerns for a trainee nearing the end of training (please describe in space provided).

I = Performance expected of an Intermediate / early HST - Demonstrates basic skills in this domain.

H = Performance expected in HST - Demonstrates sound skills in this domain.

C = Performance of someone ready to be a consultant - Demonstrates skills of a consistently high standard. A model for other team members.

N = Not Observed.

Management & Supervision

Maintenance of Standards: Subscribes to clinical and safety standards as well as considering performance targets. Monitors compliance.

Examples of good behaviour:

- Notices doctor's illegible notes and explains the value of good note keeping
- Explains importance of ensuring sick patient is stable prior to transfer
- Ensures clinical guidelines are followed and appropriate pro forma is complete

Examples of poor behaviour:

- Fails to write contemporaneous notes
- Does not wash hands (or use alcohol gel) after reviewing patient
- Fails to adhere to clinical safety procedures

Rating

Observations

Workload Management: Manages own and others' workload to avoid both under and over-activity. Includes prioritising, delegating, asking for help and offering assistance.

Examples of good behaviour:

- Sees a doctor has spent a long time with a patient and ascertains the reason
- Ensures both themselves and other team members take appropriate breaks
- Deals with interruptions effectively

Examples of poor behaviour:

- Fails to act when a junior is overloaded and patient care is compromised
- Focuses on one particular patient and loses control of the department
- Fails to escalate appropriately when overloaded

Rating

Observations

Supervision & Feedback: Assesses capabilities and identifies knowledge gaps. Provides opportunities for teaching and constructive feedback.

Examples of good behaviour:

- Gives constructive criticism to team member
- Takes the opportunity to teach whilst reviewing patient with junior doctor
- Gives positive feedback to junior doctor who has made a difficult diagnosis
- Leads team through appropriate debrief after resuscitation

Examples of poor behaviour

- Criticises a colleague in front of the team
- Does not adequately supervise junior doctor with a sick patient
- Fails to ask if junior doctor is confident doing a practical procedure unsupervised

Rating

Observations

Teamwork & Cooperation

Team Building: Provides motivation and support for the team. Appears friendly and approachable.

Examples of good behaviour:

- Even when busy, reacts positively to a junior doctor asking for help
- Says thank you at end of a difficult shift
- Motivates team, especially during stressful periods

Examples of poor behaviour:

- Harasses team members rather than giving assistance or advice
- Speaks abruptly to colleague who asks for help
- Impolite when speaking to nursing staff

Rating

Observations

Quality of Communication: Gives verbal and written information concisely and effectively. Listens, acknowledges receipt of information and clarifies when necessary.

Examples of good behaviour:

- Gives an accurate and succinct handover of the department
- Ensures important message is heard correctly
- Gives clear referral to specialty doctor with reason for admission (e.g. SBAR)

Examples of poor behaviour:

- Uses unfamiliar abbreviations that require clarification
- Repeatedly interrupts doctor who is presenting a patient's history
- Gives ambiguous instructions

Rating

Observations

Authority & Assertiveness: Behaves in an appropriately forceful manner and speaks up when necessary. Resolves conflict effectively and remains calm when under pressure.

Examples of good behaviour:

- Uses appropriate degree of assertiveness when inpatient doctor refuses referral
- Willing to speak up to senior staff when concerned
- Remains calm under pressure

Examples of poor behaviour:

- Fails to persevere when inpatient doctor refuses appropriate referral
- Shouts instructions to staff members when under pressure
- Appears panicked and stressed

Rating

Observations

Decision Making

Option Generation: Uses all resources (written and verbal) to gather information and generate appropriate options for a given problem or task. Involves team members in the decision making process.

Examples of good behaviour:

- Seeks help when unsure
- Goes to see patient to get more information when junior is unclear about history
- Encourages team members' input

Examples of poor behaviour:

- Does not look at previous ED notes/old ECGs when necessary
- Fails to listen to team members input for patient management
- Fails to ensure all relevant information is available when advising referral

Rating

Observations

Selecting & Communicating Options: Considers risks of various options and discusses this with the team. Involves clearly stating decisions and explaining reasons, if necessary.

Examples of good behaviour:

- Verbalises consideration of risk when sending home patient
- Discusses the contribution of false positive and false negative test results
- Decisive when giving advice to junior doctors

Examples of poor behaviour:

- Uses CDU to avoid making treatment decisions
- Alters junior doctor's treatment plan without explanation
- Forgets to notify nurse-in-charge of admission

Rating

Observations

Outcome Review: Once a decision has been made, reviews suitability in light of new information or change in circumstances and considers new options. Confirms tasks have been done.

Examples of good behaviour:

- Reviews impact of treatment given to acutely sick patient
- Follows up with doctor to see if provisional plan needs revising
- Ensures priority treatment has been given to patient

Examples of poor behaviour:

- Fails to establish referral outcome of complicated patient
- Sticks rigidly to plan despite availability of new information
- Fails to check that delegated task has been done

Rating

Observations

Situational Awareness

Gathering Information: Surveys the environment to pick up cues that may need action as well as requesting reports from others.

Examples of good behaviour

- Uses Patient Tracking System appropriately to monitor state of the department
- 'Eyeballs' patients during long wait times to identify anyone who looks unwell
- Notices doctor has not turned up for shift

Examples of poor behaviour

- Fails to notice that patient is about to breach and no plan has been made
- Ignores patient alarm alerting deterioration of vital signs
- Fails to notice that CDU is full when arranging new transfers

Rating

Observations

Anticipating: Anticipates potential issues such as staffing or cubicle availability in the department and discusses contingencies.

Examples of good behaviour

- Identifies busy triage area and anticipates increased demand
- Discusses contingencies with nurse-in-charge during periods of overcrowding
- Prepares trauma team for arrival of emergency patient

Examples of poor behaviour

- Fails to anticipate and prepare for difficulties or complications during a practical procedure
- Fails to ensure that breaks are planned to maintain safe staffing levels
- Fails to anticipate and plan for clinical deterioration during patient transfer

Rating

Observations

Updating the Team: Cross-checks information to ensure it is reliable. Communicates situation to keep team 'in the picture' rather than just expecting action.

Examples of good behaviour

- Updates team about new issues such as bed availability or staff shortages
- Keeps nurse-in-charge up to date with plans for patients
- Communicates a change in patient status to relevant inpatient team

Examples of poor behaviour

- Notices the long wait but fails to check the rest of the team is aware
- Fails to inform team members when going on a break

Rating

Observations



Summary

Summary of Non-Technical skills evaluation (any concerns must be described) ★

Learning Objectives ★

HALO's Preview

THIS VERSION IS PUBLISHED
Version 2

 [Archive \(\)](#)  [Duplicate \(\)](#) + [Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Holistic Assessment of Learning Outcomes - HALO

HALOs provide a structured framework to reflect the evidence that the anaesthetist in training has achieved the required learning outcome for the Domain of Learning.

Section 2

Assessor's full name: ★

Assessor Registration Number (e.g. GMC, NMC, GDC): ★

Grade of Assessor: ★

Assessor's email: ★

Date ★

Evidence



Please list the evidence used to assess this HALO ★

Sign off

selecting "Yes" confirms this HALO has been approved. ★

IAC - Initial Assessment of Competence Certificate's Preview

THIS VERSION IS PUBLISHED
Version 7

 [Archive \(\)](#)  [Duplicate \(\)](#) + [Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

The IAC certificate must be completed by two Consultant Anaesthetists (GMC recognised trainers). After sending this form to an assessor please create a second form to send to another assessor.

Please note that to have a completed IAC you need to have two separate forms signed by two Consultant Anaesthetists (GMC recognised trainers).

Section 2

Assessor's Full Name: ★

Assessor's GMC number: ★

Assessor's email: ★

Date ★

This is to certify that this clinician has demonstrated through assessments in the workplace that they have acquired the capabilities to be awarded the IAC Certificate

Record of Assessments

Simulated training reviewed are successful. ★

The reviewed MTR/MCR is successful.



EPA 1 & EPA 2 have been reviewed:

Sign off

selecting "Yes" confirms this IAC has been approved. ★

Leadership Assessment Tool - LAT's Preview

THIS VERSION IS PUBLISHED
Version 7

 [Archive \(\)](#)  [Duplicate \(\)](#) + [Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Leadership Assessment Tool (LAT)

Date ★

Purpose: For Development of Leadership skills at all levels of training for individual cases or situations across the range of LO/SLO's e.g. multi-professional resuscitation, EPIC role, handover, meetings and QI. It can be used in Sim, Clinical care or in non-clinical setting

Part 1: Completed by the Learner. Description of the events, time and those involved.

Part 2: Completed by the Trainer, based on the feedback meeting off the shop floor.

Which specific elements of leadership does this involve? ★

e.g. department handover, leadership in resus (or sim), challenging conversations/conflict, chairing a meeting etc.

PART 1: Please refer to the [EMLeaders Framework \(https://www.rcem.ac.uk/RCEM/Exams_Training/UK_Trainees/Leadership_Programme.aspx?WebsiteKey=b3d6bb2a-abba-44ed-b758-467776a958cd&hkey=0063ae18-b97a-4dba-aaf5-256743b1e3c3&=EMLeaders&New_ContentCollectionOrganizerCommon=1#New_ContentCollectionOrganizerCommon\)](https://www.rcem.ac.uk/RCEM/Exams_Training/UK_Trainees/Leadership_Programme.aspx?WebsiteKey=b3d6bb2a-abba-44ed-b758-467776a958cd&hkey=0063ae18-b97a-4dba-aaf5-256743b1e3c3&=EMLeaders&New_ContentCollectionOrganizerCommon=1#New_ContentCollectionOrganizerCommon) and record relevant events around leadership for discussion in part 2.

Situation

Please describe what happened in as much detail as possible: ★

How did it feel to be a part of it? What did you learn? What surprised you? Why is it that it went so well this time vs other times? What was it about you/team that made it happen? What motivates you/makes you enthusiastic about this? How did what you did affect the patient+/-family/team/project? What were the challenges in this situation and what techniques/tools did you employ to overcome them?

Situational dynamics: ★

How did those involved interact? Did the roles change? Do you think those involved were heading in the right direction? Describe the communication. Did you recognise any Belbin team characteristics? How did your leadership affect those involved? How was their followership?

Section 2

Assessor Full Name: ★

Assessor's Registration Number: (e.g. GMC,NMC, GDC): ★

Assessor's email: ★

Assessor role: ★

Purpose: Purpose: For Development of Leadership skills at all levels of training for individual cases or situations across the range of LO/SLO's e.g. multi-professional resuscitation, EPIC role, handover, meetings and QI. It can be used in Sim, Clinical care or in non-clinical setting

Please complete during or after the feedback session, off the shop floor.

PART 2: Review of Leadership skills:

This discussion should serve both learning and assessment purposes. The focus is on the skills and behaviours that may be observed or discussed during interaction with other team members/patients/individuals.

1. Use the discussion to probe the trainee's leadership; if there were any difficulties, try to understand why.
2. At the end of the discussion provide specific and meaningful feedback with the trainee's benefit in mind and agree between you concrete actions for improvement.
3. Then use the scales and boxes below to record their current observed performance level as a benchmark against which to measure development.

You may want to consider what drew them to that inquiry. What's the deeper purpose and desired outcome from the leadership discussion (this is using tools from a [Mini Appreciative Inquiry \(https://learningfromexcellence.com/wp-content/uploads/2019/08/LFEQI_3_AI-v.1.2.pdf\)](https://learningfromexcellence.com/wp-content/uploads/2019/08/LFEQI_3_AI-v.1.2.pdf)). Consider using example questions to aid discussion.

- How did it feel to be a part of it?
- What did you learn? What surprised you?

- What was it about you/team that made it happen?
- How did what you did affect the patient+/-family/team/project?
- What were the challenges in this situation and what techniques/tools did you employ to overcome them?
- What would you do differently next time?
- How could we promote and share excellent practice across the team/trust/NHS?

Tips to consider:

- let the interviewee tell their story.
- Take notes including quotes.
- Allow silences and space for thinking.
- Try to maintain a positive focus and limit discussion about negative aspects. If there are negative comments about a particular thing, reframe it to describe what excellence would look like in that area.

EMLeaders Framework Domain

Use the field below to reflect Leadership performance, and rate those domains observed. Depending on the event being discussed, only one or two may be relevant. At the end summarise the evaluation and agree learning objectives that follow.

EMLeaders skills (section 1 of the framework)

Discussion points:

Please consider: acting with integrity, continuing personal development, appraisal, developing self awareness, developing different leadership styles in different situations, overcoming challenges.

Rating:

Working in Teams (section 2 of the framework)

Discussion points:

Please consider: contribution to team working, responsibilities and roles in a team, conflict resolution, leadership and followership, respect for others, using networks and care pathways, delegating and accepting responsibilities, interaction with others.

Rating:

Managing the Emergency Service (section 3 of the framework)

Discussion points:

Please consider: delivering high quality care – targets, audit, guidelines, operational issues, risk management, making and enabling change, ensuring patient safety, service improvement projects.

Rating:

Growth and Collaboration (section 4 of the framework)

Discussion points:

Please consider: exploring decision making skills, implementing change, testing impact of change, innovation, applying knowledge and evidence, awareness of NHS structure and health organisation and senior management.

Rating:

Developing Excellence in your Team (section 5 of the framework)

Discussion points:

Please consider: debriefing strategies, how to give and receive effective feedback, how you can enhance and develop opinion to foster collaboration, how to develop the role to lead future progress and vision for the service.

Ratings:

Summary and agreed learning objectives

Summary and agreed learning objectives: ★

Mini-CEX's Preview

THIS VERSION IS PUBLISHED
Version 15

 [Archive \(\)](#)  [Duplicate \(\)](#) + [Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Mini-CEX

Date of event ★

Clinical Setting

Case observed ★

Please consider the following when reflecting on your event;

- What have you learned?
- How has this influenced your practices?
- What are your next steps?

Reflection of event ★

Please review the curriculum and decide where this assessment aligns - [Curriculum](https://rcemcurriculum.co.uk/) (<https://rcemcurriculum.co.uk/>)

Important

- When linking to curriculum below, **Click the curriculum name to EXPAND THE LIST, then Click the LO/SLO to expand the list again, finally SELECT the relevant KEY CAPABILITY (KC).**
- **You are only required to select the KCs and you can select multiple KCs across the curriculum.**
- **It is important you drill through to the KC**

2021 EM Curriculum - Please drill down to the Key Capability ★

125 items

> ACCS Learning Outcomes ()

> Specialty Learning Outcomes - Intermediate ()

> Specialty Learning Outcomes - Higher ()

Section 2

Assessors Section

Assessor Full Name: ★

Assessor Registration Number (e.g. GMC, NMC, GDC): ★

Assessor Email Address: ★

Job title ★

Based on my observation of this clinician, to manage a similar case, I think the clinician needs


Entrustment Scale ★

Feedback ★

Recommendation for further learning or development ★

Presentation at a Journal Club (JCF)'s Preview

THIS VERSION IS PUBLISHED
Version 1

 [Archive \(\)](#)  [Duplicate \(\)](#) + [Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Presentation at a Journal Club (JCF)

Date ★

Learner Group:

Setting:

Delivery:

Number of Learners:

Length of Session:

Title of Paper:

Curriculum Links

2021 EM Curriculum

125 items

- > ACCS Learning Outcomes ()
- > Specialty Learning Outcomes - Intermediate ()
- > Specialty Learning Outcomes - Higher ()

Section 2

Assessor Section

Assessor Full Name: ★

Assessor's Email Address: ★

Assessor Registration Number (e.g. GMC, NMC, GDC): ★

Job title

Observation

Content of Session

Please consider when observing: A clear summary of the paper; understanding of the population; explanation of intervention and control; explanation of outcomes; critique of methodology; review of results; review of conclusions; application to clinical practice; demonstration of comparison to existing literature/evidence

Trainee Performance

Please consider when observing: Introduction of self; gaining attention of group; presentation style; clear concise delivery; effective use of questioning; encouragement and handling of questions from the group

Feedback

1. What was done particularly well?:

2. Learning points – What could have been done differently?:

3. Recommendation for further learning or development:

4. Overall - Please indicate the level of the clinician's performance in this episode. For further information please view the downloadable content on our curriculum website (<https://rcemcurriculum.co.uk/resources/#1619007744753-f033ea0f-4358>)



Curriculum rating scale ★

3 items

- Below expectations
- Satisfactory/Good
- Excellent

QIAT (EM ST/CT1 -ST/CT2)'s Preview

THIS VERSION IS PUBLISHED
Version 6

 [Archive \(\)](#)  [Duplicate \(\)](#) + [Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Please use this tool to describe the Quality Improvement activity you have undertaken this year. This may include any activity or projects you have assisted with, or undertaken yourself.

1. The project

1.1 Analysis of problem - Please write a focused description of the problem that the QI/Patient safety project was designed to tackle, with why you think it was a problem in your department. What evidence do you have to back up your opinion? How might this improve care for patients?

1.2 Use of QI methods - Please describe any QI methodology chosen and why this might help a project improve patient-care/a problem, and sustain any change. Please include any QI tools used and how they helped to complete the project. Include your role in completing these.

1.3 What was the aim of the project?

1.4 Measurement of outcomes - What measures were used and why? What did they show? How did they help to define/improve the problem? Please document problems and/or unexpected data. Describe why continuous data is preferential to 'before and after' data.

1.5 Evaluation of change - What changes were made during the project and what was your role in them. Please evaluate the changes and how they improved the problem, including analysis of any data.

2. Working with others

2.1 Team working - Please describe the team involved. How did the team work together, and what was your role in the team? How was your contribution encouraged? How was any conflict managed? How does a functioning team affect patients and staff? What 'team science' do you know?

2.2 Stakeholder engagement - Were any stakeholders involved and how were they prioritised? How did they affect the changes in the project. What was your role in this. What is the difference between a team member and a stakeholder?

2.3 Patient and carer involvement (if possible) - Please describe how this project might improve the quality of care for patients or carers. Describe the 6 aspects of Quality (IOM). Did the project actively seek to engage and involve the patient/carer voice in the change? If not how could it in the future?

3. Reflection on leadership and learning

3.1 Self awareness - Please reflect on your own personal qualities and how these affected the project. Self-awareness and values; Seeking feedback; Workload under pressure; Managing conflict; Well-being.

3.2 Learning - Longitudinal learning in Quality Improvement (from previous year) - Please outline what this year has contributed to your development and knowledge of QI

3.3 Personal Development - Longitudinal learning in Quality Improvement (future years) - Please describe your plans for next year in QI. What do you hope to learn/achieve? How do you hope to contribute to improving patient care?

Section 2

Assessor Section

Please use this tool to assess the Quality Improvement activity your trainee has undertaken this year.

Assessor name: ★

Assessor Registration Number (e.g. GMC, NMC, GDC): ★

Job title ★

Assessor email address: ★

1 Feedback – What has been done particularly well?

2 Learning points – What could have been done differently?

3 Recommendation for further learning or development

4 Overall - Please indicate the level of the trainee's performance in this QIAT



Curriculum ratings

3 items

- Does not meet
- Meets expectations
- Excellent

QIAT (EM ST3 -ST4)'s Preview

THIS VERSION IS PUBLISHED
Version 4

 [Archive \(\)](#)  [Duplicate \(\)](#) + [Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Please use this tool to describe the Quality Improvement activity you have undertaken this year. This may include any activity or projects you have assisted with, or undertaken yourself.

1. The project

1.1 Analysis of problem - Please write a focused description of the problem that the QIP was designed to tackle, with analysis of why it was a problem in your department.

1.2 Use of QI methods - Please describe the QI methodology chosen and why, including any analysis or engagement tools used and how they helped to complete the project. Include your role in completing these.

1.3 What was the aim of the project?

1.4 Measurement of outcomes - What measures were used and why? What did they show? How did they help to improve the problem? Please document progress, problems and unexpected data and include key results eg run charts/SPC (Please save to the QI section of your documents on the e-portfolio)

1.5 Evaluation of change - What changes were made during the project and what was your role in them. Describe any PDSA cycles. Please evaluate the changes, including analysis of data and what was learnt.

2. Working with others

2.1 Team working - Please describe the team involved. How did the team work together, and what was your role in the team? How was your contribution encouraged? How was any conflict managed? Consider how team behaviour science might apply to your team.

2.2 Stakeholder engagement - Were any stakeholders involved and how were they prioritised? How did they affect the changes in the project. What was your role in this.

2.3 Patient and carer involvement (if possible) - Please describe how this project has improved the quality of care for patients or carers. Did the project actively seek to engage and involve the patient/carer voice in the change?

3. Reflection on leadership and learning

3.1 Self awareness - Please reflect on your own personal qualities and how these affected the project. Self-awareness and values; Seeking feedback; Workload under pressure; Managing conflict; Well-being.

3.2 Learning - Longitudinal learning in Quality Improvement (from previous year) - Please outline what this year has contributed to your development and knowledge of QI

3.3 Personal Development - Longitudinal learning in Quality Improvement (future years) - Please describe your plans for next year in QI. What do you hope to learn/achieve? How do you hope to contribute to improving patient care?

Section 2

Assessor Section

Please use this tool to assess the Quality Improvement activity your trainee has undertaken this year.

Assessor Full Name: ★

Assessor Registration Number (e.g. GMC, NMC, GDC): ★

Assessor email address: ★

Job title

1 Feedback - What has been done particularly well?

2 Learning points – What could have been done differently?

3 Recommendation for further learning or development

4 Overall - Please indicate the level of the trainee's performance in this QIAT

Curriculum ratings

3 items

- Does not meet
- Meets expectations
- Excellent

QIAT (EM ST5 -ST6) (Aug 2021-Aug 2022 only)'s Preview

THIS VERSION IS PUBLISHED
Version 2

 [Archive \(\)](#)  [Duplicate \(\)](#) + [Create a new version \(\)](#)

Fields marked with ★ are required.

Section 1

Please use this tool to describe the Quality Improvement activity you have undertaken this year. This may include any activity or projects you have assisted with, or undertaken yourself.

1. The project

1.1 Analysis of problem - Please write a description of the problem that you found and why you chose this Quality Improvement Project. Please include your analysis of why it was a problem in your department.

1.2 Use of QI methods - Please describe the QI methodology you chose and why, including any analysis or engagement tools you used and how they helped to complete the project.

1.3 What was the aim of the project?

1.4 Measurement of outcomes - What measures did you choose and why? What did they show? How did they help to improve the problem? Please document your progress, any problems and/or unexpected data and include key results eg run charts/SPC (please save in the QI section of your documents on the e-portfolio)

1.5 Evaluation of change - What changes did you decide to make during the project and how did you implement them. Describe your PDSA cycles. Please evaluate the changes, including analysis of data and what was learnt. (For projects that are incomplete at ST5, please describe your planned changes).

2. Working with others

2.1 Team working - Please describe your team. How did you choose them? How did the team work together? How did you encourage others contributions? How did you manage any conflict? Consider how team behaviour science might apply to your team.

2.2 Stakeholder engagement - Please describe your stakeholders. How did you prioritise them? How did they affect the changes in the project? How did you manage any conflict or problems?

2.3 Patient and carer involvement (if possible) - Please describe how this project has improved the quality of care for patients or carers. How did you engage and/or involve the patient/carer voice in the change?

3. Reflection on leadership and learning

3.1 Self awareness - Personal qualities - "What is it about you that enabled this project to improve patient care, or why did you struggle?" Please reflect on your own personal qualities and how these affected the project. Self-awareness, values and beliefs; Your personality and how this might drive your behaviour; Seeking feedback; Your strength and weaknesses; Working under pressure; Managing conflict; Your well-being.

3.2 Learning - Longitudinal learning in Quality Improvement (from previous year) - Please outline what this year has contributed to your development and knowledge of QI

3.3 Personal Development - Longitudinal learning in Quality Improvement (future years) - Please describe your plans for the next stage of your career in QI. What do you hope to learn/achieve? How do you hope to contribute to improving patient care?

Section 2

Assessor Section

Please use this tool to assess the Quality Improvement activity your trainee has undertaken this year.

Assessor name: ★

Assessor Registration Number (e.g. GMC, NMC, GDC):

Assessor email address:

Job title

1 Feedback – What has been done particularly well?

2 Learning points – What could have been done differently?

3 Recommendation for further learning or development

Section 3

Part C – interim arrangement (Aug 2021-Aug 2022 only) For regional QI Panel to complete

Please use this tool and supporting information presented to assess the Quality Improvement activity the trainee has undertaken this year. Regional QIP panel should comprise of a minimum of 2 Consultants and utilise RCEM supplementary material to aid with benchmarking decision making . This Panel should include the Educational supervisor who has signed off in panel B and another who has FRCM QIP examiner experience or is/ has been an RCEM clinical leaders QIP lead/ experienced local QI lead. Other members such as Training Programme Director/ Head of School may be included. *Please refer to SLO 11 guidance under transitional arrangements.*

1 - Overall

Please indicate the level of the trainee's performance in this QIAT

Curriculum ratings ★

3 items

– Does not meet

– Meets expectations

– Excellent

2 – Additional Feedback – What has been done particularly well?

3 – Learning points – What could have been done differently?

4 – Recommendation for further learning or development